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DESCRIPTION

The Journal of Hand Therapy is designed for hand therapists, occupational and physical therapists, and other hand specialists involved in the rehabilitation of disabling hand problems. The Journal functions as a source of education and information by publishing scientific and clinical articles. Regular features include original reports, clinical reviews, case studies, editorials, and book reviews.

Benefits to authors
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GUIDE FOR AUTHORS

INTRODUCTION
Authors are invited to submit manuscripts for review, in English, relating to any aspect of rehabilitation of the upper extremity. The Journal of Hand Therapy is interested in the publication of research spanning the entire spectrum of clinical, basic, and translational science, including (but not limited to): clinical practice, theory and outcomes; biomechanics, motor behavior, neuroscience, or epidemiology. A clear indication of clinical relevance is essential for publication.

Manuscript categories for submission include: Clinical/Basic Research Studies, Case-Reports, Short Reports (Cross-cultural Translation, Literature Review (invited-only) Practice Forum and Letters to the Editor (published online only).

Inquiries for the Editor-in-Chief should be made to: Joy MacDermid, PT, PhD at editor.macdermid@gmail.com.

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One author has been designated as the corresponding author with contact details: E-mail addressFull postal address

All necessary files have been uploaded:
Manuscript: Include keywordsAll 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
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Clinical research studies involving human subjects require ethics approval. There are rare exceptions that can be addressed by authors in their letter of submission. The name of the Institutional Review Board that approved the research protocol involving human subjects must be provided. Authors should
include a statement in the manuscript that informed consent was obtained. The privacy rights of human subjects must always be observed. Manuscripts with experimental results on cadavers must include a statement that a relevant utilization study committee approved the study.

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Manuscript Categories
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The purpose of the research should be listed as: Descriptive, clinical measurement, epidemiology, etiology, natural history, prognosis, diagnosis, effectiveness, harm, economics or implementation. Where these do not apply, authors may propose another term. Further details on reporting the study design are listed below. Use of reporting guidelines for these studies are also described below.

Case Report: A detailed description of the management of a unique clinical case(s), problem or implementation. For complete instruction on cases see below or Case-Reports.pdf.

Expert Review (by invitation only): A comprehensive and analytical review of the literature, addressing a topic of interest and relevance to hand therapists. The Editor-in-Chief or Guest Editor must invite manuscripts submitted in this category. Self-nominations for an invitation to submit a literature review may be sent via email be to the Editor-in-Chief, and should include a cover letter describing the unique contribution of the planned submission, and a current curriculum vitae. It is the intention that these be written by experts in the field with a substantial clinical and/or research track record that they can synthesize and apply to critical reasoning with respect to hand therapy practice or research.

Practice Forum: This section presents novel or timely ideas of clinical relevance. However, topics that are not original should represent a unique application of an existing idea and should be referenced and limited to less than 750 words. The idea should be supported by current best science and this should be referenced in the beginning of the submission. The Journal of Hand Therapy has a clinical audience and we will be asking authors to pay greater attention to knowledge translation. Make sure the description of your techniques is sufficient that a clinician could replicate it, provide either appropriate photographs or preferably a video on techniques to assist clinicians in implementation. If you are describing an exercise program or another intervention make sure you provide the dosage of the intervention also. If there is a vested interest or a conflict of interest between the author(s) and any products listed in the manuscript, such information must be disclosed in the initial submission to the Practice Forum editor. Authors will be restricted to one Practice Forum publication per year. Submit any Practice Forum inquiries and/or manuscripts directly to the Practice Forum editor: Kristin Valdes OTD, OT, CHT at kvaldesotdcht@gmail.com.

Letters to the Editor: All letters and/or relevant comments regarding the content of the Journal of Hand Therapy must be submitted like all new manuscripts via the online submission and review website described below. Publications of any letters are at the discretion of the Editor-in-Chief and will appear online. Authors will be invited to respond. Authors are limited to 2 letters/year.

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these types of studies (Template for Short Report for Cross Cultural Translation.pdf). Reports will not
be accepted if they have not performed both translation and validation. Authors should follow the
outline to the extent possible; but may adapt it to fit the variations that occur across studies. These
papers are titled and indexed in PubMed as all other JHT papers.

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approach, i.e., an orthotic intervention, orthotic treatment plan, orthotic assessment, orthotic
fabrication, orthotic device, and orthotic maintenance. The terms orthotic (singular) or orthoses
(plural) should be used as nouns to refer to the custom fabricated device(s) typically referred to as
a splint(s). Far from just a technical skill, the design and fabrication of hand and upper extremity
orthotic devices require an in-depth knowledge of anatomy and pathology, as well as the healing and
positioning requirements for the range of conditions and surgeries encountered. Hand therapists are
uniquely qualified to design, apply, monitor, and modify orthotic devices as part of the rehabilitation
treatment plan. In substitution for the noun(s) splint(s), authors should use the terms orthosis or
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guidelines (taken from the document linked here) are listed below and will be considered during
the review process. More detail can be found at https://researchintegrityjournal.biomedcentral.com/
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Sex and Gender Equity in Research (SAGER) guidelines

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subjects of research comprise organisms capable of differentiation by sex, the research should be
designed and conducted in a way that can reveal sex-related differences in the results, even if these
were not initially expected. Where subjects can also be differentiated by gender (shaped by social
and cultural circumstances), the research should be conducted similarly at this additional level of
distinction. General principles

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to be applied to only one sex or gender, the title and the abstract should specify the sex of
animals or any cells, tissues and other material derived from these and the sex and gender of
human participants. Introduction. Authors should report, where relevant, whether sex and/or gender
differences may be expected. Methods. Authors should report how sex and gender were considered
in the design of the study, whether they ensured adequate representation of males and females,
and justify the reasons for any exclusion of males or females. Results. Where appropriate, data should
be routinely presented disaggregated by sex and gender. Sex- and gender-based analyses should
be reported regardless of positive or negative outcome. In clinical trials, data on withdrawals and
dropouts should also be reported disaggregated by sex. Discussion. The potential implications of sex
and gender on the study results and analyses should be discussed. If a sex and gender analysis was
not conducted, the rationale should be given. Authors should further discuss the implications of the
lack of such analysis on the interpretation of the results. Recommendations per section of the article

PREPARATION

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All Scientific/Clinical Research Report, Case Report and invited Literature Review manuscripts should include the abstract (250-word limit), main text, references, and figure legends. All authors should consult the uniform requirements for manuscripts submitted to biomedical journals: “Writing and Editing for Biomedical Publication” (www.icmje.org). Due to the double-blind review process the manuscript should not carry any author, facility, or institution identifiers.

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- Study Design
- Introduction
- Purpose of the Study
- Methods
- Results
- Discussion
- Conclusions
- Key words

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For observational studies (cohort, case-control, cross-sectional studies), authors should use the STROBE statement http://www.strobe-statement.org/index.php?id=strobe-home and submit a completed STROBE checklist with their submission.

Surveys should use CHERRIES http://www.jmir.org/2004/3/e34/ as a guide to reporting.

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There are two studies designs where JHT has journal specific reporting guidelines: Case Studies and Short Reports of Cross-cultural Translations. 
For cross-cultural translations, authors should follow our template listed at the end of these instructions (link here to those instructions placed at the end). 
JHT has a specific format for case studies. (insert link here and place those instructions at the end) Case studies should consult the CARE website http://data.care-statement.org/wp-content/uploads/2016/08/CAREchecklist-English-2016.pdf, and use the CARE reporting guideline

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Authors should specific terminology when naming their study design in the abstract and methods. Some common study designs are listed below and should be used where applicable. We recognize that this list is not all-inclusive and that more appropriate descriptors might be suitable for some studies. Authors are encouraged to pick the most appropriate study design descriptors for their study. These suggestions are merely provided as a means of encouraging consistency, where it would be both useful and informative. The purpose of the research and the study design should be listed:
Literature Synthesis: formal structured literature synthesis studies can be described in terms of the specific type: Systemic Review, Scoping Reviews, Reviews of Reviews (Overviews or Umbrella Reviews), Meta-analyses and others.
Primary Clinical Studies can include a variety of designs to address research questions. The purpose of the research can be listed as: Descriptive, clinical measurement, epidemiology, etiology, natural history, prognosis, diagnosis, effectiveness, harm, economics or implementation.

Examples of study design include: Randomized Clinical/Controlled Trial: Patients are enrolled at a relevant baseline and allocated to different intervention arms based on a random concealed process; outcomes are ascertained prospectively. Where specific variants were used please state the subtype-such as Cross-over, Factorial, Equivalence, Non-inferiority, Expertise-based etc.
Prospective Cohort: a longitudinal study where subgroups of patients are enrolled and research questions defined at a relevant baseline point (prior to when outcomes occur); patients are followed forward in time for outcomes ascertainment. For treatment studies, at least 2 groups are defined at baseline; in prognostic studies, potential predictors are collected at baseline
Retrospective Cohort: a longitudinal study where subgroups of patients are involved in a prospective data collection but the research questions (and variables) were defined retrospectively; treatment groups or prognostic factors may have been defined after data collections was initiated e.g. database research
Case-Control: a longitudinal study where subgroups of patients are identified/enrolled after outcomes have been ascertained and data are collected retrospectively (recall or pre-existing data) on the treatment or prognostic factors of interest.
Cross-sectional: Study data are collected at a single time point.
N-of-1: A single patient is enrolled at a relevant baseline and allocated to cross-over different intervention arms based on a random concealed process; outcomes are ascertained prospectively.
Case Series: Data are collected on a single subgroup of patients (no comparison group). This can be cross-sectional or longitudinal.
Case Report: Data are collected on a single subject.
Repeated Case Study: a formal comparison of 2-5 cases, extending beyond summary data.

Qualitative Study DesignsMeta-syntheses: a synthesis of the better quality qualitative studies.Grounded Theory: research that seeks to understand and identify theoretical processes; themes used to develop an understanding and theoretical explanation.Case Study: an in-depth study of an individual lived experience and perspective.Descriptive: Studies that may use qualitative
and quantitative method to describe a phenomenon—without intention to develop theory or meaning. Ethnography: the description of the customs of groups or cultures. Interpretive Description: inductive analytic studies designed to understand clinical phenomena with a view to applications.

Mixed-Methods Designs include both quantitative and qualitative components that seek to address a common or complementary research questions. The components can be conducted concurrently or sequentially to expand, explain or triangulate findings of the other component. The author can explain the approaches using any of the design taxonomies described for mixed methods.

A summary of the questions and design is illustrated in the figure.

Basic science research. This includes mechanistic studies i.e. anatomy, biomechanics, electromyography, physiology. Where applicable the descriptors above may be used. At a minimum author must state whether data collection was observational or randomized and whether data was Longitudinal: collected at multiple time points or Cross-sectional: collected on a single occasion.

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A concise and factual structured abstract is required. It is imperative that the abstract clearly defines the purpose, methods and key data/findings. The abstract must be a concise (250-word limit) summary of the work.

The headings of the abstract must include the following:

- **Background**: One to 2 sentences that cite they key background or rationale the supports the need for the current study.
- **Purpose**: A specific purpose for the research which clearly states what research question(s) are being answered. For example, for clinical studies the purpose should indicate what patients, interventions comparisons, and outcome measures are being examined.
- **Study Design**: Using the information above the type of research, and research design should be stated. Where possible use the terminology above. For example, a clinical measurement, cross-sectional study or a qualitative, interpretive description study.
- **Methods**: The key methods including sample, interventions, measures and statistical analyses should be described.
- **Results**: The key findings must be presented. For quantitative studies, the value that indicate the size of the observed effects, not just the p-values. For all studies, the most salient data should be succinctly presented.
- **Conclusions**: The key conclusion, answer to the research question should be succinctly summarized. Where a direct implication to practice can be made, it should be stated.

An abstract is often presented separately from the article, so it must be able to stand alone and represent the work in isolation. For this reason, references and non-standard or uncommon abbreviations should be avoided.

**Ancillary Information**

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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, and so best represent your work if they are terms likely to be searched and that are as specific as feasible.

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**Electronic artwork**

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- **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:**
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