

# Instructions for Authors

## Scope

*Arthroscopy: The Journal of Arthroscopic and Related Surgery* seeks to provide readers with current information on clinical and basic research, review articles, technical notes, case reports, and editorials about the latest developments in arthroscopic surgery, knee surgery, and orthopaedic sports surgery. All articles are subject to peer review. Letters to the Editor and comments on the Journal's policies or content are welcome.

## Address for Submissions

Send manuscripts to Charles Jenkins, Managing Editor, *Arthroscopy Journal*, CompRehab Plaza, 131 Miller Street, Winston-Salem, NC 27103 U.S.A. Telephone, 336-716-8458; Fax, 336-716-8448; e-mail, cbjenkin@wfubmc.edu

## Submitting a Manuscript

*Studies should be in compliance with human studies committees and animal welfare regulations at the authors' institutions and also in compliance with Food and Drug Administration guidelines.*

When submitting an article, you must include the following items:

**Four copies** of each manuscript must be submitted in English, double-spaced, using a 12-point typeface, with a 1½-inch left margin. Number each page after the blind title page. Also, on each numbered page, number each line of text. Please submit a 3½-inch diskette; preferred software is Microsoft Word. **If applicable, four original sets of tables, drawings, and photographs must accompany the manuscript.**

## Submitting a Revision

When preparing an accepted-pending-revision manuscript, use the "Track Changes" option found under the Tools tab in Microsoft Word.

## Preparing the Manuscript

The **title page** of each manuscript should include only the title of the article; the authors' full names and affiliations; the name, address, telephone and fax numbers, and e-mail address of the person to whom proofs and reprint requests should be addressed; any necessary footnotes to those items; and a running title (maximum of 45 characters and spaces). Indicate specific affiliations of each author. Information about sources of financial support or possible conflicts of interest should be placed on the title page.

The **page after the title page** should list only the title because all manuscripts are blinded to reviewers. Please do not include any identifying features in the text—e.g., author's initials or the names of institutions where the study was done.

## 1. Abstract

For an **Original Article**, abstracts should be a maximum of 300 words and structured to include the following sections: Purpose, Type of Study (for examples, see *Arthroscopy* 1999; 15:803-804), Methods, Results, Conclusions, Level of Evidence (if the study is of humans) or Clinical Relevance (if in vitro or basic science), and Key Words. List as many as six key words. For a Case Report or a Technical Note, the abstract should be a 200-word unstructured summary. List as many as six key words at the end of this unstructured abstract.

The body of the manuscript should consist of:

## 2. Introduction

State the problem that led to your undertaking the study, including a concise review of only the relevant literature. Conclude the introduction by stating your hypothesis and restating the purpose of the study.

## 3. Type of Study

Terms to use depend on the type of study you have done. See *Arthroscopy* 1999;15:803-804.

## 4. Methods

Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration) and the study population (demographics, length of follow-up).

The statistics that you have used to analyze the data should be described in detail. You cannot make the statement "we found no significant difference between the two groups" unless a power study was done and you include in the text the value of alpha or beta. Use of the word *significant* requires your reporting a *P* value. Confidence intervals of 95% are required whenever the results of survivorship analysis are given in the text or figures. Use of the word *correlation* requires you to report the correlation coefficient.

*Arthroscopy* encourages the use of validated outcome instruments. The use of both a generic (general) health outcome measure and a joint-specific, limb-specific, or condition-specific measure is encouraged. If an outcome instrument leads to a categorical ranking (e.g., excellent or good or poor), the aggregate outcome score for each patient should be provided.

## 5. Results

Describe in detail the data obtained during the study. *Results obtained after less than two years of follow-up are rarely accepted for publication by the Journal.* All data in the text must be consistent with the rest of the manuscript, including data in figures, legends, and tables.

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