

Instructions for Authors

INTRODUCTION

All submissions to *Arthroscopy: The Journal of Arthroscopic and Related Surgery* must comply with these 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. All manuscripts will be subject to peer review. Letters to the Editor and comments on the Journal's content or policies are always welcome and encouraged.

All manuscripts are to be submitted electronically through the *Arthroscopy* online submission and review system website <http://ees.elsevier.com/arth/> (details in Submission section below).

SUBMISSION DECLARATION AND AUTHOR WARRANTIES

Submission of a manuscript to Arthroscopy for peer review implies that:

- It is original work, has been written by the stated authors, and has not been published elsewhere, including electronically, in the same form, in any language. Likewise, a similar manuscript has not been submitted to or published by any other journal, by any of the authors.
- Any manuscript submitted to *Arthroscopy* 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- If the submission is accepted, it will not be published elsewhere, including electronically in the same form, in any language, without the written consent of the copyright holder.

BEFORE YOU BEGIN

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* Journal ICMJE form at http://cdn.elsevier.com/promis_misc/arthroscopy_icmje.doc

Authorship

Arthroscopy generally limits the number of authors to 7. If there are more than 7 authors, we ask the corresponding author to justify each author's participation using the ICMJE criteria for authorship:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Copyright

Copyright to all published articles will be held by the Arthroscopy Association of North America. Copyright forms are handled by the production department of the publisher once a manuscript is accepted and scheduled for publication.

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 are meant to assist

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Instructions for Authors (continued)

in improving the overall quality of RCTs, and provides a minimum set of recommendations for reporting on RCTs. There is a 25-item checklist designed to facilitate study setup, reporting, and interpretation. The overall goal of using the CONSORT criteria is 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/Media/Default/Downloads/CONSORT%202010%20Checklist.doc>

SUBMISSION

After registering as an author through the *Arthroscopy* online submission and review system website (<http://ees.elsevier.com/arth>), you will be guided step by step through the uploading of your own files and approving of the single PDF that will be created from them. You can track the progress of your manuscript through our website. Communications about a manuscript will be handled through e-mail. Please access the website 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.

PREPARATION

General

Manuscripts should be typed double-spaced with continuous line numbering. Submit in this order; see details in the following sections: Separate (unblinded) title page, blinded title page, blinded text, references, figure and video legends, tables, figures, and conflict of interest forms. *Arthroscopy* follows style points for text and references of the *AMA Manual of Style*.

Separate Title Page

A separate (unblinded) title page of each manuscript should include the following essential information:

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **All Authors' full names, degrees, and affiliations.** Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present each author's affiliation and address below the names.
- **Corresponding Author.** Clearly indicate who will handle correspondence at all stages of reviewing and publication, and after publication. Ensure that telephone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author.
- **In addition,** include IRB and RCT information, as well as a short running title (maximum of 45 characters and spaces). Include any acknowledgment of persons who provided help during the research/writing (e.g., language help, writing assistance, or proof reading the manuscript, etc.).

Blinding the Manuscript

Because all manuscripts are blinded to reviewers, the first page of the blinded manuscript must be a blinded title page that lists *only the title*. Likewise, in the text, do not include any identifying information, such as 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.

Recommended Maximums for Manuscripts Submitted to *Arthroscopy*

Type of Article	Number of Words*	Figures (Figure Parts)	Tables
Original Article	4,000	7 (15)	4
Level V Evidence [†]	1,600	0	0
Systematic Review	4,500	7 (15)	4
Meta-analysis	4,000	7 (15)	4
Technical Note [‡]	1,500 [‡]	3 (6) [‡]	1
Case Report (rarely accepted)	1,000	2 (4)	0
Letter to Editor & Reply	500	2 (2)	0

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

[†] *Level V Evidence* articles are submitted at the invitation of the Editor-in-Chief or Assistant Editor-in-Chief.

[‡]**Technical Notes** are now published **only** in *Arthroscopy Techniques*. Video is required for submission. The video must be narrated and list disclosures on an opening slide. Submit as for *Arthroscopy* at <http://ees.elsevier.com/arth>

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Instructions for Authors (continued)

Manuscript Structure

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 the purpose with no background information or hypothesis. *Methods*: Provide, with sufficient detail, the methods of the study including selection criteria. *Results*: Provide results, with data, *P* values, and standard deviation of mean or 95% confidence intervals. Present most important findings first. Please provide exact *P* values (not $P <$) and numbers to support your methods findings. *Conclusions*: State only what your study found; do not include extraneous information not backed up by the results. *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 for Arthroscopy Techniques, the abstract should be an unstructured summary (maximum length, 200 words). The body of these manuscripts should consist of unstructured summary abstract, Introduction, Technique, and Discussion, plus references and figure legends and video legend.

Case Reports, the text should consist of unstructured summary abstract, Introduction, Case Report, and Discussion, plus references and figure legends.

Level V Evidence articles, the abstract should be an unstructured summary (maximum length, 300 words). See the Levels of Evidence table.

2. Introduction

The introduction of an Original Article should succinctly state the problem or controversy that led you to undertake the study, including a concise review of only the most relevant literature. Conclude the introduction by stating the *purpose* of the study and your *hypothesis*. The purpose in the Introduction should match that of the Abstract.

3. Methods

Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration). If prospective or a cadaver study, the number of enrolled subjects is reported in Methods. If retrospective, the study population (numbers, demographics, length of follow-up) should be in Results.

Include IRB and animal studies information. IRB approval is required for all human studies except retrospective and cadaver studies (unless the institution where the study was performed requires it).

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 an exact *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 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 to include final number of subjects, demographics, length of follow-up (mean and range). 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 \pm standard error of the mean with confidence intervals.

5. Discussion

Be concise. The Discussion should start with the most important findings of your study. 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.

At the end of the Discussion, under the subheading "Limitations," review the limitations of your study.

6. Conclusions

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 and verify that your conclusions are firmly supported by your data. Most importantly, do not make concluding statements that are not supported by your data, lie beyond the scope of your study, or are unnecessary (e.g., "further studies are warranted"). ***The conclusions in the text must match those in the abstract.***

7. References

The Journal follows the reference style in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (see <http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission>).

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Instructions for Authors (continued)

html#g). Provide all authors' names when 6 or fewer; when 7 or more, list the first 3 and add et al. Provide article titles and inclusive page numbers (321-328, not 321-8). References to online-only material must list author, title, the URL, and the date accessed by the author. For abbreviations of journal names, refer to PubMed. Please ensure that every reference cited in the text is present in the reference list (and vice versa). ***The accuracy of reference data is the responsibility of all authors.***

Reference style

In text: Number references in the order in which they appear in the text. Unpublished results and personal communications (only if essential to your message) should be mentioned in the body of the text at the end the statement with the appropriate information in parentheses. For example: (J. Karlsson, M.D., personal communication, [month and year of communication]).

Formatting Examples

Periodical

Jackson TJ, Lindner D, El-Bitar YF, Domb BG. Effect of femoral anteversion on clinical outcomes after hip arthroscopy. *Arthroscopy* 2015;31:35-41.

Chapter in a book

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

Burkhart SS, Lo IKY, Brady PC, Denard PJ. *The cowboy's companion: A trail guide for the arthroscopic shoulder surgeon*. Philadelphia: Lippincott Williams & Williams, 2012.

Article in Press

Note: Citation of an 'in press' article is permitted only if it has been accepted for publication.

Rosso F, Bisicchia S, Bonasia DE, Amendola A. Meniscal allograft transplantation: A systematic review. *Am J Sports Med* in press, available online 13 June, 2014. doi:10.1177/0363546514536021.

For further detail and examples you are referred to the *AMA Manual of Style*.

8. Figure and Video Legends

Ensure that each illustration and each part of a multipart illustration has a legend (caption). Supply legends separately, not attached to the figure. Figure legends must be robust and "stand alone" (i.e., contain a complete, take-home, educational message, as if a reader viewed only that Figure without looking at any other Figure or without reading the text). Orient the reader to the image by

mentioning patient position, side, and viewing portal or MRI orientation as appropriate. Keep text in the illustrations themselves to a minimum but explain in the legend all symbols and abbreviations used.

9. Tables

Number tables consecutively in accordance with their appearance in the text. Include a short descriptive title with the table number. Place footnotes to tables below the table body and indicate them according to the symbol hierarchy (i.e., asterisk, dagger, double dagger, etc.). Define all abbreviations. Avoid vertical rules. Do not give the same information in tables that you give in the text or in figures.

10. Figures

Number figures consecutively in accordance with their appearance in the text. Figures must be submitted separately from the text. Arrows and labels should be added to figures as appropriate to orient the reader to the arthroscopic images. Previously published figures may be used if permission has been received from the source publisher. Arrows and labels should be added to figures as appropriate to orient the reader to the arthroscopic images.

11. Disclosures

After the figures, you will upload each author's completed *Arthroscopy* ICMJE form. These forms must be completed, signed, and submitted with the manuscript.

SUBMISSION CHECKLIST

The following checklist will be useful before sending a manuscript to the journal for review. Ensure that the following items are present:

One author has been designated as the corresponding author with the following contact details:

- E-mail address
- Full postal address
- Telephone numbers

All necessary files have been uploaded, and contain:

- All figure legends
- All tables (including title, description, footnotes)
- Separate files for figures
- ICMJE forms for all authors

Further considerations:

- Manuscript has been spell-checked and grammar-checked
- References are in the correct format for *Arthroscopy*
- All references included in the reference list are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources, including the Web.

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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 $\geq 80\%$ 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)

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.**