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.

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GUIDE FOR AUTHORS

INTRODUCTION
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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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General principlesAuthors should use the terms sex and gender carefully to avoid confusing both terms. Where the 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.

Recommendations per section of the article Title and abstractIf only one sex is included in the study, or if the results of the study are 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. IntroductionAuthors 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
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Methods
Results
Discussion
Conclusions
Key words
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Diagnostic test studies should use the STARD statement, checklist, and flow diagram.

Surveys should use CHERRIES 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 for Short Report for Cross Cultural Translation Studies. Case studies should consult the CARE website 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 Designs **Meta-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](#).

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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.

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

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