DESCRIPTION

The Journal of Hand Surgery Global Online (JHS GO) is an open access companion title to Journal of Hand Surgery. It is a clinically-oriented, peer-reviewed, international forum for the latest techniques and advances in hand and upper extremity surgery. Published quarterly, it features original articles related to the pathophysiology, diagnosis, and treatment of diseases and conditions of the upper extremity; these include clinical and basic science studies and systematic reviews along with brief communications, case reports, review articles, surgical technique articles, policy papers and guidelines, and letters to the editor. JHS GO is online-only, though reprints of articles may be purchased from Elsevier.

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Before beginning to write for JHS GO, prospective authors should read these instructions completely.

Aims and Scope
The Journal of Hand Surgery Global Online (JHS GO) is an open access quarterly journal that is a clinically-oriented, peer-reviewed, international forum for the latest techniques and advances in hand and upper extremity surgery. It publishes original articles related to the pathophysiology, diagnosis, and treatment of diseases and conditions of the upper extremity; these include clinical and basic science studies and systematic reviews along with brief communications, case reports, review articles, surgical technique articles, policy papers and guidelines, and letters to the editor. JHS GO is online-only, though reprints of articles may be purchased from Elsevier.

Questions relating to the editorial management of JHS GO may be directed to the Editorial Office:

Tamara D. Rozental, MD, Editor-in-Chief
The Journal of Hand Surgery Global Online
American Society for Surgery of the Hand
822 West Washington Boulevard
Chicago, IL 60607
Phone: (312) 880-1900
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See the table below for additional requirements for each article type.

| Article Type | Maximum Number of Authors* | Abstract | Blinded Manuscript: Required Headings | Blinded Manuscript: Word Counts | Reference Counts | Figure Counts | Type of Study/Level of Evidence | Abstract | Introduction | Methods | Results | Conclusions | Clinical Relevance | Abstract | Manuscript** | Up to 3000 words | Up to 3000 words | No limit | No limit | Systematic Review (also known as: Full Length Article) 6 Yes; 5 sections include Purpose, Methods, Results, Conclusions, & Clinical Relevance | Abstract, Introduction, Methods, Results, Discussion, References, Figure Legends (if applicable) Abstract up to 300 words; Manuscript** up to 3000 words No limit | No limit | No limit | Review Article | 4 Yes; 1 paragraph | Abstract, Introduction, Methods, Results, Discussion, References, Figure Legends (if applicable) Abstract up to 150 words; Manuscript** up to 3000 words | No limit | No limit | Surgical Technique (also known as: Full Length Article) 3 Yes; 1 paragraph | Abstract, Introduction, Indications and Contraindications, Surgical Anatomy, Surgical Technique, Postoperative Management, Pearls and Pitfalls, Complications, Case Illustration, References, Figure Legends (if applicable) Abstract up to 300 words; Manuscript** up to 2500 words No limit | No limit | No limit | Case Report | 6 Yes; 1 paragraph | Abstract, Introduction, Case Report, Discussion, References, Figure Legends (if applicable) Abstract up to 150 words; Manuscript** up to 1500 words Up to 10 No limit Brief Communication 6 Yes; 1 paragraph | Abstract, Introduction, Methods, Results, Discussion, References, Figure Legends (if applicable) Abstract up to 300 words; Manuscript** up to 1500 words Up to 10 No limit Policy Paper/Guidelines 6 Yes; 1 paragraph | Abstract, Introduction, Problem Statement, Proposed Solution, Future Direction & Long Term Focus, Recommendations, References, Figure Legends (if applicable) Abstract up to 300 words; Manuscript** up to 3000 words No limit | No limit | No limit | Letter to the Editor | 3 N/A | Abstract, Introduction, Methods, Results, Discussion, References, Figure Legends (if applicable) Abstract up to 300 words; Manuscript** up to 3000 words No limit | Up to 5 Up to 1 *If the number of authors on your paper exceeds the requested maximum, please include all authors on your Title Page and explain how each author participated in the study in your Cover Letter. **Does not include references or legends.

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Full Length Articles include Original Research articles – which are clinical and basic science studies – and Systematic Reviews. Restrict Full Length Article manuscripts to fewer than 3,000 words. In both the abstract and in the main body, avoid claiming priority of findings. For example, avoid statements such as, "This paper is the first to report..." Formatting, such as Greek letters, italics, superscripts, and subscripts, may be used. The coding scheme for such elements must be consistent throughout. Organization of blinded manuscripts is as follows.

**Abstract**
For peer-reviewed clinical studies, submit a structured abstract limited to 300 words and divided into 5 sections: Purpose, Methods, Results, Conclusions, and Level of Evidence (see table https://www.elsevier.com/__data/promis_images/jhsachart.gif). For peer-reviewed basic science studies and systematic reviews, submit a structured abstract limited to 300 words divided into 5 sections: Purpose, Methods, Results, Conclusions, and Clinical Relevance.

**Introduction**

In fewer than 500 words and in 3 to 4 paragraphs, include the study's background, rationale, questions or hypotheses posed, and novelty. Each of the questions or hypotheses should be sufficiently important to appear in the abstract.

**Materials and methods**

Present the study design clearly. Identify and describe the measurement parameters. Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of $P$ values, which fails to convey important quantitative information.

**Statistical methods** should be described in detail, with particular emphasis on the statistical strategy that was used to analyze the data. The most appropriate strategy fits the collected data and addresses the research question/hypothesis stated in the Introduction.

In the analysis of categorical data, utilize exact methods wherever possible. Where the variable of interest cannot be assumed to have a normal distribution, use non-parametric methods of analysis. Report results with only as much precision as is of value. In general, the approach suggested in Bailar JC 3rd, Mosteller F. Guidelines for statistical reporting in articles for medical journals. Amplifications and explanations. *Ann Intern Med.* 1988;108:266-273 should be used.

$P$ values are required to support any statement indicating a statistically significant difference.

Ninety-five percent confidence intervals are required for any estimate appearing in the text or graphs. Use of the word correlation requires reporting of the correlation coefficient.

Do not identify any statistical software unless some aspect of the analysis was uniquely dependent on a particular software package.

Validated outcome instruments should be used wherever possible. Novel measurement scales should be used only if existing scales are deemed insufficient in some way to the needs of the study. References to psychometric characteristics of new scales, such as those related to reliability, must be included. If an outcome system leads to a categorical ranking (excellent, good, etc.), then the aggregate score for each patient should be provided.

**Results**

In less than 500 words, present the findings in the same order that you pose the questions or hypotheses in the Introduction. Data should be presented only once, in a text, table, or graph.

**Discussion**

In fewer than 1,000 words, briefly restate the rationale and the questions, then explore major limitations and compare and contrast the study's results with previous work. Include 1 paragraph for each question or hypothesis. Synthesize the current results with those previously published. It is JHS GO’s style *not to include* a Conclusion section since this is typically redundant with the abstract.

See the *Preparation section* for information on references, table, figures, and videos.
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To be worthy of publication, a case report must have extraordinary teaching value to the readers. Typically we do not accept cases where 2 findings are associated since the findings are often coincidentally rather than causally related. Restrict the abstract to 150 words and highlight the unique features of the case. In sections identified as Introduction, Case Report, and Discussion and in fewer than 1,500 words, introduce the topic, present the case, and discuss its novelty and educational value. Limit references to 10 citations.

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Review articles in JHS GO will focus on up-to-date information covering essential topics in hand and upper extremity surgery. Review articles should be no more than 3,000 words and include a one-paragraph abstract. Articles must have no more than three authors and no more than 20 references. Articles must review recent developments and must emphasize the best evidence for management and treatment strategies. Authors are encouraged to submit a technical video with their article. Links may also be provided to other articles already published in JHS GO that may have described techniques or give reference to evidence-based medicine.

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Surgical Technique articles provide step-by-step details of various surgical procedures relevant to clinical practice. Articles discuss indications and contraindications, surgical anatomy, surgical technique, postoperative management, pearls and pitfalls, and complications; many articles also provide a case illustration. Articles should be no more than 2,500 words, and they should include a one-paragraph abstract. Videos and/or high-resolution photographs are strongly encouraged.

Brief Communications
Brief Communications are preliminary reports that are not yet mature enough to be considered as full length articles, yet are still of interest to JHS GO’s readership. A one paragraph abstract of no more than 300 words is required. It is preferred that Brief Communication papers be divided into the following sections: Introduction, Methods, Results, Discussion. Manuscripts should be no more than 1,500 words. Articles must have no more than 6 authors and no more than 10 references.

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**BEFORE YOU BEGIN**

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