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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"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.

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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.

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


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, so 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 ± 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.

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