Instructions for Authors

Arthroscopy: The Journal of Arthroscopic and Related Surgery provides 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 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.**

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 around the clock.

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 Reports§	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@wakehealth.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.

Technical Notes for *Arthroscopy Techniques* require a narrated video with disclosures listed on an opening slide. Submit as for *Arthroscopy* at http://ees.elsevier.com/arth

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Instructions for Authors (continued)

Registration of Clinical Trials

Clinical trial registration (prospective publication of clinical research study authors, title, purpose, hypothesis, methods including statistical methods, and confirmation of Institutional Review Board approval) mitigates against bias resulting from selective reporting of results. Clinical trials beginning patient enrollment after January 1, 2012 will not be accepted for publication in *Arthroscopy* without prospective registration of the trial (i.e., before enrollment of the first patient). Trials may be registered in any national or international registry. Include details on the "separate title page" only.

Except in rare circumstances where the temporal effect of the outcome being measured is brief, clinical trials will not be accepted for publication in *Arthroscopy* without 24 months minimum follow-up for all subjects who are enrolled and reported. The Journal strongly encourages the use of the CONSORT (Consolidated Standards of Reporting Trials) Guidelines when designing and reporting randomized controlled trials (RCTs). The criteria outlined by the CONSORT group is meant to assist in improving the overall quality of RCTs, and provides a minimum set of recommendations for reporting on RCTs. There is a 25-item checklist that is designed to facilitate study setup, reporting, and interpretation. The overall goal of utilizing the CONSORT criteria would be to facilitate the study design from the outset, and provide for a high-quality and prudently conceived RCT. The guidelines can be found at http://www.consort-statement.org/consort-statement/overview0/

Preparing the Manuscript for Submission

Text Style

- Double space your manuscript.
- Use *continuous* line numbering.
- Type text flush left. Do not justify the right margin.
- 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).

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 corresponding author; any necessary footnotes to those items; IRB and RCT information; and a short running title (maximum of 45 characters and spaces). Indicate the specific affiliations of each author. Any acknowledgments should also be included here.

Disclosure of Potential Conflict of Interest

Arthroscopy uses the ICMJE disclosure for authors. Each author of a manuscript must complete the form and save it using his or her name. The corresponding author will upload all the authors' completed forms at the time of submission. Access the *Arthroscopy* ICMJE form at http://www.arthroscopyjournal.org/authorinfo.

The first page of Blinded Manuscript should list *only the title* because all manuscripts are blinded to reviewers. Likewise, do not include any identifying information in the text, e.g., an author's initials or the names of institutions, RCT or IRB numbers, 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

Original Articles, abstracts should be a *maximum of 300 words* and structured to include the following sections: *Purpose*: One or 2 sentences that simply state purpose with no background information. *Methods*: Provide, with sufficient detail, the methods of the study. *Results*: Provide results, with data, *P* values, and standard deviation of mean (or standard deviation). Present most important findings first. Please provide *P* values and numbers to support your methods findings. *Conclusions:* State only what your study identified and what it demonstrated. Do not include extraneous information not backed up by the data of your study. *Level of Evidence* (for human studies) or *Clinical relevance* (basic science or in vitro study: why is this study important from a clinical standpoint?)

Systematic Reviews and **Meta-analyses**, the abstract and text should be structured as an Original Article.

Technical Notes or **Case Reports**, the abstract should be an unstructured summary (maximum length, 200 words). The body of these manuscripts should consist of: Introduction, Technique or Case Report, and Discussion, plus References and figure legends and video legend (if applicable).

Current Concepts and **Level V Evidence articles**, the abstract should be an unstructured summary (maximum length, 300 words).

Concise Reviews, the abstract should be an unstructured summary (maximum length, 200 words).

The body of an Original Article should consist of:

2. Introduction

Succinctly state the problem that led to your undertaking the study, including a concise review of only the most relevant literature. Conclude the introduction by stating the *purpose* of the study and then 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) if retrospective.

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, beta, and standard deviation. Use of the word *significant* requires your reporting a *P* value.

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Instructions for Authors (continued)

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 following the order of the Methods. Using prospective methods, study population demographics must be reported in the results section of the manuscript. As a reminder, the overall final patient follow-up should be 80% or greater (less than 20% drop-out) in order to minimize follow-up bias. In general, scientific studies will not be accepted for publication without meeting this criterion. ***Results obtained with 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. Present comparison data in tables and present as mean ± standard error of the mean with confidence intervals.

5. Discussion

Be concise. What does your study show? Is your hypothesis affirmed or refuted? Compare and contrast your study with others in the most relevant world literature, particularly the recent literature. A complete literature review is unnecessary.

6. Limitations

Analyze your data and discuss the limitations of your study.

7. 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 importantly, do not make concluding statements that lie beyond the scope of your study, or unnecessary statements such as "further studies are warranted." **The conclusions in the text must match those in the abstract.**

8. References

The Journal follows the reference style in "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 be numbered in order of citation. Do not include unpublished material or personal communications in your reference list. If essential to your message, you may include unpublished material in the body of the text and end the statement with the appropriate information in parentheses. For example: (J. Karlsson, M.D., 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. Byrd JWT, Jones KS. Arthroscopic management of femoroacetabular impingement: Minimum 2-year follow-up. *Arthroscopy* 2011;27:1379-1388.

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.

Article in Press

4. Shin S-J. A comparison of 2 repair techniques for partial-thickness articular-sided rotator cuff tears. *Arthroscopy* in press, available on 17 October 2011 doi: 10.1016/j.arthro.2011.07.005 (available at www.arthroscopyjournal.org).

Please do not use 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 at the end of the text.

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

9. Figure and Video Legends

Provide a separate, fully detailed legend for each figure and each part of a multipart figure. Figure legends must "stand alone" (i.e., contain a complete, take-home, educational message, as if a reader viewed only that Figure without looking at any others or without reading the text). Labels are always helpful. Please be sure to mention patient position, side, and viewing portal or MRI orientation as appropriate. All abbreviations and symbols used on figures must be defined here. Legends for videos should contain enough detail to guide viewers in seeing the most important points to be learned.

10. Tables

Tables, **each on a separate page**, should be neatly typed with a short descriptive title above the tabular data and any

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notes below. Define all abbreviations. Do not give the same information in tables that you give in the text or in figures.

11. 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.

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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.

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Submitting a Cover Image with Video

Authors are invited to submit interesting images to be published on the cover of the Journal along with an accompanying video. Please include a caption of approximately 100 words that fully describes the story behind the picture and leads readers to see what you want them to see. Submission of a video to accompany the image is now required. Please see instructions for videos.

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).

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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.

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When preparing a revision, use the "Track Changes" option in Microsoft Word. Also, use the line numbering function of Word, and be sure to **choose "continuous" numbering.**

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.

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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.

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Instructions for Submitting Videos

Arthroscopy encourages authors to submit a video to be published on the Journal's web site at www.arthroscopyjournal.org as an illustration incorporated in an article that the author is submitting for publication or as video paired with a journal cover illustration. All videos are subject to peer review. A sound track is highly desirable and is requested.

These formats for video will be accepted

- MPEG-1 or MPEG-2 (.mpg)
- MP4 (.mp4)
- QuickTime (.mov)

Arthroscopy will not edit any video, but a reviewer may suggest that the author make changes.

Requirements

- Each video must start with a slide listing the authors' conflicts of interest.
- Submit a single video per manuscript, not multi-part videos.
- Maximum length of videos is 4.5 minutes.
- Video file may not exceed 100 MB.
- Please ZIP the file and upload the zipped file to hasten the upload time.
- A complete legend for the video must be included in the manuscript.
- Video must be cited in the text of your manuscript just like a figure.
- **A sound track is highly desirable and is requested.**