

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. **All submissions to *Arthroscopy* should comply with the Instructions for Authors.**

Online Submission and Review at *Arthroscopy* (<http://ees.elsevier.com/arth/>)

The *Arthroscopy* Journal uses a Web-based online submission and review system. Please visit our Web site (<http://ees.elsevier.com/arth/>) to submit your manuscript electronically. There, after registering, authors will be guided, step by step, through the uploading of your own files and your approving of the single PDF that will be created from them. Through our Web site, you can track the progress of your manuscript. Communications about a manuscript will be handled through e-mail.

Please access our Web site for more specifics about online submission, including: a Tutorial for Authors, a Help Page of frequently asked questions, and a link to Author Support by e-mail that is monitored "24/7."

Note: As of July 1, 2005, the Journal will no longer accept manuscripts submitted by mail.

Instead, you are encouraged to take full advantage of online manuscript processing and faster turnaround times at all stages of the submission, evaluation, production, and publication process by visiting our online submission and review system (<http://ees.elsevier.com/arth/>) today.

Recommended Maximums for Articles Submitted to *Arthroscopy*

Type of Article	Number of Words*	References	Figures (Figure Parts)	Tables
Original Article	3000	35	7 (15)	4
Current Concepts	4000	75	10 (24)	4
Technical Note	1500§	8	3 (6)§	1 (online only)
Case Report	1000	5	2 (4)	0
Letter to Editor & Reply	500	4	2 (2)	0
Level V Evidence	1650	4	0	0

*Maximum number of words is exclusive of the title page, blind title page, references, and figure legends.

§Technical notes exceeding these recommendations are allowed when the subject is broad enough to require more data to convey the message adequately; however, brevity remains a key goal.

Please note that Current Concepts articles typically are submitted at the invitation of the Editor-in-Chief. However, authors are encouraged to contact the Editorial Office with ideas for Current Concepts articles.

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.

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Instructions for Authors (continued)

Submitting a Revision Online

When preparing an accepted-pending-revision manuscript, use the “Track Changes” option found under the Tools tab in Microsoft Word. Also, on each numbered page, number each line of text. Use **continuous numbering**.

Preparing the Manuscript for Submission Online

The **title page** of each manuscript should include 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. Also, acknowledgments should be included here.**

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—eg, an author’s initials or the names of institutions where the study was done or a phrase such as “our study” that, when followed by a citation, reveals authorship of the present manuscript in the reference list.

1. Abstract

For an **Original Article**, abstracts should be a maximum of 300 words and structured to include the following sections: Purpose, 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 further details, see the Editorial about evidence-based medicine in *Arthroscopy* 2004;20:1-3.

For a **Technical Note** or **Case Report**, the abstract should be an unstructured summary (maximum length, 200 words). List as many as six key words at the end of this unstructured abstract. The body of these manuscripts should consist of: Introduction; Technique (or Case Report); and Discussion plus References and Figures/Figure Legends (if applicable).

For **Current Concepts** and **Level V Evidence** articles, the abstract should be an unstructured summary (maximum length, 300 words). List as many as six key words at the end of this unstructured abstract.

The *Journal* will be publishing the great majority of Technical Notes and Case Reports in a “hybrid” format. The print version will consist of the abstract and one figure, which may have two parts. Thus, the unstructured abstract should always give readers the core message of the article. In the electronic version, the entire article and all figures will be published.

It is understood that some technical notes will not fit the hybrid format; such articles are allowed to exceed the recommended maximums and may be printed in their entirety, at the Editor’s discretion.

The body of an Original Article 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. 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, tables, 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 (eg, excellent or good or poor), the aggregate outcome score for each patient should be provided.

4. 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 tables, figures, and legends.

5. Discussion

Be concise. What does your study show? Is your hypothesis affirmed or refuted? Discuss the importance of this article with regard to the relevant world literature; note that a complete literature review is unnecessary. Analyze your data and discuss the strengths, weaknesses, and limitations of your study.

6. Conclusions

Here you must state your new (or verified) view of the problem you outlined in the Introduction. Take special care to draw your conclusions only from your results. Check that your conclusions are firmly supported by your data. And, most important, refrain from making concluding statements that lie beyond the scope of your study.

7. References

The Journal follows the reference style given in the “Uniform Requirements for Manuscripts Submitted to Bio-

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Instructions for Authors (continued)

medical Journals” (see *N Engl J Med.* 1997;336:309-315 or <http://www.icmje.org/>). References must be cited in the text by number and must appear in numerical order. Please do not include unpublished material or personal communications in your reference list. If necessary to your message, include unpublished material in the body of the text and end the statement with the appropriate information in parentheses. For example: (M. Scanlon, MD, personal communication, month and year of personal communication).

Your reference list should be typed *double-spaced* and appear after the text but before the tables. *Provide all authors' names when six or fewer; when seven or more, list the first three and add et al.* For abbreviations of journal names, refer to the *List of Journals Indexed in Index Medicus* (<ftp://nlmpubs.nlm.nih.gov/online/journals/ljiweb.pdf>). Also, *provide article titles and inclusive page numbers* (321-328, **not** 321-8). Accuracy of reference data is the responsibility of all authors.

Use these examples when formatting your references:

Periodical

1. Altchek DW, Carson EW. Arthroscopic acromioplasty: Current status. *Orthop Clin North Am.* 1997;28:157-168.

Chapter in a book

2. Ruch DS, Poehling GG. Operative arthroscopy of the wrist. In: Andrews JR, Timmerman LA, eds. *Diagnostic and Operative Arthroscopy*. Philadelphia: WB Saunders; 1997:199-205.

Book

3. DeLee JC, Drez D, eds. *Orthopaedic Sports Medicine*. Philadelphia: WB Saunders; 1994.

Web-only article

4. Kim S-J, Kim J-Y, Lee JW. Pathologic infrapatellar plica. *Arthroscopy*. 2002;18:E25. www.arthroscopyjournal.org

Please refrain from using end notes or automatic list numbering for references because these features are lost during production by the publisher; instead, type reference numbers in parentheses in the text (avoid superscript!) and type the reference list that appears at the end of the text.

The reference list, tables, and figure legends must appear at the end of the manuscript.

8. Tables

Tables should be neatly typed, each on a separate page, with a short descriptive title above the tabular data and any notes below. Define all abbreviations. Do not give the same information in tables that you give in the text or in figures.

9. Figures

Upload the files for your figures as you do the other parts of your manuscript.

Remove from figures any identifying features such as authors' names or institutions because we send blinded manuscripts to reviewers. Graphs and drawings should be of professional quality. *Radiographs or clinical photos:* Remove all markings (such as patients' initials, dates, names of institutions) from imaging. Any labels (eg, arrows or

lettering) must be of professional quality. These identifying labels must be large enough to be legible when the figure is magnified. Sequences of radiographs should be of identical magnification. The subject should be centered in clinical photographs. Crop extraneous material and background before capturing the image electronically. In the manuscript, give each figure a separate, fully explicit legend. Give each part of a figure its own legend. All abbreviations and symbols used on figures must be defined.

Images should be in EPS or TIF format. Graphics software such as Photoshop or Illustrator should be used to create your illustrations. Do not use presentation software such as PowerPoint, CorelDraw, or Harvard Graphics. Color images must be CMYK, of at least 300 DPI resolution. Gray scale images must have at least 300 DPI resolution. Combinations of gray scale and line art must be at least 1200 DPI resolution. Likewise, line art (black-and-white or color) must be at least 1200 DPI resolution.

Permissions: Photographs in which a person's face is recognizable *must* be accompanied by a letter of release from that person explicitly granting permission for publication in the Journal. **For any material previously published, written permission for both print and electronic reprint rights must be obtained from the copyright holder.** Authors are also responsible for paying any fees required by copyright holders to reprint material.

Color figures are accepted only when color is necessary to convey clinical information. Authors are encouraged to submit black-and-white digital images whenever possible.

Arthroscopy will assume the cost of publishing a limited number of color figures, the selection of which will be made by the Editor. The publication of color figures beyond this limited number will be charged back to the authors, who will receive a prepublication quotation of charges. Authors will retain the option of either publishing their figures in color at the quoted charge or providing black-and-white figures to be used instead.

Details of Style

Drug names: Use *only* generic names in referring to drugs. After first mention, add in parentheses any commonly used variant generic.

Abbreviations: Follow the *AMA Manual of Style* (available from online booksellers).

Proofs

Proofs must be returned within 2 days of receipt; late return may delay publication of an article. Please check text, references, tables, figures, and legends carefully. To expedite publication, electronic page proofs rather than galleys will be sent to the corresponding author, and it may therefore be necessary to charge for alterations other than correction of printing errors.

Instructions for Authors (continued)

Copyright

Copyright to all published articles will be held by the Arthroscopy Association of North America (AANA). In view of the present United States copyright law, each co-author of a submitted manuscript must sign a form expressly transferring copyright in the event that a paper is accepted for publication in the Journal.

Copyrights and financial disclosure forms for manuscripts submitted online will be handled by the production department of our publisher once the manuscript is accepted and scheduled for publication.

Software Recommendation

Microsoft Word is the recommended word-processing software.

Document Formatting

Typographical formatting will be handled by the publisher. This pertains to design specifications for the final printed product, such as column width, page depth, and type styles. Please refrain from using non-standard formatting in your manuscript.

Editorial formatting may be included. This refers to attributes such as italics, superscripts/subscripts, and Greek letters. **The coding scheme for each such element must be consistent throughout the file.**

Text Style

- Type text flush left (ie, do not indent paragraphs), using upper and lowercase letters as appropriate.
- Enter only one space after punctuation.
- For line breaks within a paragraph, use the automatic “wraparound” feature of your word processor (also called a “soft return”); do not use the carriage return or —enter— key (“hard return”).
- Use two hard returns at the end of each paragraph (ie, one blank line should appear between paragraphs).
- Use two hard returns between headings and text.
- Do not use the word processor’s indenting features. (This will be handled by production during typesetting.)
- Do not justify the right margin of your manuscript.

By following these guidelines, you will expedite the production process. Whenever feasible, the publisher will use the version of your manuscript uploaded online. Because of the complexity of some tabular material, it may be necessary to re-key data.

Author Inquiries About a Manuscript Submitted Online

The **corresponding author** may access the Journal Web site (<http://ees.elsevier.com/arth/>), log in, and view the progress of a manuscript submitted online as it moves from one stage to the next.

Instructions for Authors (continued)

Levels of Evidence for Primary Research¹

Types of Studies				
	Therapeutic Studies– Investigating the Results of Treatment	Prognostic Studies– Investigating the Effect of a Patient Characteristic on the Outcome of Disease	Diagnostic Studies– Investigating a Diagnostic Test	Economic and Decision Analyses–Developing an Economic or Decision Model
Level I	<ul style="list-style-type: none"> • High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals • Systematic review² of Level-I randomized controlled trials (studies were homogeneous³) 	<ul style="list-style-type: none"> • High-quality prospective study⁴ (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients) • Systematic review² of Level-I studies 	<ul style="list-style-type: none"> • Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference “gold” standard) • Systematic review² of Level-I studies 	<ul style="list-style-type: none"> • Sensible costs and alternatives; values obtained from many studies; multi-way sensitivity analyses • Systematic review² of Level-I studies
Level II	<ul style="list-style-type: none"> • Lesser-quality randomized controlled trial (e.g., <80% follow-up, no blinding, or improper randomization) • Prospective⁴ comparative study⁵ • Systematic review² of Level-II studies or Level-I studies with inconsistent results 	<ul style="list-style-type: none"> • Retrospective⁶ study • Untreated controls from a randomization controlled trial • Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or <80% follow-up) • Systematic review² of Level-II studies 	<ul style="list-style-type: none"> • Development of diagnostic criteria on basis of consecutive patients (with universally applied reference “gold” standard) • Systematic review² of Level-II studies 	<ul style="list-style-type: none"> • Sensible costs and alternatives; values obtained from limited studies; multi-way sensitivity analyses • Systematic review² of Level-II studies
Level III	<ul style="list-style-type: none"> • Case-control study⁷ • Retrospective⁶ comparative study⁵ • Systematic review² of Level-III studies 	<ul style="list-style-type: none"> • Case-control study⁷ 	<ul style="list-style-type: none"> • Study of nonconsecutive patients (without consistently applied reference “gold” standard) • Systematic review² of Level-III studies 	<ul style="list-style-type: none"> • Analyses based on limited alternatives and costs; poor estimates • Systematic review² of Level-III studies
Level IV	Case series ⁸	Case series	<ul style="list-style-type: none"> • Case-control study • Poor reference standard 	<ul style="list-style-type: none"> • No sensitivity analyses
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion

1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.
2. A combination of results from two or more prior studies.
3. Studies provided consistent results.
4. Study was started before the first patient enrolled.
5. Patients treated one way (e.g., with cemented hip arthroplasty) compared with patients treated another way (e.g., with cementless hip arthroplasty) at the same institution.
6. Study was started after the first patient enrolled.
7. Patients identified for the study on the basis of their outcome (e.g., failed total hip arthroplasty), called “cases,” are compared with those who did not have the outcome (e.g., had a successful total hip arthroplasty), called “controls.”
8. Patients treated one way with no comparison group of patients treated another way.

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Instructions for Authors (continued)

Video Clips

Arthroscopy invites authors to submit video clips to be published on the Journal's Web site. Video clips may be submitted as free-standing Short Reports or they may be submitted as illustrations incorporated in an article the author has submitted for publication. All video clips will be subject to peer review.

Copyright

Copyright in all video clips published on the Journal's Web site will be held by the Arthroscopy Association of North America. Each coauthor of a video clip must sign a form expressly transferring copyright in the event that the video clip is published on the Journal's Web site. Copies of this form may be downloaded from the Journal's Web site or obtained from the Editorial Office. Peer review will not proceed until signed copyright releases have been received by the Editorial Office.

Video Clips must be limited to no more than 1 minute in length and no more than 5 MB in file size. Videos must be submitted in either a QuickTime or MPEG format. Authors who want their videos accessible in a streaming format must also provide either a single SureStream file or 3 uniquely named single-rate clips (28.8, 56, T1) with a SMIL file to list the bandwidth choices. Video clips must meet production quality standards to be published on the Web without modifications or editing by the editorial office. The Journal can accept only video submissions that meet the Journal's formatting and image quality requirements. Authors will be notified if there are any problems with submitted files and asked to resubmit modified files. Image editing and correct formatting are the author's responsibility.

Video clips accepted for publication will be posted to the Journal's Web site in both nonstreaming QuickTime or MPEG format for optimal image quality and in a streaming video format for those who prefer faster downloading.

For detailed instructions on capturing, digitizing, saving, and submitting videos by ftp, please see the **Guidelines for Video Submission** on the Journal's Web site at www.arthroscopyjournal.org