



THE JOURNAL OF FOOT & ANKLE SURGERY

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

AUTHOR INFORMATION PACK

TABLE OF CONTENTS

●	Description	p.1
●	Audience	p.1
●	Impact Factor	p.1
●	Editorial Board	p.1
●	Guide for Authors	p.4



ISSN: 1067-2516

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.

The Journal of Foot & Ankle Surgery is indexed through Index Medicus, Excerpta Medica, Biosciences Information Service, and CINAHL.

Benefits to authors

We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our [author services](#).

Please see our [Guide for Authors](#) for information on article submission. If you require any further information or help, please visit our [Support Center](#)

AUDIENCE

Foot and ankle surgeons, podiatrists, orthopedic surgeons, and sports medicine physicians

IMPACT FACTOR

2015: 1.066 © Thomson Reuters Journal Citation Reports 2016

EDITORIAL BOARD

Editor:

D. Scot Malay, DPM, MSCE, FACFAS, E-mail: editorjfas@gmail.com

Section Editors:

Adult Reconstruction

Paul D. Dayton, DPM, MS, FACFAS

John T. Marcoux, DPM, FACFAS

Vincent J. Muscarella, DPM, FACFAS
Molly Schnirring-Judge, DPM, FACFAS
Michael Theodoulou, DPM, FACFAS
James Thomas, DPM, FACFAS

Adult Reconstruction - Rearfoot & Ankle

Michael S. Downey, DPM, FACFAS
Daniel J. Hatch, DPM, FACFAS
George T. Liu, DPM, FACFAS
Andrew J. Meyr, DPM, FACFAS
William P. Grant, DPM, FACFAS

Diabetes

Barry I.. Rosenblum, DPM, FACFAS

Medicine/Rheumatology

Donald Kushner, DPM, FACFAS
Thomas E. Lyons, DPM, FACFAS

Pediatrics

Patrick S. Agnew, DPM, FACFAS
Richard N. Goad, DPM, FACFAS
Edwin J. Harris, DPM, FACFAS

Research

Emily A. Cook, DPM, MPH, FACFAS
Robert M. Joseph, DPM, PhD, AACFAS
Daniel C. Jupiter, PhD
Bradley M. Lamm, DPM, FACFAS
Naohiro Shibuya, DPM, MS, FACFAS
Paul H. Wooley, PhD

Sports Medicine

Richard T. Bouché, DPM, FACFAS
Amol Saxena, DPM, FACFAS

Trauma

Brian Carpenter, DPM, FACFAS
Mark A. Hardy, DPM, FACFAS
Stephen A. Mariash, DPM, FACFAS
Benjamin D. Overley, Jr., DPM, FACFAS
Narendra R. Patel, DPM, FACFAS
Shannon M. Rush, DPM, FACFAS
Tim Schepers, MD, PhD

Tumors/Pathology

Bo Jian, MD, PhD
Lawrence Osher, DPM
Herrick J. Siegel, MD

Audio File Editor:

Robert A. Hadfield, DPM

Editors Emeritus:

Earl G. Kaplan, DPM
Richard P. Reinherz, DPM
Lowell Scott Weil, Sr., DPM, FACFAS
John M. Schuberth, DPM

Council for Journal Management

Troy J. Boffeli, DPM, FACFAS, Chairman
Lawrence A. DiDomenico, DPM, FACFAS
Alan Catanzariti, DPM, FACFAS
Christopher F. Hyer, DPM, FACFAS
Adam S. Landsman, DPM, PhD, FACFAS
Aksone Nouvong DPM, FACFAS
Monica H. Schweinberger, DPM, AACFAS

American College of Foot and Ankle Surgeons

Board of Directors

President

Laurence G. Rubin, DPM, FACFAS

President-Elect

John S. Steinberg, DPM, FACFAS

Secretary-Treasurer

Christopher Reeves, DPM, MS, FACFAS

Immediate Past President

Sean T. Grambart, DPM, FACFAS

Directors

Michael Cornelison, DPM, FACFAS

Christopher F. Hyer, DPM, FACFAS

Meagan Jennings, DPM, FACFAS

Scott C. Nelson, DPM, FACFAS

Christopher L. Reeves, DPM, FACFAS

Laurence G. Rubin, DPM, FACFAS

Randal F. Wraalstad, DPM, FACFAS

Division Presidents Council

Aksone M. Nouvong, DPM, FACFAS, Chairmain

Jeremy J. Cook, DPM, MPH, FACFAS

Paul J. Kim, DPM, FACFAS

GUIDE FOR AUTHORS

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- Relevant declarations of interest have been made
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](#).

BEFORE YOU BEGIN

Ethics in publishing

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

Human and animal rights

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans; [Uniform Requirements for manuscripts submitted to Biomedical journals](#). Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

Declaration of interest

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest then please state this: 'Conflicts of interest: none'. [More information](#).

Financial Disclosure

Every author, including the corresponding author and all co-authors, must upload a signed financial disclosure with their manuscript at the time of submission. In this form, authors must indicate any financial arrangements they have with any company whose product is pertinent to the submitted manuscript, or with a company making a competing product. The information will be held in confidence while the paper is under review and will not influence the blind peer review process. If the article is accepted for publication, a Financial Disclosure statement will appear with the article. No manuscript can be published without first having the Financial Disclosure on file in the Journal office.

Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see '[Multiple, redundant or concurrent publication](#)' section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service [CrossCheck](#).

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Reporting clinical trials

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see [more information](#) on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. [Permission](#) of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has [preprinted forms](#) for use by authors in these cases.

Author rights

As an author you (or your employer or institution) have certain rights to reuse your work. [More information](#).

Elsevier supports responsible sharing

Find out how you can [share your research](#) published in Elsevier journals.

Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Funding body agreements and policies

Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of [existing agreements](#) are available online.

After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

Open access

This journal offers authors a choice in publishing their research:

Open access

- Articles are freely available to both subscribers and the wider public with permitted reuse.
- An open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

Subscription

- Articles are made available to subscribers as well as developing countries and patient groups through our [universal access programs](#).
- No open access publication fee payable by authors.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For open access articles, permitted third party (re)use is defined by the following [Creative Commons user licenses](#):

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)

For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The open access fee for this journal is **USD 2000** for Original Research and Reviews, and **USD 1000** for Case Reports, excluding taxes. There is a 50% discount off the open access publication fee for members of the American College of Foot and Ankle Surgeons. Learn more about Elsevier's pricing policy: <http://www.elsevier.com/openaccesspricing>.

Green open access

Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our [green open access page](#) for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. [Find out more](#).

This journal has an embargo period of 12 months.

Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the [English Language Editing service](#) available from Elsevier's WebShop.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article

Please submit your article via <http://www.jfas.org>.

PREPARATION

Double-blind review

This journal uses double-blind review, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](#) is available on our website. To facilitate this, please include the following separately:

Title page (with author details): This should include the title, authors' names, affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure and manuscript templates

Types of Manuscripts and Articles

Original Research—scientific reports of clinical and laboratory investigations, including randomized controlled trials, cross-over experiments, meta-analyses, prospective and retrospective cohort (N greater than or equal to 30) studies, case control studies, analyses of secular trends, and cross sectional studies.

Review Article—including systematic reviews and narrative review articles. Case Report—observational reports of rare diseases or unusual interventions, ranging from a single case to a series (N less than or equal to 30) of patients.

Instructional Course—a detailed description of a specific intervention or diagnostic test, accompanied by detailed figure images and video add-ons available at the JFAS Website.

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.

Manuscript Templates

Authors are instructed to download and use the appropriate manuscript template/s (Original Research; Review; Case Report; Tips, Quips, and Pearls; and Title Page), which can be found in the "Author Information" list of menu options, under "JFAS Manuscript Template files" at the sign-in page (<http://ees.elsevier.com/jfas/img/authordocs.html>). Paying attention to the template/s should

enable an author to provide all of the manuscript elements required for publication. Manuscripts are commonly submitted without all of the required information, or with information misplaced in the document, and the manuscript templates were developed in an effort to guide authors through the manuscript preparation process without omitting or misplacing required information. Following the template should minimize critical appraisal points that require authors to further revise their manuscript. The templates are meant to guide manuscript production, without telling the author what to say or how to interpret findings. If a manuscript is not in compliance with the content and formatting guidelines defined in the appropriate manuscript template/s, and if it is not in compliance with the items defined herein (in the Guide for Authors), we will not be able to further consider or publish the manuscript. Therefore, authors are advised to pay attention to the information in the Guide for Authors and the appropriate Manuscript Template/s. Combining the information in the manuscript template with that in the Guide for Authors should cover almost every element that is required for publication, assuming that the content matter is appropriate for JFAS.

Manuscript Format

The following details pertain to the different types of manuscripts published in JFAS. Each page should be numbered consecutively, in the bottom right corner, with the title page designated as page 1. The manuscript should also be double-spaced, line-numbered, and left margin justified. The contents of your manuscript should include the following segments in the following order:

Original Research or Review Article

(1) Title, (2) Abstract, (3) Level of Clinical Evidence, (4) Key Words, (5) Text: Introduction, Patients/Materials and Methods, Results, Discussion (6) Acknowledgments, (7) References, (8) Tables, (9) Figures, (10) e-only electronic add-ons, which are made available to readers at the jfas.org website.

Instructional Course or Tips, Quips and Pearls

(1) Title, (2) Abstract, (3) Key Words, (4) Text: Introduction, Surgical Technique, Discussion, (5) Acknowledgments, (6) References, (7) Tables, (8) Figures, (9) e-only electronic add-ons, which are made available to readers at the jfas.org website.

Editorial, Commentary, or Letter to the Editor

(1) Title, (2) References, (3) Tables, (4) Figures, (5) e-only electronic add-ons, which are made available to readers at the jfas.org website.

General Rules

The main segments are to be identified by bold, left-margin headings, capitalizing the first letter of the first word of each named section. Subheadings, if needed, should be in non-bold italic font, left-margin aligned, capitalizing the first letter of the first word of the subheading.

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.

Introduction

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

Material and methods

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should 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.

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 interventional 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).

Use of the word "significant" requires reporting of a p value (probability) or, preferably, the 95% confidence interval about a point estimate. 95% confidence intervals are preferred whenever the results of survivor analyses are given in the text, tables, or graphs. Except when 1-sided tests are required by study methodology, such as in noninferiority trials, 2-sided p values should be reported. By convention, Report p values $> .01$ to 2 decimal places, p values between $.01$ and $.001$ to 3 decimal places, and p values $< .001$ as $p < .001$. Probabilities should never be reported as $p = .000$. Furthermore, use of the word "correlation" or the phrase "correlates with" requires that a correlation coefficient be calculated and reported, otherwise terms such as "association" or "associated" should be used.

Registered Trademarks and Copyrights

Generic names are preferred.

- Any and every time that a proprietary substance (such as a medication), device, equipment, or software program is mentioned in the manuscript, it must be accompanied by either of the following symbols: "®" or "™", indicating that the substance or device is a registered trademark.
- It is advisable to avoid using proprietary terms in the title of the manuscript.
- The following information must be provided in parentheses, immediately following mention of the proprietary item: proprietor's name (the name of the company that owns the registered trademark), city and state wherein the proprietor's headquarters are located, and the country if other than the United States.

- Authors should use the proprietor's precise terminology (exact name and registered trademark symbol, "®" or "™") when referring to a specific proprietary substance, device or procedure. If copyrighted material is mentioned, then the "©" symbol should accompany the item; if it is trademarked, then either the "®" or the "™" symbol should be used, in accordance with the owner's preference. This information is usually available at the proprietor's Web site.
- The use of copyrighted material requires that the author obtain explicit permission from the owner of the copyright (publisher), and the author, for such use.

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.
- 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: 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, and 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.

Examples of reference citations include:

Journal Article

1. Mendicino RW, Orsini RC, Whitman SE, Cantanzariti AR. Fibular groove deepening for recurrent peroneal subluxation. *J Foot Ankle Surg* 40:252-263, 2001.

Textbook

2. Trevino SG. Disorders of the hallux sesamoids. In *Foot and Ankle Disorders*, pp 379-398, edited by MS Myerson, WB Saunders, Philadelphia, 2000.

Electronic Version of Print Journal

3. Gardner MJ, Boraiah S, Hentel KD, Helfet DL, Lorich DG. The hyperplantarflexion ankle fracture variant. *J Foot Ankle Surg* [serial on the Internet] 46:256-60, 2007. Available at: <http://www.jfas.org/issues/contents>.

Web Page

4. Clinical Practice Guideline Heel Pain Panel. Diagnosis and Treatment of Heel Pain. American College of Foot and Ankle Surgeons Web site. September/October 2001. Available at: <http://www.acfas.org/pubresearch/cpg/heelpain-cpg.htm>. Accessed July 20, 2007.

Personal Communication

NEVER IN REFERENCE LIST. ONLY IN TEXT. (John A. Ruch, DPM; personal communication, dd/mm/yyyy)

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. 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. **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 <http://ees.elsevier.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 encouraged.

A DOI can be used to cite and link to electronic articles where an article is in-press and full citation details are not yet known, but the article is available online. 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

Journal names should be abbreviated according to the [List of Title Word Abbreviations](#).

Video

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including [ScienceDirect](#). Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our [video instruction pages](#). Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

Supplementary material

Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

AFTER ACCEPTANCE

Proofs

One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author (if we do not have an e-mail address then paper proofs will be sent by post) or, a link will be provided in the e-mail so that authors can download the files themselves. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to [download the free Adobe Reader](#), version 9 (or higher). Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the [Adobe site](#).

If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If, for any reason, this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and scan the pages and return via e-mail. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

Offprints

The corresponding author will, at no cost, receive a customized [Share Link](#) providing 50 days free access to the final published version of the article on [ScienceDirect](#). The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's [Webshop](#). Corresponding authors who have published their article open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

AUTHOR INQUIRIES

Visit the [Elsevier Support Center](#) to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.

You can also [check the status of your submitted article](#) or find out [when your accepted article will be published](#).

Authors with questions are instructed to review the frequently asked questions and/or employ the e-submission support or help functions embedded in the electronic manuscript submission system. Those with other specific questions related to content or the status of peer review and editorial consideration of a manuscript should inquire at authorquestion@jfas.org. Authors with questions must include the following information: (1) manuscript number, (2) corresponding author first and last names, (3) manuscript title.

© Copyright 2014 Elsevier | <http://www.elsevier.com>