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# Publication Rules

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The *Revista de la Asociación Argentina de Ortopedia y Traumatología* (Orthopedics Argentine association journal), RAAOT, publishes exclusively reports and accounts (both unpublished) that have been read at AAOT scientific sessions, works also unpublished that AAOT societies and bodies contribute with, works and reports dealt with at AAOT meetings, and works that have been sent to the AAOT for the purposes of publication.

The Editorial Committee selects the works and sends them anonymously to the Peer Review Body, which either accepts the works with or without modifications or rejects them. The Editorial Committee sends the accepted works that need corrections back to the authors, and entitles itself the right to publish them in either an unabridged or a summarized way.

The works presented at AAOT sessions that have not been selected for unabridged publication in the RAAOT will be published as summaries.

The RAAOT does not make itself accountable for the concepts formulated by either authors or sponsors.

All the authors of the works presented for publication in the RAAOT must sign the letter that deals with copyright transference.

## Instructions for the Authors

### *General Information*

The RAAOT publishes peer-reviewed original articles that deal with the diagnosis, the treatment and the pathophysiology of the diseases and conditions of the locomotor system, what includes not only basic and clinical scientific works but also case reports.

The articles that have been accepted will be published in both the printed version and the online version of the journal. Supplementary material that has been accepted with the manuscript but cannot be published in the printed version due to its inherent limitations may show in the online version; this material will be quoted in the text of the printed article for the reader to consult it in the online version.

The material that requires considerable editorial work will be given back to its authors with no review for it to be corrected previously to the review.

The RAAOT uses an anonymous peer-reviewed system for the evaluation of the manuscripts that are likely to be published.

Authors should send their manuscripts by e-mail using our new publishing system at: <http://ojs.aaot.org.ar>

### *Editorial Policies*

Statements issued and opinions given by the authors in their articles and reports are theirs and not necessarily those of the Editor's, the Co-Editor's and the AAOT's. We decline accountability for such material and endorse neither products nor services publicized in this publication. We do not make ourselves accountable for any demand or vindication by the manufacturers of such products either.

### *Copyright*

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### *Research in Human Beings*

The articles that imply research in human beings should include a declaration in the Materials and Methods section that makes reference to the approval from the Institutional Ethics Committee or similar body, while taking note of every patient granting the Informed Consent or any other required consent. For reports on research in human beings, it will have to be guaranteed that: (a) the required and proper consent has been granted by every patients and (b) the study protocol has been conducted in accordance with the 1975's Declaration of Helsinki Ethical Rules as anticipated

in the approval from the Institutional Ethics Committee. Individual patients should be referred as numbers, not as initials.

### ***Experimentation in Animals***

Manuscripts that report experiments in animals should include a declaration in the Materials and Methods section that states that animals have been taken care of in accordance with the guidance given to the authors by their reference institution and the National Health Institutes, along with any other National Act that deals with the use and care of lab animals.

### ***Authorizations***

Direct quotes, tables or illustrations taken from material under copyright should be accompanied by an authorization for use given by the original copyright owner. This authorization should be presented as a footnote in the text or the table or as an addendum to the illustration caption, and should give out complete information about the sources. The pictures of identifiable people should be accompanied by a signed document as already stated in the Informed Consent.

### ***Units of Measurement***

Use the International System of Units (SI)

### ***Abbreviations***

First the word to be abbreviated should be written in full with its abbreviation between brackets, and then it is the abbreviation that should be used in the remains of the text.

### ***Names of medicines and implants***

Use generic names. The manufacturer's name can be mentioned between brackets, together with its city and country.

### ***The reviewed manuscripts***

Every reviewed manuscript should be accompanied by a presentation letter that deals with every comment passed by the reviewers. This letter should give thorough detail of the changes that have been made and the reasons because of which some other recommended changes have not. Every change should be accompanied by the line, paragraph and page numbers that have been worked upon in the reviewed article. The number of the manuscript should show in the presentation letter.

The Authors willing to publish their works in the journal should follow the following instructions: Every manuscript should be presented electronically on the journal ONLINE website: <http://ojs.aaot.org.ar> where the author will register as such and will be guided step by step for manuscript upload. On the journal webpage he or she will be able to trace the manuscript progress. Reports on the manuscript will be e-mailed to the author.

### ***Number of authors***

The order of the authors just conveys the authors' preferences. Every author should have contributed significantly to the work and be ready to assume public responsibility for one or more aspects of the study: its design, data acquisition and analysis, together with interpretation of data. Every author should have participated actively in the writing and critical review of the manuscript and every one of them has to give the final approval for the version to be published. Those who have just contributed with a single section of the manuscript or have contributed only with cases should be mentioned in a note of thanks.

If the one considered as the author of an article is a research team, one or more members of the group that meet fully the aforementioned standards related to authorship should be listed as the authors of the article—followed by “on behalf [the name of the group]”. The other members of the group should be included in a thanks section at the end of the article. On the other hand, the list of authors can just show the name of the group with an asterisk referring to a list which includes specifically the authors that meet fully the aforementioned standards related to authorship, and that also mentions other members of the group.

The **original manuscript** should be typed in Word-format using double-space 12-Times New Roman font with ample 3 cm-margins. The pages should be numbered, and the tables and illustration captions should be included in pages apart from the main text.

**Images** should be sent as JPG attachments with references in Word-format also as independent attachments—for instance, at the time of sending an image, the authors should also send a file in JPG-format named “Figure 1 file” together with a Word-format attachment also named “Figure 1” that explains and gives details about Figure 1.

## Preparing the manuscript

The authors' full name along with their degree (e.g. MD or BPTd, etc.), institutional references (working place—address including province/state and country) and mailing data (name, address, telephone and/or fax number, and e-mail address) will be uploaded during the process of submission of the manuscript to the OJS. If any, it is also necessary to upload the info about the work financial sponsorship. If not, it should also be included. You can request a "Tutorial" for your article upload at publicaciones@aaot.org.ar.

The **title** of the work should be selected with extreme care: if it is short, it has more impact. The words to be used in this title should facilitate searches for the issue dealt with in a bibliographic index, being most adequate to use key words for work location by means of search engines.

The **first page of the article** should include: the title and the abstract in both Spanish and English languages.

The **abstract** should include a maximum of 250 words and it should be sent in both Spanish and English languages preceding the article; it should summarize the article and highlight its main points. Its structure should include: **aims, materials and methods, results, conclusions, level of evidence**.

The key words, which cannot be more than 6, should be included at the end of the article in both Spanish and English languages.

The text of the article itself starts on the following page. Please, include in the text no identification (e.g. the name of the author or the name of the institution the work has been carried out at; the text should rather include references such as "the author surgeon" or "the institution we work at", etc.)

### *The text*

It will be divided into four sections: Introduction, Materials and Methods, Results and Discussion. So as to keep the message coherent, every section should be conceived in relationship with the question or working hypothesis. Therefore, Introduction poses the question; Materials and Methods describes the activities carried out to answer that question; Results reports the results; and Discussion sets out differences and/or similarities with other authors, the author reflections and, finally, it answers the question that has been posed.

**Introduction:** It sets out the justification of the topic that leads the author/s to formulate their aim. Bibliographic quotes should be kept to a minimum. The introduction should be concluded setting out the aim of the study and/or the working hypothesis.

**Materials and Methods:** Its objective is to describe the activities carried out to answer the question that has been posed in the Introduction. It should provide the reader with enough information to allow another scientist to evaluate the credibility of the work and repeat the experiment just as it has been carried out in the study. It should describe clearly the population of study, the methods for evaluation and also the devices and procedures that have been used to allow the reader to reproduce the same results. This section should not include results. Data can be presented in tables. It is necessary to define the type of design of the study and to describe the statistical method that has been used. This section should state that the study has gotten approval from an institutional or ethical committee.

**Results:** They should be presented as it has been described in Materials and Methods. If the results are presented in tables, they should summarize and highlight the most important data, not repeat information as it is detailed in the text.

**Discussion:** Its aim is to describe the results responding to the study aim. To highlight the limitations of the study, as well as the coincidences or dissidences found at the time of comparing the study with others. To define the impact that the results can have not only in terms of the working hypothesis but also in those at some other levels of knowledge so as to encourage other studies.

Case presentations and works for post-graduate Orthopedics updates and instructions do not include abstracts.

In scientific works please include the type of study and the level of evidence (consult the table) at the end of the abstract.

**References:** The authors are accountable for the accuracy and integrity of the references. References should not be just a list of results in an IT bibliographic search; on the contrary, they should be read by the author/s and they are considered to be relevant for the manuscript. **Write the references using double-space on a separate sheet of paper and enumerate them in consecutive order as they have been quoted in the text.** Quote the references in the text using Arabic numbers between brackets. Include all the authors when these are 6 or less; when they are 7 or more, mention the first 6 authors and add "et al". Use the abbreviations of the journal titles as shown in the Index Medicus. Include the numbers of the pages showing the start and ending of every quotation. Include the DOI if necessary. If a reference source has not been published yet, but it has been accepted for publication, include the source in the list of references and present the letter of acceptance together with the manuscript.

Authors are encouraged to quote all the works previously published in the RAAOT that make reference to their piece of research. So as to get these articles, we suggest that they carry out a bibliographic search on <http://lilacs.bvsalud.org/es/> or ask for a tutorial to carry out the search by means of the AAOT library: [biblioteca@aaot.org.ar](mailto:biblioteca@aaot.org.ar)

Do not quote meeting abstracts, personal reports or unpublished material (including oral presentations and manuscripts that have not been accepted for publication yet) in the list of references. If this info is key to the message of the manuscript, this material can be identified in the text between brackets.

Please, bear in mind the following ones as examples of styles of reference:

### ***Journal article***

Saunders RA, Frederick HA, Hontas RB. The Sauve'-Kapandji procedure: a salvage operation for the distal radioulnar joint. *J Hand Surg* 1991; 16: 1125-29

### ***Book***

Taleisnik J. *The wrist*. New York: Churchill Livingstone;1985. p. 25-32.

### ***Chapter of book***

Bowers WH. The distal radioulnar joint. In: Green DP, ed. *Operative hand surgery*. 3<sup>rd</sup> ed. New York: Churchill Livingstone; 1993. p. 973-1020.

### ***Tables***

Tables should be presented in Word format (no other kind of format will be accepted), double-space typed, including number and title. Explanatory notes should follow immediately the lower edge of the table. Every table should be included on a page apart. Information in the tables should not double that in the text and/or illustrations.

### ***Captions in illustrations***

Enumerate the illustrations with Arabic numbers in the order they are mentioned in the text. Give enough information for the illustrations to be understandable with no need to consult the text. Define every symbol and every abbreviation that has not been written in the text yet. For any material with copyright, state that you have got authorization (consult Authorization above). Captions should be written consecutively on a page apart from the main body of the manuscript.

### ***Illustrations***

Digital illustrations will be accepted with as much definition as possible, in colors and a TIFF- or JPEG-format. They should be appropriately identified and enumerated (e.g. Figure 1.jpeg, Figure 2A.jpeg). The maximal size of each file that the system will take is 4 MB (megabytes). For a higher speed of surf and file upload, however, we suggest a file size of 2 MB per picture.

Use professional arrows or other markers right on the figure to identify important characteristics. Crop the illustrations in such a way so as not to lose the meanings or information they are supposed to show. Specify what the upper margin of the picture is if this is not evident. Neither the names of the authors nor those of the institutions should show anywhere in the illustrations. The title of the illustrations and the contents of the captions are to be included in the caption, not the illustrations. The numbers of the illustrations should be in accordance with the order in which the illustrations are presented in the text. If pictures of people are to be used, the subjects should not be identifiable or people's written authorizations to use the picture should be presented instead. If an illustration has already been published, it is necessary to acknowledge the original source and present an authorization signed by the original copyright owner allowing the author/s to reproduce the material.

### ***Videos***

Authors will have the option of including videos in their works. We will accept only one video per article. They should not be larger than 100 MB, nor should they last more than 4 minutes. Videos should include captions describing the technique in use, or they can include narrations, depending on the author(s)' preferences (we strongly recommend you to do so!). The video should be quoted in the text ("video"). This Journal has no responsibility for video editing.

TYPES OF STUDIES				
Level of evidence	Therapeutic Studies— Investigating the results of treatment.	Prognostic Studies— Investigating the Effect on a Patient Characteristic on the Outcome of Disease	Diagnostic studies— Investigating a Diagnostic Test	Economic and Decision Analyses— Developing an Economic and Decision Model
Level I	<ul style="list-style-type: none"> <li>- High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals</li> <li>- Systematic review of Level-I randomized controlled trials</li> </ul>	<ul style="list-style-type: none"> <li>- High-quality prospective study (all patients were enrolled at the same point in their disease with &gt;80% follow-up of enrolled patients)</li> <li>- Systematic review of Level-I studies.</li> </ul>	<ul style="list-style-type: none"> <li>- Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference “gold” standard)</li> <li>- Systematic review of Level-I studies.</li> </ul>	<ul style="list-style-type: none"> <li>- Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses</li> <li>- Systematic review of Level-I studies.</li> </ul>
Level II	<ul style="list-style-type: none"> <li>- Lesser-quality randomized controlled trial (e.g., &lt;80% follow-up, no blinding, or improper randomization)</li> <li>- Prospective comparative study</li> <li>- Systematic review of Level-II studies or Level-I studies with inconsistent results</li> </ul>	<ul style="list-style-type: none"> <li>- Retrospective study</li> <li>- Untreated controls from a randomized controlled trial</li> <li>- Lesser-quality prospective study (e.g. &lt;80% follow-up or patients enrolled at different points in their disease)</li> <li>- Systematic review of Level-II studies</li> </ul>	<ul style="list-style-type: none"> <li>- Development of diagnostic criteria on basis of consecutive patients (with universally applied reference “gold” standard)</li> <li>- Systematic review of Level-II studies</li> </ul>	<ul style="list-style-type: none"> <li>- Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses</li> <li>- Systematic review of Level-II studies</li> </ul>
Level III	<ul style="list-style-type: none"> <li>- Case-control study</li> <li>- Retrospective comparative study</li> <li>- Systematic review of Level-III study</li> </ul>	<ul style="list-style-type: none"> <li>- Case-control study</li> </ul>	<ul style="list-style-type: none"> <li>- Study of nonconsecutive patients (without consistently applied reference “gold” standard)</li> <li>- Systematic review of Level-III studies</li> </ul>	<ul style="list-style-type: none"> <li>- Analyses based on limited alternatives and costs; poor estimates</li> <li>- Systematic review of Level-III studies</li> </ul>
Level IV	<ul style="list-style-type: none"> <li>- Case series</li> </ul>	<ul style="list-style-type: none"> <li>- Case series</li> </ul>	<ul style="list-style-type: none"> <li>- Case-control study Poor reference standard</li> </ul>	<ul style="list-style-type: none"> <li>- No sensitivity analyses</li> </ul>
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion

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