



Instructions for Authors Submitting a Manuscript for the Annual Scientific Conference Awards of Excellence Competition

Before preparing and submitting your paper, **carefully read** the [Call for Manuscripts](#) and the following **Author Instructions**.

- Only **Scientific Format** papers will be accepted for this Competition.
- Manuscripts must be submitted electronically in Microsoft Word format with illustrations inserted into the document following the text.
- Images must be converted to JPEG or GIF format for insertion into the manuscript document.
- Maximum document size is **20MB**; photos may be low resolution.
- Manuscripts will only be accepted in one of the **Classifications** from the prescribed list provided in the **Call for Manuscripts**; and the author(s) must specify a **Category** (Individual or Institutional) for the paper.

Note: This document is a **summary** of the *Journal of Foot and Ankle Surgery Information for Authors*. **If you are also submitting your paper to the Journal** for consideration for publication, then you must follow the **detailed** instructions provided authors on the **JFAS** web site (www.ifas.org).

Generic Names: Use generic names whenever possible instead of proprietary or brand names.

ORGANIZATION OF MANUSCRIPT

- Each page should be numbered consecutively in the bottom right corner with the title page as page 1.
- Identify main sections by bold left margin headings.
- Contents of your paper should appear as follows:
1) Title page, 2) Abstract, 3) Level of Clinical Evidence, 4) Text (Introduction, Patients (or Materials) and Methods, Results, Discussion), 5) Acknowledgments, 6) References, 7) Tables, and 8) Figures.

Title Page: Include title of manuscript, authors, and their credits, including academic degrees, name of institution (hospital/school), city and state (and country if not the United States). The primary and correspondent authors should be clearly identified and their phone, fax, e-mail, and mailing addresses should be provided.

Abstract: Submit abstract of no more than 250 words summarizing significant conclusions of the article; this should be on a separate page (page 2). It should briefly introduce the research problem, explain methods, summarize results, and provide a conclusion. No abbreviations or bibliographic references/citations should be included.

Level of Evidence: Immediately following the Abstract section, the author is to designate the paper in accordance with the Level of Clinical Evidence as depicted in the table on Page 3 of this document.

Introduction: Should support the rationale for the study. The background provided in the introduction should be complete and to the point without being verbose. The purpose of the study should be clearly stated.

Instructions for Authors Submitting a Manuscript for the Awards of Excellence Competition (Continued)

Patients and Methods (or Materials and Methods): This section should provide information about study design (aims), patient population, patient selection, operational definitions for study variables and outcomes, and statistical methods used to evaluate the data. This section should clearly state if outcomes are based on physical examination, chart review, telephone interview, or questionnaire. The inclusion/exclusion criteria should be clearly stated. Operational definitions must be defined (i.e., "osteomyelitis was determined by a positive culture and histopathology after bone biopsy"). The method of statistical analyses and the level of confidence should be provided.

Results: Descriptive data in the results should be appropriate, such as averages, standard deviations, and range. The data should be clearly presented and all figures and tables should be appropriate. Can the information be summarized and presented in a more meaningful format? Statistical associations and their clinical meaning and relevance must be clearly stated.

Discussion: The discussion section offers the authors' interpretation of the results of their investigation. The discussion should thoroughly address results of the study as they relate to previously published reports, as well as their relevance to clinical medicine. The existing medical literature specifically related to the subject of the paper should be included. Limitations and shortcomings of the study, such as bias, potential confounding factors, etc, should be addressed. Do not include a separate "Conclusion" subsection, as the final paragraph of the discussion should describe the authors' conclusions.

Acknowledgements: In general, acknowledgments should not be made to those that have contributed to the manuscript while performing the role of their regular occupation.

References: Supply references numbered in the exact order they appear in the text (not alphabetical), and typed double-spaced beginning on a new page. References not identified in the text should be listed as *Additional References*. Unpublished sources must be included in parentheses within the body of the text, not in the bibliography. Abbreviations for journal titles should conform to *Index Medicus*. List all authors (avoid "et al"). Reference examples include:

Article:

1. Mendicino RW, Orsini RC, Whitman SE, Catanzariti AR. Fibular groove deepening for recurrent peroneal subluxation. *J Foot Ankle Surg* 40:252-263, 2001.

Book:

2. Trevino SG. Disorders of the hallucal sesamoids. In *Foot and Ankle Disorders*, pp 379-398, edited by MS Myerson, WB Saunders, Philadelphia, 2000.

Tables: Tables must each be on a separate page. Any abbreviations or footnotes should be indicated by lower case alphabetical superscripts beneath the table. All tables and illustrations must be original, unless indicated otherwise. Those already published in other sources should be accompanied by a letter from that publishing company and author granting permission for their use.

Figures: Should be clear and support the specific points of the text. Figures, tables, and their accompanying legends should be able to stand alone, communicating the meaning and significance of the information without reference to the main text.

Illustrations/Photographs: Illustrations must be submitted electronically. Images must be in JPEG or GIF format and **inserted into your paper before submitting**. **Insert** images into your manuscript **after the text** and label appropriately.

Figure legends and table titles must be submitted for each illustration and table.

Levels of Evidence for Primary Research Question

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 1 | <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-1 randomized controlled trials (studies were homogeneous) | <ul style="list-style-type: none"> • High-quality prospective study⁴ (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients) • Systematic review² of Level-1 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-1 studies | <ul style="list-style-type: none"> • Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses • Systematic review² of Level-1 studies |
| Level 2 | <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-2 studies or Level-1 studies with inconsistent results | <ul style="list-style-type: none"> • Retrospective⁶ study • Untreated controls from a randomized controlled trial • Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or <80% follow-up) • Systematic review² of Level-2 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-2 studies | <ul style="list-style-type: none"> • Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses • Systematic review² of Level-2 studies |
| Level 3 | <ul style="list-style-type: none"> • Case-control study⁷ • Retrospective⁶ comparative study⁵ • Systematic review² of Level-3 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-3 studies | <ul style="list-style-type: none"> • Analyses based on limited alternatives and costs; poor estimates • Systematic review² of Level-3 studies |
| Level 4 | 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 5 | 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 arthrodesis) compared with patients treated another way (e.g., with 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 arthrodesis), called “cases”, are compared with those who did not have the outcome (e.g., had a successful arthrodesis), called “controls”.
8. Patients treated one way with no comparison group of patients treated another way.

This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see www.cebm.net.