

# Journal of Hand Therapy

## Instructions for Authors

Authors are invited to submit manuscripts for review, in English, relating to any aspect of rehabilitation of the upper extremity. The *Journal of Hand Therapy* is interested in the publication of research spanning the entire spectrum of clinical, basic, and translational science, from any relevant perspective, including (but not limited to): clinical practice, theory and outcomes; biomechanics, motor behavior, neuroscience, or epidemiology. A clear indication of clinical relevance is essential for publication. Manuscript categories for submission include: Clinical/Basic Research Studies, Case-Reports, Literature Review (invited-only) Practice Forum and Letters to the Editor.

Inquiries for the Editor-in-Chief should be made to: Joy MacDermid, BScPT, PhD at editor.macdermid@gmail.com.

### MANUSCRIPT CATEGORIES

**Scientific/Clinical Research Report:** A full-length report of an original basic, applied, or clinical research investigation that advances the clinical science of rehabilitation of the upper extremity. This can include many different studies designs (see below) ranging from systematic reviews and randomized clinical trials to basic science and implementation research. Prospective and retrospective longitudinal studies that ascertain hand therapy treatment efficacy can be submitted under this category. Other quantitative designs of clinical measurement, descriptive reports, economic analyses, consensus statements and experimental, laboratory-based research are also included in this category. Qualitative designs such as meta-syntheses and research identifying theoretical processes and themes are also appropriate. This category also includes implementation studies that contain a detailed description of implementation of an evidence-based intervention with a focus on how a gap between research evidence and hand therapy practice was mitigated using a knowledge translation strategy that was formally evaluated to determine its impact on knowledge, behaviour or outcomes.

**Case Report:** A detailed description of the management of a unique clinical case(s), problem or implementation.

**Expert Review (by invitation only):** A comprehensive and analytical review of the literature, addressing a topic of interest and relevance to hand therapists. The Editor-in-Chief must invite manuscripts submitted in this category. Self-nominations for an invitation to submit a literature review may be sent via e-mail to the Editor-in-Chief, and should include a cover letter describing the unique contribution of the planned submission, and a current curriculum vitae. It is the intention that these be written by experts in the field with a substantial clinical and/or research track record that they can synthesize and apply to critical reasoning with respect to hand therapy practice or research.

**Practice Forum:** This section presents novel or timely ideas of clinical relevance. Practice Forum topics may be, or need not be, original. However, topics that are not original should represent a unique application of an existing idea and should be referenced and limited to less than 750 words. The idea should be supported by current best science and this should be referenced in the beginning of the submission. The *Journal of Hand Therapy* has a clinical audience and we will be asking authors to pay greater attention to knowledge translation. Make sure the description of your techniques is sufficient that a clinician could replicate it, provide either appropriate photographs or preferably a video on techniques- to assist clinicians in implementation. If you are describing an exercise program or another intervention make sure you provide the dosage of the intervention also. If there is a vested interest or a conflict of interest between the author(s) and any products listed in the manuscript, such information must be disclosed in the initial submission to the Practice Forum editor. Authors will be restricted to one Practice Forum publication per year. Submit any Practice Forum inquiries and/or manuscripts directly to the Practice Forum editor: Kristin Valdes OTD, OT, CHT at kvaldesotdcht@gmail.com.

**Letters to the Editor:** All letters and/or relevant comments regarding the content of the *Journal of Hand Therapy* must be submitted like all new manuscripts via the online submission and review website described below. Publications of any letters are at the discretion of the Editor-in-Chief and will appear online. Authors will be invited to respond.

### MANUSCRIPT TERMINOLOGY RELATED TO ORTHOTIC DEVICES

The term *splint* should no longer be used in preparing manuscripts. *Orthotic* should be used as an adjective or an adverb when pertaining to the practice and science of a rehabilitation management approach, i.e., an orthotic intervention, orthotic treatment plan, orthotic assessment, orthotic fabrication, orthotic device, and orthotic maintenance. The terms *orthosis* (singular) or *orthoses* (plural) should be used as nouns to refer to the custom fabricated device(s) typically referred to as a splint(s). Far from just a technical skill, the design and fabrication of hand and upper extremity orthotic devices require an in-depth knowledge of anatomy and pathology, as well as the healing and positioning requirements for the range of conditions and surgeries encountered. Hand therapists are uniquely qualified to design, apply, monitor, and modify orthotic devices as part of the rehabilitation treatment plan. In substitution for the noun(s) *splint(s)*, authors should use the terms *orthosis* or *orthoses*, respectively.

### ONLINE MANUSCRIPT SUBMISSION

All new manuscripts must be submitted through the *Journal of Hand Therapy* online submission and review Web site (<http://ees.elsevier.com/jht/>). Note: Submissions of Practice Forum manuscripts should be sent directly to the Practice Forum editor (see above). Authors of Scientific/Clinical Research Reports, Case Reports and Literature Reviews are requested to submit the text, tables, and artwork in electronic form (text should be formatted in MS Word, not as a PDF) via this Web site.

Submission items include a cover letter (save as a separate Word file for upload), a title page (because we employ a double-blinded review process you will be asked to save the title page as a separate file for upload), the manuscript, (without the title page) formatted with a font size no smaller than 11 point, with 1-inch margins, indented paragraphs, with continuous line numbering. The manuscript should include the abstract, main text, references, and figure legends. Revised manuscripts should also be accompanied by a unique file (separate from the cover letter) with responses to the reviewers' comments.

The preferred order of files is as follows: cover letter, response to reviews (revised manuscripts only), title page, manuscript file (including abstract and text without author identifiers, references, figure legends), table(s), figure(s). Files should be labeled with appropriate and descriptive file names (e.g., SmithText.doc, Fig1.eps, Table3.doc). Upload title page, main text, tables, and graphics (figures) as separate files. (You can compress multiple figure files into a Zip file and upload that in one easy step; the system will automatically unpack the files and prompt you to name each figure. For a trial version of this compression software, see [www.winzip.com](http://www.winzip.com).) Do not import figures or tables into the text document and do not upload your text as a PDF. Complete instructions for electronic artwork submissions can be found on the Author Gateway, accessible through the journal home page. If you submit figures, please take time to view the findings of the artwork quality check tool (which looks at the figure's resolution and also the file type). If your artwork is not up to production standards and we are interested in the paper, you will be asked to improve the quality of the figures. Authors who are unable to provide an electronic version or have other circumstances that prevent online submission must contact the Editorial Office prior to submission to discuss alternate options. The Publisher and Editors regret that they are not able to consider submissions that do not follow these procedures.

### COVER LETTER

In an accompanying cover letter to the Editor-in Chief, authors should state that any manuscript, or parts of it, have not been and will not be submitted elsewhere for publication. The name of the Institutional Review Board that approved the research protocol involving human subjects must also be included in the cover letter (the methods section must also contain a statement that informed consent was obtained and that the rights of the human subjects were protected). For a description of ethical principles for medical research involving human subjects see the "World Medical Association Declaration of

Helsinki policy" [www.wma.net/e/policy/b3.htm](http://www.wma.net/e/policy/b3.htm). Case Reports, when applicable, should include a statement that each subject was informed that data concerning the case would be submitted for publication or a statement indicating approval by an appropriate review board. Patient confidentiality must be protected. Any use of experimental animals in submitted research papers must include a statement that an animal utilization study committee approved the study. Finally, manuscripts with experimental results on cadavers must include a statement that a relevant utilization study committee approved the study. Finally, the cover letter should include a list of three or more potential reviewers for their manuscript, with complete contact information, as well as a statement concerning any potential conflicts of interest and/or a financial disclosure of any support received.

#### TITLE PAGE

Because we employ a double-blind review process, please save the title page as a separate file (it will not be built into any documents seen by reviewers). The title page should contain the title of the article, the authors' names, their academic degrees, and their present affiliations. The name of the corresponding author should be given with a reliable mailing address, telephone number, and fax number. Authors should indicate whether the paper was adapted from a presentation at a meeting and should acknowledge any grant support related to the paper.

#### MANUSCRIPT and ABSTRACT

All *Scientific/Clinical Research Report*, *Case Report* and invited *Literature Review* manuscripts should include the abstract (150 word limit), main text, references, and figure legends. All authors should consult the uniform requirements for manuscripts submitted to biomedical journals: "Writing and Editing for Biomedical Publication" ([www.icmje.org](http://www.icmje.org)). Due to the double-blind review process the manuscript should not carry any author, facility, or institution identifiers.

The *Journal of Hand Therapy* focuses primarily on clinically based research. To better understand the quality of research evidence in its published *Scientific/Clinical Research* and *Case Reports* a structured abstract that includes information on the study design, and the classification of the "level of evidence" is necessary. While no single piece of information or classification can signify the quality and clinical relevance of published studies, a consistent approach to communicating this information is a step towards assisting our readers in evaluating new knowledge.

Please be sure that the abstract includes a designation of the study design and level of evidence. Both the manuscript and abstract of *Scientific/Clinical Research Report* and *Case Reports* should be structured as follows:

*Study Design (abstract-only)*  
*Introduction*  
*Purpose of the Study*  
*Methods*  
*Results*  
*Discussion*  
*Conclusions*  
*Level of Evidence (abstract-only)*

Authors should consult and use the reporting guidelines if there is one relevant to their study design. Where possible authors should use reporting checklists to insure their manuscript contains all the elements expected in a scientific manuscript. Please see the Equator website for information on reporting guidelines. <http://www.equatornetwork.org/>

Authors should use the specific terminology when naming their study design. Some common study designs are listed below and should be used where applicable. We recognize that this list is not all-inclusive and that more appropriate descriptors might be suitable for some studies. Authors are encouraged to pick the most appropriate study design descriptors for their study. These suggestions are merely provided as a means of encouraging consistency, where it would be both useful and informative.

Study design options (these terms can be selected where they apply-this is not meant to an exhaustive list and author are free to choose the design label that best suits their study.

1. Systematic Review: a formal structured literature synthesis (Note other types of reviews are also considered including Scoping Reviews, Reviews of Reviews (Overviews or Umbrella Reviews), Meta-analyses and others)
2. Randomized Clinical/Controlled Trial: patients are enrolled at a relevant baseline and allocated to different intervention arms based on a random concealed process; outcomes are ascertained prospectively. Where specific variants were used please state the subtype- such as Cross-over, Equivalence, Non-inferiority, Expertise-based etc.
3. Prospective Cohort: a longitudinal study where subgroups of patients are enrolled and research questions defined at a relevant baseline point (prior to when outcomes occur); patients are followed forward in time for outcomes ascertainment. For treatment studies at least 2 groups are defined at baseline; in prognostic studies potential predictors are collected at baseline
4. Retrospective Cohort: a longitudinal study where subgroups of patients are involved in a prospective data collection but the research questions (and variables) were defined retrospectively; treatment groups or prognostic factors may have been defined after data collections was initiated e.g. database research
5. Case-Control: a longitudinal study where subgroups of patients are identified/enrolled after outcomes have been ascertained and data are collected retrospectively (recall or pre-existing data) on the treatment or prognostic factors of interest
6. N-of-1: A single patient is enrolled at a relevant baseline and allocated to cross-over different intervention arms based on a random concealed process; outcomes are ascertained prospectively
7. Case Series\*: Data are collected on a single subgroup of patients (no comparison group)
8. Case Report: Data are collected on a single subject
9. Repeated Case Study: a formal comparison of 2-5 cases, extending beyond summary data

#### Other Study Designs

1. Clinical measurement\*: eg, reliability, validity, responsiveness, clinimetric, psychometric, utility, etc
2. Descriptive\*: Includes surveys, other descriptive data collection
3. Economic Analysis
4. Consensus statements: Systematic processes used to define or develop consensus on clinical topics
5. Basic (experimental laboratory based) research\*: biomechanics, electromyography, physiology  
\* may be sub-grouped as  
a. Longitudinal: data were collected at multiple time points  
b. Cross-sectional: data were collected on a single occasion

#### Qualitative Study Designs

1. Meta-syntheses: a synthesis of the better quality qualitative studies
2. Grounded Theory: research that seeks to understand and identify theoretical processes; themes used to develop an understanding and theoretical explanation
3. Case Study: an in-depth study of an individual lived experience and perspective
4. Descriptive: studies that may use qualitative and quantitative method to describe a phenomenon- without intention to develop theory or meaning
5. Ethnography: the description of the customs of groups or cultures
6. Interpretive Description: inductive analytic studies designed to understand clinical phenomena with a view to applications

Authors will need to determine the level of evidence for all eligible studies. The Oxford Centre for Evidence-based Medicine website at <http://www.cebm.net/index.aspx?o=1025> provides guidelines as to determining the level of evidence. Not all studies are eligible for classification and should be indicated by including "N/A" in this section. Ineligible studies include clinical measurement or lab studies, qualitative designs, practice forum, or practice guidelines.

## TABLES

Save each table, double spaced, as a separate file for upload. It must include a table number and a title. Each table should first be cited in numerical order in the text.

## PHOTOGRAPHS/ILLUSTRATIONS

Save illustrations as separate files, logically named (e.g., Fig1.tif, Fig2.eps). When submitting the illustrations, please use either an EPS or TIF format. Graphics software such as Photoshop and Illustrator, not presentation software such as PowerPoint, CorelDraw, or Harvard Graphics, must be used to create art. Color images need to be saved as CMYK, at least 300 dots per inch (dpi). Gray scale images should be at least 300dpi. Line art (black and white or color) should be at least 1,000 dpi, and combinations of grayscale and line art should be at least 600 dpi. Please note that once you create digital art at low resolution, you cannot adjust it. You must create your art at the proper resolution (dpi) to begin with. For step-by-step instruction and screenshots on how to create your art correctly the first time, please click on the "Artwork Guidelines" link in the Author Information box on our submission site homepage or go to Elsevier's Author Gateway (<http://authors.elsevier.com>) and click on "Artwork instructions" and then select "Application Guidelines."

## REFERENCES

Each reference in the text must be indicated by number, and the references as first cited in text must be in numerical order. PubMed style for journal abbreviations should be used, and references should be based on American Medical Association Manual of Style, 9th ed., 1998. See site examples at <http://healthlinks.washington.edu/hsl/styleguides/ama.html>.

If using reference management software (eg, EndNote, ProCite), select JAMA output style for your references. The minor changes from JAMA to *Journal of Hand Therapy* reference style (eg, no italic for journal title) will then be corrected automatically at the typesetter.

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A conflict-of-interest statement will be required for each manuscript accepted for publication. This statement will have no bearing on the editorial decision to publish a manuscript. That decision will be based solely on the value of the article to the readers of the Journal.

## AUTHOR INQUIRIES

For Inquiries relating to the submission of articles, please visit [www.elsevier.com/authors](http://www.elsevier.com/authors). This site also provides the facility to track accepted articles and set up e-mail alerts to inform you of when an article's status has changed, as well as detailed artwork guidelines, copyright information, frequently asked questions, and more.

## BOOK REVIEWS

Book reviews are accepted after invitation from the Book Review editor. Potential reviewers may contact the Book Review editor: Greg Hritz, DPT, CHT at [chtgreg@yahoo.com](mailto:chtgreg@yahoo.com)

*Updated January 2016*