Instructions for Authors

Scope

Arthroscopy: The Journal of Arthroscopic and Related Surgery seeks to provide readers with current information by publishing the best papers 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 content or policies are always welcome.

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

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.

Author warranties regarding any submitted manuscript:

- **Any manuscript or any data within a manuscript to be submitted to the *Arthroscopy* Journal for peer review is original work, has been written by the stated authors, and has not been published elsewhere. Likewise, a similar manuscript has not been submitted to or published by any other journal, either by you or any of your coauthors.**
- **Any manuscript to be submitted to the *Arthroscopy* Journal is not currently being considered for publication by any other journal and will not be submitted for such review while under review by this Journal.**
- **If there is any possibility, because of its content, that a manuscript to be submitted might be construed as duplicating in whole or in part another actual or pending publication by you or any of your coauthors, it is the corresponding author's responsibility to advise the editors of the *Arthroscopy* Journal of this possibility and fully disclose the particulars of this potential conflict for the purpose of determining the propriety of this Journal's reviewing the proposed submission.**

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

All manuscripts are to be submitted electronically through the ***Arthroscopy*** online submission and review system Web site (http://ees.elsevier.com/arth/). There, after registering as an author, you 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 the Web site for more specifics about online submission, including a Tutorial for Authors, artwork guidelines, and a link to Author Support by e-mail that is monitored "24/7."

Recommended Maximums for Articles Submitted to Arthroscopy

Type of Article	Number of Words*	References	Figures (Figure Parts)	Tables
Original Article	4,000	35	7 (15)	4
Concise Review†	1,700	10	1 (2)	1
Level V Evidence†	1,600	4	0	0
Current Concepts†	4,000	75	10 (24)	4
Systematic Review	4,500	50	7 (15)	4
Meta-analysis	4,000	50	7 (15)	4
Technical Note	1,500‡	8	3 (6)‡	1
Case Report§	1,000	5	2 (4)	0
Letter to Editor & Reply	500	4	2 (2)	0

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

†Please note that *Concise Review, Level V Evidence*, and *Current Concepts* articles are submitted at the invitation of the Editor-in-Chief or Assistant Editor-in-Chief. However, authors are encouraged to e-mail the Editorial office (dvannoy@wfubmc.edu) with ideas for these types of articles.

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

§Only a very limited number of Case Reports are accepted by the Journal.

(continued)

Instructions for Authors (continued)

Submitting a Revision Online

Deadline for Revising Your Manuscript

Speedy publication requires prompt revision. To encourage this, the Journal now adheres to this policy:

- Revised manuscripts returned within **30 days** from the date of an E-mail requesting revision will be guaranteed priority for publication.
- Revised manuscripts returned between **30 and 60 days** from the date of an E-mail requesting revision will be handled normally.
- Revised manuscripts **not** returned in **60 days' time** may be **withdrawn** from consideration.

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

The page after the title page (first page of Blinded Manuscript) should list only the title because all manuscripts are blinded to reviewers. Please do not include any identifying features in the body of the text, e.g., 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 **Original Articles,** 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 **Systematic Reviews** and **Meta-analyses**, the abstract and text should be structured using the same headings as an Original Article.

For **Technical Notes** or **Case Reports,** 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.

For **Concise Reviews,** 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 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 restating the *purpose* of the study and stating your *hypothesis*.

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 (e.g., 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? (1) Compare and contrast your study with others in the relevant world literature (note that a complete literature review is unnecessary). (2) Analyze your data and discuss both the strengths and limitations of your study.

6. Conclusions

Here you must briefly 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, or unneces-

(continued)

sary statements such as "further studies are warranted." **Your conclusions in the text must essentially match those in the abstract.**

7. References

The Journal follows the reference style given in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (see the *New England Journal of Medicine* 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: (J. Karlsson, MD, personal communication, [month and year of communication]).

Your reference list should be typed double-spaced and appear after the text and before figure legends and 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 National Library of Medicine's *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). The accuracy of reference data is the responsibility of all authors.

Use these examples when formatting your references:

Periodical

1. Barber FA, Dockery WD. Long-term absorption of poly-L-lactic acid interference screws. *Arthroscopy* 2006;22:820-826.

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. Burkhart SS, Lo IK, Brady PC. *Burkhart's view of the shoulder: The cowboy's guide to advanced shoulder arthroscopy.* Philadelphia: Lippincott Williams & Williams, 2006.

Web-only article

4. Kim S-J, Jung K-A, Song D-H. Arthroscopic double-bundle anterior cruciate ligament reconstruction using autogenous quadriceps tendon. *Arthroscopy* 2006;22:797.e1-797.e5 (available at 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 and type the reference list that appears at the end of the text.

The reference list, figure legends, and tables 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. Figure Legends

Provide a separate, fully explicit legend for each figure and each part of a multipart figure. All abbreviations and symbols used on figures must be defined here. It is important that figure legends be composed so that they can stand on their own, providing the reader with a "take-home" message.

10. Figures

Upload your figures, **each as a separate file,** along with the rest of your manuscript (or compress all figures into one Zip file and upload that in one step; the system will then "unpack" the files and prompt you to name each figure. Visit www.winzip.com for a trial version of the compression software). Do not include figures in the text document and do not upload your text as a PDF.

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 photographs:* Remove all markings (such as patients' initials, dates, names of institutions) from imaging. Any labels (e.g., arrows or lettering) must be of professional quality. These identifying labels must be large enough to be legible if the figure must be reduced in size. 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.

Upload each figure as a separate file. Images should be in EPS or TIF format. Graphics software such as Photoshop or Illustrator can be used to create your illustrations. Do not use presentation software such as PowerPoint, CorelDraw, or Harvard Graphics. Color images must be RGB, 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 500 DPI resolution. Line art (black-and-white or color) must be at least 1,000 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 previously published material, written permission for both print and electronic reprint rights must be obtained from the copyright holder. Contact the publisher for permission.** Authors are also responsible for paying any fees required by copyright holders to reprint material. Please forward e-mailed permissions to the editorial office (dvannoy@wfubmc.edu) or Fax to 336-716-8448.

Note that the online submission system will provide feedback to you on the quality of your figures; please take a minute to look at those results. Although the artwork quality-check tool will not prevent your submitting sub-

(continued)

standard artwork, this may become a point of discussion with you should we be interested in your paper.

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 American Medical Association *Manual of Style* (available from online booksellers).

Article Proofs

To expedite publication, a password-protected link to the electronic page proof (PDF files) is sent to the corresponding author by e-mail. Any corrections must be sent to the Journal Manager at the publisher within 48 hours of receipt; late return may delay publication of an article. Please check text, references, tables, figures, and legends carefully.

Copyright

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

Copyright forms for manuscripts submitted online are handled by the production department of the 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 nonstandard 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 manuscript file.

Text Style

- Type text flush left (i.e., do not indent paragraphs), using upper and lowercase letters as appropriate.
- Enter only one space after punctuation.
- Use two hard returns at the end of each paragraph (i.e., one blank line should appear between paragraphs).
- Use two hard returns between headings and text.
- Do not justify the right margin of your manuscript.

Author Inquiries About Online Manuscript Submissions

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

(continued)

Instructions for Authors (continued)

Levels of Evidence for Primary Research[1]

	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	• High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals • Systematic review[2] of Level-I randomized controlled trials (studies were homogeneous[3])	• High-quality prospective study[4] (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients) • Systematic review[2] of Level-I studies	• Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) • Systematic review[2] of Level-I studies	• Sensible costs and alternatives; values obtained from many studies; multi-way sensitivity analyses • Systematic review[2] of Level-I studies
Level II	• Lesser-quality randomized controlled trial (e.g., <80% follow-up, no blinding, or improper randomization) • Prospective[4] comparative study[5] • Systematic review[2] of Level-II studies or Level-I studies with inconsistent results	• Retrospective[6] 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 review[2] of Level-II studies	• Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) • Systematic review[2] of Level-II studies	• Sensible costs and alternatives; values obtained from limited studies; multi-way sensitivity analyses • Systematic review[2] of Level-II studies
Level III	• Case-control study[7] • Retrospective[6] comparative study[5] • Systematic review[2] of Level-III studies	• Case-control study[7]	• Study of nonconsecutive patients (without consistently applied reference "gold" standard) • Systematic review[2] of Level-III studies	• Analyses based on limited alternatives and costs; poor estimates • Systematic review[2] of Level-III studies
Level IV	Case series[8]	Case series	• Case-control study • Poor reference standard	• 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.

(continued)

Video Clips

Arthroscopy invites authors to submit video clips to be published on the Journal's Web site at www.arthroscopyjournal.org as illustrations incorporated in an article that the author is submitting for publication or as video paired with a journal cover illustration. All video clips are subject to peer review. The following formats for video will be accepted: MPEG-1 or MPEG-2 (.mpg), QuickTime (.mov), Audio/Video Interface (.avi) or CompuServe GIF (.gif).

Arthroscopy will not edit any video or computer graphics, but a reviewer may suggest that the author make changes in the video or computer graphic. Videos and computer graphics will not be accepted separately from a manuscript that has been rejected; however, a manuscript may be accepted even if a video is rejected.

Maximum cumulative length of videos or animated computer graphics is 4.5 minutes. Files may be divided into several smaller clips not to exceed 4.5 minutes in total. Each video segment file can not exceed 50MB. The submission program will timeout if the file size is larger than 50MB. To hasten the upload time, please ZIP the file and upload the ZIP file. If the video or animation is divided into several clips, each clip should be identified at the beginning of the section, e.g., Video Clip 1 or Graphic 1, and each clip or graphic should be saved as a separate file. Concise legends (typed on a separate page) must accompany each video clip or computer graphic presentation. **A sound track is highly recommended.**

Copyright

Copyright for 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.