DESCRIPTION

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.

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GUIDE FOR AUTHORS

INTRODUCTION

Authors must electronically submit new and revised manuscripts in all categories on EVISE at https://www.evise.com/profile/api/navigate/JHSGO. Please note that The Journal of Hand Surgery Global Online (JHS GO) uses a double-blinded review process.

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:

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Documents required for all types of submissions include: Completed COI form from each author Cover Letter Title Page (.DOC or .DOCX file) that contains: Your full title. The title may not be a question and should not state the study’s results A running head of up to 45 characters Author names with up to 2 academic credentials per author (please exclude professional certifications such as OTR/L, RN, and PT) Up to 5 key words listed in alphabetical order The corresponding author’s name and contact information (if applicable) Blinded Manuscript (.DOC or .DOCX file) that: Is single-column, double-spaced, 2.5-cm margins, with lines continuously numbered. Begins with your abstract; note that abstracts must not include footnotes, statistical results, references, or figure/table callouts. Does not include authors’ and institutions’ names and/or initials. Includes references formatted in AMA style and cited numerically, in chronological order.

See the table below for additional requirements for each article type.

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Manuscripts not complying with these requirements will be returned to the author(s) for appropriate formatting modifications prior to review.

**Article Types**

**Full Length Articles (Clinical, Basic Science, and Systematic Review)**

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.

**Case Reports**

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.

**Review Articles**

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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Policy Papers discuss a legitimate issue with a current policy. Guidelines typically summarize an organization's policy or position, particularly when it applies to clinical decision-making. Policy Papers and Guidelines must be divided into the following sections: Abstract, Introduction, Problem Statement, Proposed Solution, Future Direction & Long-Term Focus, Recommendations. These manuscripts should be no more than 3,000 words; the one-paragraph abstract should be no more than 300 words. Submissions must have no more than 6 authors.

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Letters to the Editor may be independent observations, or they may relate to a previously published article. Letters must not duplicate information submitted elsewhere for publication or previously published. Letters are subject to editing and abridgement without the author's review. Limit the body of the letter to 300 words, authors to 3, references to 5, and tables or figures to 1. We are more likely to publish a letter relating to a previously published article when we receive it promptly after the article is published. We will forward the letter to the author(s) for comment (maximum 300 words and 5 references). The policies regarding conflicts and disclosures for full manuscripts apply to letters as well.

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Protocol papers should report planned or ongoing studies. Manuscripts that report work already carried out will not be considered as protocols. The dates of the study must be included in the manuscript and cover letter. Protocols for studies that will require ethical approval, such as trials, are unlikely to be considered without having received that approval. Title: this should include the specific study type, e.g. randomized controlled trial. Abstract: this should be structured with the following sections. Introduction; Methods and analysis; Discussion. Registration details should be included as a final section, if appropriate.

Introduction: explain the rationale for the study and what evidence gap it may fill. Appropriate previous literature should be referenced, including relevant systematic reviews. Methods and analysis: provide a full description of the study design, including the following. How the sample will be selected; interventions to be measured; the sample size calculation (drawing on previous literature) with an estimate of how many participants will be needed for the primary outcome to be statistically, clinically and/or politically significant; what outcomes will be measured, when and how; a data analysis plan. Discussion: This section should include past contributions and existing problems in the field, major novel findings of the study and the study strengths and limitations. Ethical and safety considerations and dissemination plans should also be addressed. Word count: 3000 (If the word count must exceed this, please indicate why in the Cover Letter file.)

BEFORE YOU BEGIN

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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication. JHS GO adheres to the ethical standards described by the Committee on Publication Ethics (http://publicationethics.org) and the International Committee of Medical Journal Editors (http://www.icmje.org/urm_main.html). Authors are expected to adhere to these standards.

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Human subjects: Articles involving research conducted in human subjects must include a statement in the Materials and Methods section indicating approval by the institutional review board and noting that informed consent, as well as any necessary HIPAA consent, was obtained from each patient. For reports of research using human subjects, provide assurance that (a) necessary and appropriate consent was obtained from each patient and (b) the study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki as reflected in a prior approval by the appropriate institutional review committee. Identify patients by number, not by initials. Clinical trials must be registered in a public trials registry. Denote the registry and registry number. Animal experimentation: Manuscripts reporting animal experiments must include a statement in the Materials and Methods section that animal care complied with the guidelines of the authors’ institution and the National Institutes of Health and any national law on the care and use of laboratory animals.
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**PREPARATION**

**Language**

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References should be made to source material and not to review articles in which a particular reference may have been mentioned. Review articles should only be referenced if they represent either a meta-analysis or a systematic review which has resulted in a conclusion.

If a reference source is not yet published but has been accepted for publication, include the source in the reference list and submit the letter of acceptance along with the manuscript.

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