



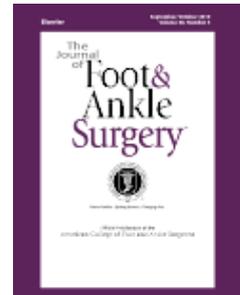
THE JOURNAL OF FOOT & ANKLE SURGERY

The Official Journal of the [American College of Foot and Ankle Surgeons](#)

AUTHOR INFORMATION PACK

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DESCRIPTION

The Journal of Foot & Ankle Surgery is the leading source for original, clinically-focused articles on the **surgical** and **medical** management of the **foot** and **ankle**. Each bi-monthly, peer-reviewed issue addresses relevant topics to the profession, such as: adult reconstruction of the forefoot; adult reconstruction of the hindfoot and ankle; diabetes; medicine/rheumatology; pediatrics; research; sports medicine; trauma; and tumors.

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Tips, Quips and Pearls—a brief and practical description of a useful clinical or surgical maneuver or procedure, accompanied by useful figure images.

Editorial or Commentary—an article expressing an opinion about a topic considered interesting to foot and ankle surgeons

Letter to the Editor—a letter from a reader expressing an opinion or raising a question, usually focusing on a particular published article, and usually accompanied by a reply from the author/s of the original article.

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As a general rule, when describing activities that were part of the investigation, as well as the observed outcomes, use the past tense. Present tense is reserved for discussions of states of knowledge, which are considered ongoing (for example, "Open reduction and internal fixation is the treatment of choice for displaced, unstable fractures...").

Whenever uncertainty arises in regard to format, authors are encouraged to consult the following text: *AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Patients and Methods versus Materials and Methods

If the study is a clinical investigation involving human participants, use the heading "Patients and Methods." If the study involves animals, cadavers, or *in vitro* or computer models of any sort, use the heading "Materials and Methods." In general, the Methods section should describe the following elements of the investigation: (1) Aims; (2) Study population; (3) Assessors and other members of the investigational team, population, or sample; (4) Intervention; (5) Endpoints (outcomes); (6) Statistical methods used to determine the meaning of the results

The Building Blocks of Good Clinical Evidence

(1) Explicitly defined research question, population, and endpoints; (2) Randomized treatment allocation and intention-to-treat analysis; (3) Participants and outcomes assessors blind to treatment allocation; (4) Use of a valid health measurement (quality of life) instrument; (5) Power and sample size determined *a priori*; (6) Statistical analyses compatible with type and distribution of the data; (7) Point estimate and 95% confidence interval reported (From Turlick MA, Kushner D, Stock D. J Am Podiatry Med Assoc 93:392-398, 2003.

Assessors

Describe members of the investigational team in regard to their participation in the study: (1) If they served as outcome assessors. (2) If they performed an intervention. (3) If they abstracted data from medical records, in the case of a retrospective study.

For studies in which subjective measurements are determined, such as measurements of radiographic angles, describe the method for breaking ties and determining an outcome when indecision or uncertainty exists.

If outcomes assessors were blind to treatment allocation, state this.

If outcomes assessors were participants in the intervention, such as members of the surgical team or treating clinicians, state this.

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At this point in time, however, IRB approval is not required for publication, although it is required that the author disclose whether or not IRB approval was obtained.

Study Population

The Methods section provides readers with an explicit description of the participant/patient population and the time period from which they were selected. The time period should delineate the month, day, year that the period started and the day, month, and year that the period ended (MM/DD/YYYY-MM/DD/YYYY). If the specific day is not known, it is acceptable to just use the month.

For Case Reports and Series and Cohort Studies, state whether or not the participants were enrolled consecutively, and clearly indicate inclusion and exclusion criteria.

Refer to subjects as "participants" if the diagnostic test or intervention is experimental and not yet approved for use by the US FDA. Refer to participants as "patients" for all other tests or interventions that are already known to be therapeutic, safe, and efficacious.

Intervention

Explicitly describe the intervention in any investigation.

If participants were randomized to an active therapy that was compared to standard therapy or to a placebo, you must describe each treatment arm.

Avoid presenting a detailed narrative report of an operative intervention for a standard procedure. Instead, cite a reference for that standard procedure. Describe variations on the procedure.

Thoroughly describe all novel interventions, notable variations on standard procedures, decision points related to an intervention, and adjunct procedures.

Use generic drug names where possible. When a brand name is used, include the name, city, state, country of the manufacturer in parentheses immediately after the proprietary name. Whenever medication use is described, provide complete dosing information: dose, method of administration, frequency of use, duration of use.

Endpoints (Outcomes)

Explicitly define outcome measures in terms of (1) how the variable was measured, (2) who made the measurement, and (3) whether or not the assessor was blind to the interventional (for an intervention trial).

Clearly state if outcomes were based on physical examination, chart review, telephone interview, questionnaire, radiographic films, or some other method.

Consider for analysis any variable that you consider to be important in regard to the treatment of patients, as it pertains to the investigation

"Hard" endpoints such as analytical measurements, clinical and microbiology laboratory results, and other specific measurements are preferred to "soft" endpoints. If "soft" endpoints such as quality of life (QOL) or foot-related QOL are used, it is preferred that health measurement instruments that have been previously shown to be reliable and provide valid information be used.

A health measurement instrument is not in and of itself valid, although the information gained from the use of the health measurement instrument should be used. QOL instruments should be specific to the foot and ankle (e.g., ACFAS, AOFAS, Bristol Foot Score, Foot Function Index).

Describe an investigator-derived questionnaire in terms of reliability and validity if such testing was undertaken by the investigators or if the questionnaire has been described in a previous publication.

For scales that rank categories (e.g., mild, moderate, severe), use an aggregate score. For measurements of pain, the 10-cm visual analog scale (VAS) is recommended.

Statistical Methods

Clearly describe the statistical plan. Include, at minimum, descriptive and inferential statistical analyses. Ideally, also include univariate and multiple variable statistical analyses.

In the descriptive statistical analysis, define parameters such as the measure of central tendency (mean or median average) and measures of dispersion (standard deviation or range).

Select the parameter, as well as the statistical test, based on the type and distribution of data.

Continuous numeric data that are normally distributed are suitable for representation using the mean and standard deviation and may be analyzed using mean-based statistical tests such as Student's *t* test.

Categorical data and data that are non-normally distributed are suitable for representation using the median and range and may be analyzed using median-based (nonparametric) methods such as the Wilcoxon matched-pairs signed-ranks test, sign test, Wilcoxon rank-sum test, and the Kruskal-Wallis equality-of-populations rank test and other null hypothesis tests and methods of estimation.

Use univariate analyses to describe the association of independent variables with the outcome of interest (dependent variable). Use multiple variable analyses to describe the association of all of the clinically important variables with the outcome of interest.

Present results with only as much precision as is of scientific value. For example, report measures of association (e.g., odds ratios, relative risks, risk differences) to 2 significant digits. Reserve the terms *significant* and *significantly* for when describing statistical differences. Do not make the statement "no significant difference was found" between 2 or more groups unless a power analysis was done and the value of alpha (level of significance typically 5% or p value $< .05$) or beta (the power to detect a statistically significant difference, usually 80% or 90%) is reported. Denote the probability of the null hypothesis using a lowercase italic p separated from the word "value" by a hyphen (specifically p value).

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The results of a sensitivity analysis, such as that described by Greenland (Maldonado G, Greenland S: Simulation study of confounder-selection strategies. *Amer J Epidemiol.* 1993; 138: 923–936.), or that described by Rosenbaum (Rosenbaum PR. Sensitivity analysis for matched case-control studies. *Biometrics.* 1991 Mar; 47(1): 87-100; and, Rosenbaum PR. Discussing hidden bias in observational studies. *Ann Intern Med.* 1991 Dec 1; 115(11): 901-5.), should be presented for retrospective studies where unmeasured independent variables may have potentially influenced the results.

Additional references that may be useful in regard to the description of the methods and the presentation of a statistical plan include:

Bailar JC III, Mosteller F. Guidelines for statistical reporting in articles for medical journals: amplifications and explanations. *Ann Intern Med* 1988; 108: 266-73.

Altman DG, Machin D, Bryant TN, Gardner MJ (eds). *Statistics with Confidence*. 2nd edition. London: BMJ Books, 2000, pp. 104-6.

Malay DS. Some thoughts about data type, distribution, and statistical significance. *J Foot Ankle Surg* 45: 57-9, 2006.

Malay DS. Levels of clinical evidence. *J Foot Ankle Surg* 46: 63-4, 2007.

Results: The results section should provide quantitative information about the data collected, in the form of descriptive and inferential statistics.

- Relevant information on the study population includes demographic information for each subgroup (control group and study groups), exclusions and attrition. Inferential statistics should be used to compare groups using appropriate statistical tests based on the size of the study population, type of variables under study (discrete vs. categorical), and the distribution of the data collected.

Quantitative information should be summarized in the text, and readers should be referred to relevant tables for more detailed information. As a rule, a minimum of three results tables should be presented, and designated Tables 1, 2, and 3. Table 1 typically depicts the baseline demographic characteristics of the sample population, often categorizing the patients/participants by intervention or outcome, and showing whether or not statistically significant differences existed between the groups. For randomized controlled trials, it is not necessary to depict statistically significant differences at baseline, since randomization distributes the characteristics by chance. Table 2 generally depicts the results of the univariate analyses, and Table 3 generally depicts the results of the multiple variable analyses. All tables must denote the sample size, or subgroup sizes, in the parentheses at the end of the title, or in parentheses in the column heading for each specific group heading. Use upper case "N" for the total, or overall sample size, and lower case "n" for subgroup sizes. For example, a table title might say: "Table 1 A statistical description of the cohort (N = 78 feet in 76 patients)." Or, if subgroups are being described, column headings might say: "Control group (n = 28)" and "Intervention group (n = 34)." Always keep track of denominators when denoting sample sizes. It is very important to include the sample size information in each and every table and figure title or column headings, since readers must be able to determine sample sizes just by looking at the figures and tables.

- For randomized controlled trials, the first figure should be the study flow chart.
- For meta-analyses and systematic reviews, a Christmas tree diagram should be included.
- Consistency and clarity is required when reporting results. As a rule, report means with standard deviations (using the \pm symbol) and medians with the range (either minimum and maximum or 25th and 75th percentiles), and always report the proportion of the whole when presenting count data (for instance, "...4 (3.25%) displayed wound dehiscence.."), and report calculations to 2 decimal places.
- It is also crucial that authors remain clear and consistent when they report denominators, with a particular emphasis on clarity in regard to the number of patients versus the number of feet or ankles or extremities, since these numbers vary based on unilateral versus bilateral cases.

Discussion: The discussion section offers the authors' interpretation of the results of their investigation. Authors should consider how their results fit into the general state of knowledge on the subject, as well as their clinical relevance. In addition, authors should acknowledge the limitations of their investigation that may have introduced bias, and they should discuss how the results could have been affected by bias.

Finally, suggestions for clinical applications and/or further research may be appropriate. Do not include a separate "Conclusion" subsection, as the final paragraph of the discussion should describe the authors' conclusions (and the paragraph can start with a sentence that states: "In conclusion, we found..." or something to this effect).

Acknowledgment: Acknowledgments should be made to those who have informally contributed their expertise or assisted in the investigation, rather than to those who have contributed to the manuscript while performing the role of their regular occupation.

References: Authors are required to submit their manuscripts with the list of references displayed in the AMA style. The AMA Manual of Style requires that your reference list be in numerical order to reflect the order of your in-text citations. This means your reference list is not alphabetical! If the type of information you need to include in your reference list isn't included as an example on this page,

please consult the AMA Manual of Style Numbering: your reference list MUST use regular numbers (not superscripts!) Left justified: items in your reference list MUST be left justified (flush left) Spacing: each item listed in your reference list MUST be single spaced (no spaces between lines). So, please do not double-space the items in your reference list. References are cited in the body of the text by means of numeric citations listed parenthetically in the appropriate sentence, prior to the end of the sentence (usually just before the period ending the sentence). Reference citations are to appear in sequential numeric order, beginning with the number "1" and continuing in order the first time that a particular reference is cited, until the last citation is noted. In other words, supply references numbered in the exact order they appear in the text (not alphabetically). Do not use superscripts. Do not submit a document with endnotes embedded via software algorithms (macros) that link items on the reference page to the in-text citation. If you use such macros to write your paper, please disable the macro, or convert the references cited to text only, prior to submitting your manuscript. This is important because embedded macros impede the editorial process, and greatly slow down the turnaround time related to reviewing and editing a manuscript. Always list all authors, and do not use "et al" when listing your references. The term "et al" may be used in the body of the text; however, it is generally reserved for mentioning papers written by more than three authors. Textbook references must include the specific page or pages used. Web site references must include the date when the site was last accessed.

Here is an example of what a properly formatted reference list would look like in your paper:
Canadian Press. Generic drugs to be bought in bulk by provinces. CBC News. <http://www.cbc.ca/news/canada/saskatchewan/story/2013/01/18/drug-costs-provinces.html>. Published January 18, 2013. Updated January 18, 2013. Accessed February 4, 2013. Rantucci MJ. Pharmacists Talking With Patients: A Guide to Patient Counseling. 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2007. Nathan JP, Grossman S. Professional reading habits of pharmacists attending 2 educational seminars in New York City. *J Pharm Practice*. 2012;25(6):600-605.

Here, see specific examples of the method of citation for a variety of different source types:

Journal article-print journal

Format: Author(s). Article title. *Abbreviated Journal Name*. Year;volume(issue):pages. *Example*
1. Mendicino RW, Orsini RC, Whitman SE, Cantanzariti AR. Fibular groove deepening for recurrent peroneal subluxation. *J Foot Ankle Surg* 2001;40(1):252-263.

Online journal article (URL only)

If the article has a DOI, then cite the DOI and not the URL. See the DOI example for more information. Format: Author(s). Article title. *Abbreviated Journal Name*. Year;volume(issue):pages. URL. Publication date. Updated date. Accessed date. *Example*
Cain J, Scott DR, Akers P. Pharmacy students' Facebook activity and opinions regarding accountability and e-professionalism. *Am J Pharm Educ*. 2009;73(6):1-6. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2769526/pdf/ajpe104.pdf>. Published October 1, 2009. Accessed February 4, 2013.

Online journal article (DOI)

When the DOI is given for a journal article, AMA style prefers that the DOI is cited instead of the URL. Do not cite both. Format: Author(s). Article title. *Abbreviated Journal Name*. Year;volume(issue):pages. doi:. *Example*
Fischer MA, Stedman MS, Lii J, et al. Primary medication non-adherence: analysis of 195,930 electronic prescriptions. *J Gen Intern Med*. 2010;25(4):284-290. <https://doi.org/10.1007/s11606-010-1253-9>.

Epub ahead of print or "early view article"

Many articles now appear online before they are published in the print version of the journal they were submitted to for publication. These articles are often referred to as "electronically published (epub) ahead of print" or "early view articles." They typically do not have volume, issue, or page numbers until they have been published in the print version of the journal. Format: Author(s). Article title [published online ahead of print, date]. *Abbreviated Journal Name*. doi:. *Example*
Papastergiou J, Folkins C, Li W. Community pharmacy-based A1c screening: a Canadian model for diabetes care [published online ahead of print December 16, 2015]. *Int J Pharm Pract*. <https://doi.org/10.1111/ijpp.12228>.

Entire book

When referring to an entire book, rather than pages or a specific section, use the following format. When citing an entire book, all major words in the title should be capitalized. If each chapter has a different author, please use the book chapter formatting. If the entire book was authored by the same person/people, please use the entire book formatting and include page numbers in text. See "Citing items in-text." Format: Author(s). Book Title. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; most recent copyright year. *Example* Rantucci MJ. Pharmacists Talking With Patients: A Guide to Patient Counseling. 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.

Book chapter

When citing a book chapter, only the first word of the title should be capitalized (exception: proper nouns such as names of cities, etc.). If each chapter has a different author, please use the book chapter formatting. If the entire book was authored by the same person/people, please use the entire book formatting and include page numbers in text. Format: Author(s) of chapter. Chapter title. In: editor(s), ed. Book Title. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; most recent copyright year: pages of chapter. *Example* Trevino SG. Disorders of the hallucal sesamoids. In: MS Myerson, ed. Foot and Ankle Disorders, WB Saunders, Philadelphia, 2000:379-398.

Edited book

Pay attention to capitalization in book titles. Format: Editor(s), ed. Book Title. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; most recent copyright year. *Example* Tatro DS, ed. Drug Interaction Facts: The Authority on Drug Interactions. St. Louis, MO: Wolters Kluwer; 2011.

Online book

Pay attention to capitalization in book titles. Format: Author(s). Book Title. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher's name; most recent copyright year. URL. Accessed date. *Example* Olsen CG, Tindall WN, Clasen ME. Geriatric Pharmacotherapy: A Guide for the Helping Professional. Washington, DC: American Pharmacists Association; 2007. <https://online.statref.com/Document.aspx?docAddress=b722bOI4Cx5PboVh08z>. Accessed February 27, 2013.

Website or Webpage

You can only cite what information is available (e.g. author name, updated date, etc.). Format: Author(s). Title of specific item cited (or, if unavailable, give the name of the organization responsible for the site). Name of Web Site. URL. Publication date. Updated date. Accessed date. *Example* Canadian Press. Generic drugs to be bought in bulk by provinces. CBC News. <http://www.cbc.ca/news/canada/saskatchewan/story/2013/01/18/drug-costs-provinces.html>. Published January 18, 2013. Updated January 18, 2013. Accessed February 4, 2013.

Online report

This example can be used for citing online Government, Organization, or Association reports. Format: Author(s). Report title. URL. Published date. Updated date. Accessed date. *Example* Management Committee. Moving forward: pharmacy human resources for the future final report. <http://blueprintforpharmacy.ca/docs/default-document-library/2011/04/19/Moving%20Forward%20Final%20Report.pdf?Status=Master>. Published September 2008. Accessed February 4, 2013.

Presentation or lecture that you attended or for which you have a transcript of the presentation
You will need to clarify whether your instructor permits citing lecture material. Not everyone allows this-always talk to your instructor. Format: Presenter(s). Title of presentation. Description of presentation context; date; City, State (or, Province or Country). *Example* Gordon S. Demystifying citing information in your written work. Presented as part of Pharmacy 127; February 13, 2013; Waterloo, ON.

Protocol

The AMA Manual of Style does not have a specific example for referencing a protocol-this is a recommended approach which may need to be tweaked depending on the information you have (or don't have). Format: Author(s). Protocol name. In: editor(s), ed. Book Title. Edition number (do not indicate 1st edition). City, State (or, Province or Country) of publication: Publisher name; copyright year:pages of protocol. *Example*

Cappuccino JG, Sherman N. Gram stain. In: Wasfi O, ed. Medical Microbiology Lab Manual for PHARM 232L. Boston, MA: Pearson Learning Solutions; 2011:55-57.

Email, conversation or personal communication

The AMA Manual of Style says to NEVER include personal communication in your reference list. AMA style only permits inclusion of personal communication in your text. Permission from the author is required. *Example*

According to an August 2012 email from staff surgeon Michael Downey, DPM, FACFAS

You Tube video

For YouTube videos, provide the author only if you are sure that person created the video. Do not list the person posting the video online as the author. If you are unsure, treat the citation as having no author. Format: Author(s). Title of specific item cited (or, if unavailable, give the name of the organization responsible for the site). Name of Web Site. URL. Publication date. Updated date. Accessed date. *Example*

Pharmacist promotion video [Video]. YouTube. <https://www.youtube.com/watch?v=4Yv3bOx-eWk>. Published July 15, 2014. Accessed March 3, 2016.

Up To Date

The AMA Manual of Style does not have a specific example for referencing UpToDate. This example has been taken from the UpToDate website. Format: Cite the UpToDate topic review as a chapter in a book titled UpToDate, edited by T.W. Post, published by UpToDate in Waltham, MA. As an online service, there are no page numbers to cite. Since UpToDate is updated every four months, the publication year for any topic review should be the current year. *Example*

Townsend, RR. Major side effects of angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers. In: Post T, ed. UpToDate. Waltham, MA.: UpToDate; 2016. www.uptodate.com. Accessed March 24, 2016.

Dissertation or thesis

Dissertation Format: Author(s). Title [dissertation]. City, State (or, Province or Country) of publication: Publisher name; copyright year. *Example*

Fenster SD. Cloning and Characterization of Piccolo, a Novel Component of the Presynaptic Cytoskeletal Matrix [dissertation]. Birmingham: University of Alabama; 2000. Thesis Author(s). Title [master's thesis]. City, State (or, Province or Country) of publication: Publisher name; copyright year. *Example*

Undeman C. Fully Automatic Segmentation of MRI Brain Images Using Probabilistic Diffusion and a Watershed Scale-Space Approach [master's thesis]. Stockholm, Sweden: NADA, Royal Institute of Technology; 2001.

Online image

Consider using images from Creative Commons repositories like Flickr, or Wikimedia Commons, etc. The creators of these images have assigned Creative Commons licenses to their images, so that you and I are free to use them in our work, as long as we give credit to those who created them. In your reference list, cite an image the same way you would cite a website. Format: Author(s). Title of specific item cited (or, if unavailable, give the name of the organization responsible for the site). Name of Web Site. URL. Publication date. Updated date. Accessed date. Note: On a PowerPoint slide, it is best practice to include the full citation under the image, instead of including all citations on one slide at the end of the presentation, as PowerPoint presentations can be disassembled. You can reduce the size of the citation's font to make it appear less distracting. *Example*

Province of British Columbia. BC kicks off flu vaccine program. Flickr. <https://www.flickr.com/photos/bcgovphotos/6254662731/in/photostream/>. Published October 17, 2011. Accessed March 24, 2016.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Tips, Quips, and Pearls Follow These Headings: Introduction, Technique, Discussion

Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
- **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Appropriate trademark symbols must be used for all proprietary information.

Abstract

The abstract summarizes the contents of the article on a page separate from the title and manuscript. 250 words or less. No subheadings. *Research Article:* Introduce research problem, explain methods, summarize results, and provide a conclusion. *Case Study:* State the condition of interest and summarize the specific clinical situation, the uniqueness, or the rarity of the diagnosis or the novelty of an intervention, and a statement regarding the clinical significance of the case.

Level of Clinical Evidence

Immediately following the Abstract, designate the Level of Clinical Evidence.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Therapeutic

Level 1: High-quality RCT with or without statistically significant difference and narrow confidence intervals; Systematic review of homogenous Level 1 RCTs. *Level 2:* Flawed RCT (<80% follow-up, improper randomization, no blinding, no ITT analysis; Prospective comparative study; Systematic review of Level 2 studies or Level 1 study with inconsistent results. *Level 3:* Case-control study, Retrospective comparative study, Systematic review of Level 3 studies. *Level 4:* Case report or series (N < 30). *Level 5:* Expert opinion.

Prognostic

Level 1: High quality prospective study (patients enrolled at same time in disease, less than 80% follow-up); Systematic review of Level 1 studies. *Level 2:* Retrospective study; Untreated controls from a RCT; Flawed prospective study (patients enrolled at different points in their disease, less than 80% follow-up); Systematic review of Level 2 studies. *Level 3:* Case-control study. *Level 4:* Case report or series (N < 30). *Level 5:* Expert opinion.

Diagnostic

Level 1: Testing of established diagnostic criteria in series of consecutive patients with universally applied "gold" standard; Systematic review of Level 1 studies. *Level 2:* Development of diagnostic criteria in series of consecutive patients with universally applied "gold" standard; Systematic review

of Level 2 studies. *Level 3:* Study of nonconsecutive patients without consistently applied "gold" standard; Systematic review of Level 3 studies. *Level 4:* Case-control study; Poor reference standard. *Level 5:* Expert opinion.

Economic and Decision Analysis

Level 1: Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses; Systematic review of Level 1 studies. *Level 2:* Sensible costs and alternatives, values obtained from limited studies, multiway sensitivity analyses; Systematic review of Level 2 studies. *Level 3:* Analysis based on limited alternatives and costs, poor estimates; Systematic review of Level 3 studies. *Level 4:* No sensitivity analysis. *Level 5:* Expert opinion.

Note

Readers must completely assess and critically appraise the quality of individual studies. A systematic review combines results from 2 or more homogeneous studies (a meta-analysis is a quantitative systematic review that pools results from homogeneous studies). High-quality studies show consistent results and uphold the building blocks of clinical evidence (randomized allocation of treatment, blind outcomes assessment, intention to treat analysis, all reasonable clinically relevant independent variables considered). Prospective studies start before the first participant (patient) enrolled, and are suitable for identification of the incidence of an outcome and calculation of relative risk. Comparative studies compare patients treated one way with those treated in another way. Retrospective studies start after the first participant (patient) enrolled, and are suitable for identification of the incidence of an outcome and calculation of relative risk. Case-control studies entail patients identified for inclusion on the basis of their outcome, called "cases," that are compared with those who did not have the outcome, called "controls;" are retrospective and suitable for identification of differences in exposures and calculation of relative odds. Case series involve patients treated one way with no comparison group.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

- If a proper or proprietary name entails the use of an abbreviation, only then can it be used in the Title, Abstract or Key Words sections.
- Abbreviations can be used in the Introduction, as well as any area of the manuscript thereafter.
- Abbreviations are not to be used unless the term has first been spelled in full, and the abbreviation noted in parentheses immediately following the initial use of the full term. For example: "...deep peroneal nerve (DPN)."
- Abbreviations that are part of a proprietary name are to be used in accordance with the guidelines noted for registered trademarks and copyrights.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Units

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Artwork

Electronic artwork

General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.

A detailed [guide on electronic artwork](#) is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings, embed all used fonts.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

• Figures and their accompanying legends should be able to stand alone, communicating the meaning of the information without reference to the main text (as described above for tables).

• In the text, figures should be cited using parentheses about the figure-reference being cited. For example: (Figure 1).

• Each figure should be titled, and accompanied by a figure legend, and submitted in consecutive order as an independent file following the manuscript and tables.

• The figure title should be formatted as in the following example: "Figure 1 The gastrocnemius recession."

• In the title of the figure, the term "Figure" and the number designation should be bold font, with the title following in regular (not bold) font, for example: "Figure 1 The gastrocnemius recession." Furthermore, for histograms and graphic plots, the sample size should be clearly stated at the end of the title, so that readers do not need to resort to reading the Materials and Methods section in order to understand the figure. For example: "Figure 1 Age distribution for gastrocnemius recession cases (N = 58 procedures in 55 patients)." Please note that it is preferable to specify the number of feet, or ankles, and the number of patients (if some of the cases were bilateral).

• Do not use abbreviations in either the figure title or the figure legend, unless the abbreviation is defined in the legend.

• Abbreviations or footnotes should be explained in lower case alphabetical superscripts in the legend beneath the figure.

• Each figure title and legend should be submitted in consecutive order on a separate page (file), or included in the body of the manuscript under the heading "Figures and Legends" (preferable). The actual figures must be submitted as separate files, in consecutive order; whereas the titles and legends are to be included as noted above at the end of the manuscript.

- Images should be provided in TIF, GIF or EPS format, per the instructions for online submission at <https://www.editorialmanager.com/JFAS>.
- Radiographic images should be submitted in grayscale format, with the projection spelled out in full (anteroposterior, lateral, medial oblique, Isherwood, etc.).
- Black and white line drawings are acceptable only if they are of professional quality.
- All figures must be original, unless indicated otherwise.
- Figures previously published in other sources should be accompanied by a letter from that publishing company and author, granting permission for their use.
- Illustrations and figures will not be returned to the authors.

Color artwork

Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF) or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) in addition to color reproduction in print. [Further information on the preparation of electronic artwork](#).

Figure captions

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

- Black and white lines and text are preferred. The "insert table" function of the toolbar of most word processors works well for this.
- Tables and their accompanying legends should be able to stand alone, communicating the meaning of the information without reference to the main text.
- In the text, tables are cited using parentheses about the table-reference being cited. For example: (Table 1).
- Each table should be titled, and accompanied by a legend beneath the table.
- The table title should be formatted as in the following example: "Table 1 The dataset"
- In the title of the table, the term "Table" and the number designation should be bold font, with the title following in regular (not bold) font. Furthermore, the sample size should be clearly stated in the title, so that readers do not need to resort to reading the Materials and Methods section in order to understand the table. For example: "Table 1 Surgical cases (N = 58 feet in 55 patients)." Please note that it is preferable to specify the number of feet, or ankles, and the number of patients (if some of the cases were bilateral).
- Do not use abbreviations in either the title or the table legend, unless the abbreviation is defined in the legend.
- Abbreviations or footnotes should be explained in lower case alphabetical superscripts in the legend beneath the table.
- Each table (with title and legend) may be submitted in consecutive order on a separate page (file), or included in the body of the manuscript under the heading "Tables" (preferable).
- Tables previously published in other sources should be accompanied by a letter from that publishing company and author, granting permission for their use.

References

Always list all authors in the Reference list; "et al" can be used in the text only.

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.

A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. *Journal of Geophysical Research*, <https://doi.org/10.1029/2001JB000884>. Please note the format of such citations should be in the same style as all other references in the paper.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Reference style

Journal article: Wang L, Gui J, Gao F, Zhong Y, Jiang Y, Xu Y, Shen H. Modified posterior portals for hindfoot arthroscopy. *Arthroscopy* 23:1116–1123, 2007. *Book chapter:* Canale ST, Beaty JH. Congenital clubfoot (talipes equinovarus). In: *Campbell's Operative Orthopaedics*, ed 11, Elsevier, Philadelphia, 2007. *Website:* Clinical Practice Guideline Heel Pain Panel. Diagnosis and Treatment of Heel Pain. American College of Foot and Ankle Surgeons. Available at: <http://www.acfas.org/pubresearch/cpg/heelpain-cpg.htm>. Accessed July 20, 2007.

Journal abbreviations source

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