

Evaluation of Journal Policies to Increase Promotion of Transparency and Openness in Sport Science Research



Increased transparency and openness of sport science research will improve the ability to appraise, replicate, and implement research findings. However, sport science journals need to support and prioritize practices that bolster transparency and openness to facilitate this.^{1,2} Journal policies that actively support transparency and openness have been shown to improve the quality, reproducibility, and replicability of research.³ To date, over 1100 journals and funding agencies have ascribed to implementing 1 or more of the 8 standards for transparent and open research described in the Transparency and Openness Promotion (TOP) guidelines.⁴

We report an appraisal of how well the policies of the leading 38 sport science journals support transparent and open research practices. *Arthroscopy* was evaluated using the TOP Factor (<https://osf.io/t2yu5/>)—an alternative metric for evaluating the degree to which journal policies promote transparency and openness⁵—and the International Committee of Medical Journal Editors (ICMJE) disclosure-of-interest requirements.⁶ The TOP Factor is calculated as the sum of journal implementation of the 8 modular standards within the TOP guidelines and an additional standard related to publication of replication studies. The requirements for disclosure of conflicts of interest were evaluated using the 4 standards stated on the ICMJE disclosure form.⁶ *Arthroscopy*'s TOP Factor and conflict-of-interest scores are provided in [Figures 1](#) and [2](#), respectively, alongside summary data from the top 38 sport science journals.

In brief, *Arthroscopy* scored well for TOP Factor item “study preregistration”; scored poorly for items “data citation,” “code citation,” “code transparency,” “data transparency,” “research materials transparency,” “analysis preregistration,” and “replication”; and had a total TOP Factor score of 3 of 27 (a higher score represents increased an requirement for transparency and openness by the journal). *Arthroscopy* was above the

mean TOP Factor score of 2.05 ± 1.99 of 27 and was above the mean ICMJE disclosure-of-conflict score (2.84 ± 1.62 of 4) compared with the top 38 sport science journals.

We strongly encourage *Arthroscopy* to review and, where necessary, update the journal's policies (<https://cos.io/top/> provides advice and resources to implement this). Greater transparency and openness will improve the conduct and translation of sport science research to ultimately move the field forward. Moreover, complete and transparent disclosure of conflicts of interest will increase confidence in research findings. By publishing this letter, *Arthroscopy* is taking action toward improving the transparency and openness of sport science research.

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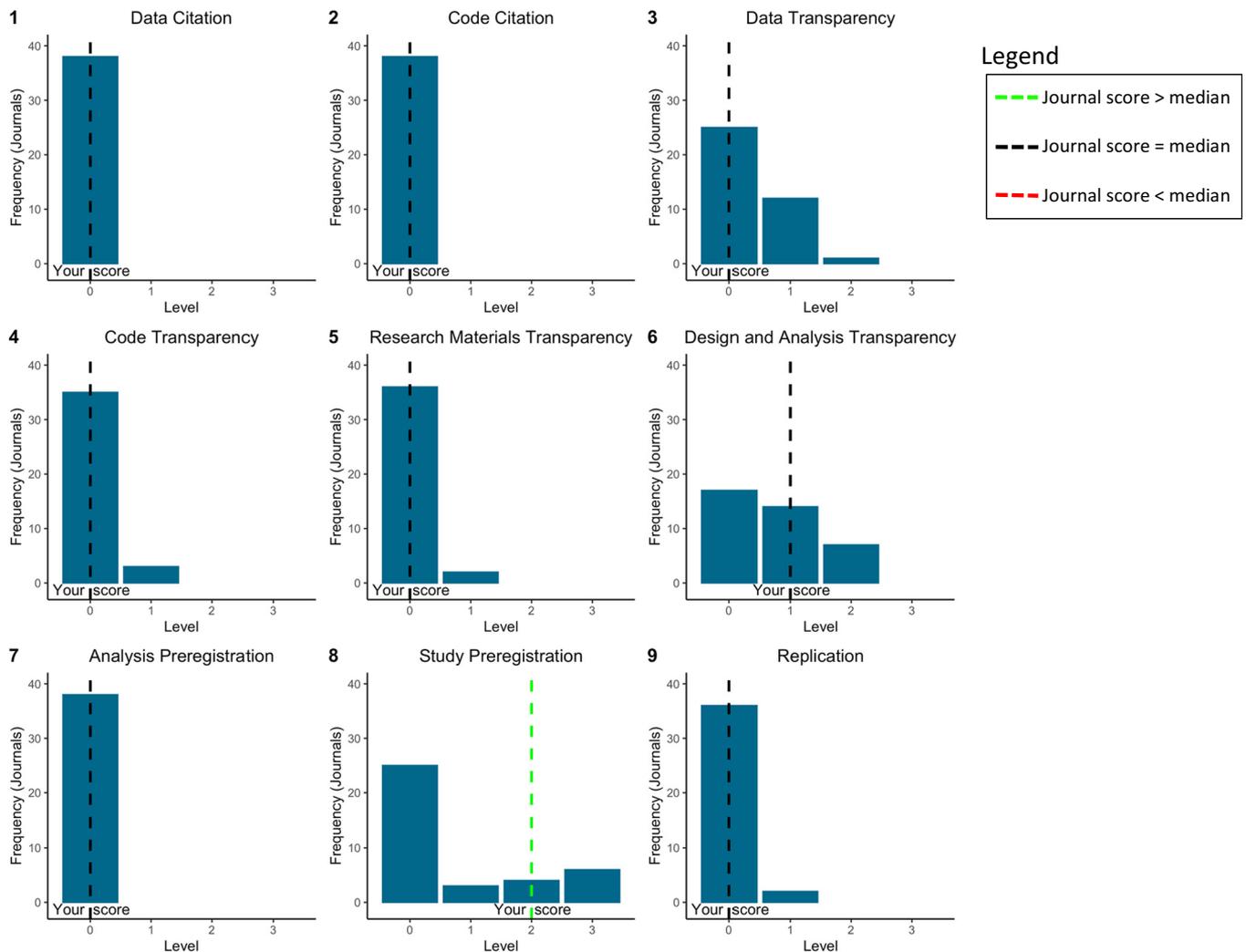


Fig 1. Summary of scores for each item of Transparency and Openness Promotion (TOP) Factor. The dotted line indicates *Arthroscopy's* score for each item, with the color indicating the position relative to the median score of the top 38 sport science journals. Black indicates that the score is equal to the median; red, the score is below the median (worse); and green, the score is above the median (better). For TOP items 1 through 8, a score of 0 indicates not mentioned or “encouraged” by the journal policy; 1, recommended by the journal policy; 2, required by the journal policy; and 3, required and enforced by the journal policy. For item 9, a score of 0 indicates not mentioned by the journal policy; 1, the journal states that significance or novelty is not a criterion for publication; 2, the journal reviews replication studies blinded to results; and 3, the journal accepts registered reports.

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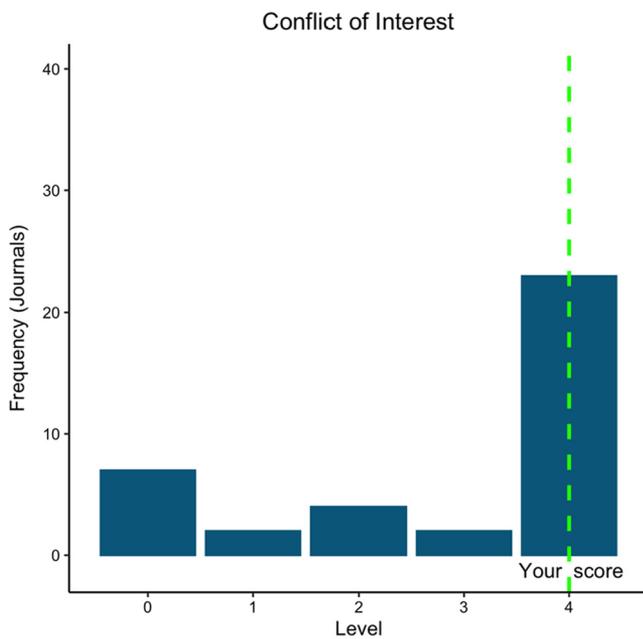


Fig 2. Summary of score for adherence to International Committee of Medical Journal Editors (ICMJE) form for disclosure of potential conflicts of interest. The dotted line indicates the location of *Arthroscopy's* score, with the color indicating the position relative to the mean score of the top 38 sport science journals. Black indicates the score is equal to the mean; red, the score is below the mean (worse); and green, the score is above the mean (better).

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Regarding “Arthroscopic Fixation of Os Acetabuli and Labral Repair: Suture-on-Screw Technique”



We have read with great interest and "surprise" the recent article published in *Arthroscopy Techniques*: “Arthroscopic Fixation of Os Acetabuli and Labral Repair: Suture-on-Screw Technique”.¹ DeFroda et al. propose a “suture-on-screw” arthroscopic technique to simultaneously address both the labral tear and os acetabuli, thereby reducing the number of suture anchors required for labral fixation, leading to an efficient and cost-effective approach for the treatment of these patients.

However, we have described the same idea/technique and published an article in *Arthroscopy Techniques* (same

journal), with almost the same title in 2017.² “Suture-on-Screw Technique for Os Acetabuli Fixation and Labral Repair” In our article, we describe an arthroscopic technical modification improving hip labral lesion treatment, while addressing the rim fracture. The addition of a suture to the screw addresses both lesions because it simultaneously has the function of a screw and an anchor. A suture-on-screw technique for os acetabuli fixation helps surgeons to gain versatility and is more cost-effective for the patients and health services.

So, we think that the authors (unintentional plagiarism), as well as the reviewers and editors, overlooked our article, with no reference to it.

We would appreciate very much any thoughts and suggestions.

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Author Reply to “Regarding ‘Arthroscopic Fixation of Os Acetabuli and Labral Repair: Suture-on-Screw Technique’”



We would like to thank Dr. Carro for bringing the similarities between the two techniques to our attention.¹ We agree with the similarities and recognize not citing Dr. Carro’s article was an oversight.² The purpose of our article was to highlight the senior author’s current technique in performing this operation, as it has evolved over the course of his practice. While similar in technique, there is a notable difference between the technique expertly demonstrated by Carro et al.² Their technique involves fixation of the os acetabuli with a Kirschner wire, followed by cannulated