

Manuscript Submission Guidelines:
The Journal of Hand Surgery (European Volume)

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The aim of the *Journal of Hand Surgery (European Volume)* is to develop and maintain interest in Hand Surgery and related fields insofar as they affect the hand. Any opinions expressed or policies advocated do not necessarily reflect the opinions or policies of the Editorial Board, the British Society for Surgery of the Hand (BSSH) or the Federation of European Societies for Surgery of the Hand (FESSH).

Original contributions are welcomed from any country. However, the contribution must be written in English with British spelling. Contributions are accepted on the understanding that the work has not been submitted simultaneously to another journal and has not been published elsewhere. Papers that have been published or submitted for publication in another language will be considered only in exceptional circumstances, and only when the previous publication or submission is disclosed by the authors on submission to JHSE. Contributions



will be the property of the Journal unless agreed otherwise before publication.

Please read the guidelines below then visit the Journal's submission site <http://jhse.edmgr.com> to upload your manuscript. Please note that manuscripts not conforming to these guidelines will be returned.

Only manuscripts of sufficient quality that meet the aims and scope of the *Journal of Hand Surgery* (European Volume) will be reviewed.

There are no fees payable to submit or publish in this journal.

As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

1. What do we publish?

1.1 Aims & Scope

Before submitting your manuscript to The Journal of Hand Surgery, please ensure you have read the [Aims & Scope](#).

1.2 Writing your paper

The SAGE Author Gateway has some general advice and on [how to get published](#), plus links to further resources.

1.2.1 Make your article discoverable

When writing up your paper, think about how you can make it discoverable. The title, keywords and abstract are key to ensuring readers find your article through search engines such as Google. For information and guidance on how best to title your article, write your abstract and select your keywords, have a look at this page on the Gateway: [How to Help Readers Find Your Article Online](#)

2. Editorial policies

2.1 Peer review and editorial policy

The journal's general review policy is to obtain at least two independent reviews of each full length article and at least one for short report letters. We use a double-anonymized reviewing process in which authors' and reviewers' identities are concealed. Our reviewers are encouraged to provide substantive, constructive reviews that provide suggestions for improving the work and distinguish between mandatory and non-mandatory recommendations. Some submissions, such as systematic reviews and case reports, may be subject to initial editorial screening for suitability for review/publication.

The Editors reserve the right to make editorial and literary corrections. Major rearrangements or corrections will be made only with the approval of authors. In most cases they will be offered as recommendations to permit authors to rewrite their material in a way that is acceptable to the journal.

The Editorial Process is collaborative one. The Editors will evaluate the manuscript and consider the reviews and form their own opinion. Assuming the manuscript is not rejected the Editor will make suggestions to the author about how to improve the manuscript and raise questions that need to be answered. The suggestions are not binding. The authors may have better alternatives or wish to argue their point of view. All of this is done to improve the manuscript before publication. Ultimately the Editor may not be satisfied by the responses and revision or the authors may not be prepared to change their manuscript sufficiently to satisfy the Editor. In these circumstances many hours may have been spent and many

revisions made on the manuscript which even then is not accepted. This is a risk of this process but something we try hard to avoid.

2.2 Article types

We accept full length articles, review articles and short report letters for peer review. All case reports and technical tips should be submitted as short report letters. All types of submissions should conform precisely to the style and format set out below (8.3 Journal Style).

Letters about published papers are welcomed. These are not processed on our online system and should be sent by email to editor@journalofhandsurgery.com.

Letters on a topic of special interest for publication may be submitted as article type “Letter to the Editor-in-Chief” on our online system. Such letters should usually be less than 500 words and a concise list of references may be included if appropriate. The Editor-in-Chief will decide on the publication of letters.

2.2.2 Ethical standards

We accept manuscripts that report human and/or animal studies for publication only if it is made clear that investigations were carried out to a high ethical standard. Studies in humans which might be interpreted as experimental (e.g. controlled trials) should conform to the Declaration of Helsinki <http://www.wma.net/en/30publications/10policies/b3/index.html> and typescripts must include a statement on the Title Page that the research protocol was approved in advance by the appropriate ethical committee. In line with the Declaration of Helsinki, we encourage authors to register their clinical trails (at <http://clinicaltrials.gov> or other suitable databases identified by the ICMJE, http://www.icmje.org/publishing_10register.html). If your trial has been registered, please state this on the Title Page. When reporting experiments on animals, indicate on the Title Page which guideline/law on the care and use of laboratory animals was followed.

2.2.3 Review articles

Invited review articles may be commissioned from leading hand surgeons. Other review articles should preferably be systematic reviews and all should conform to the PRISMA or similar guidelines <http://www.prisma-statement.org/>

2.2.4 Studies reporting on new implants

There should be a minimum of 2 years follow-up for new implants and a minimum of 5 years follow-up for implants which have been in use for some time. Studies which do not have adequate length of follow-up will be rejected.

2.3 Authorship

Papers should only be submitted for consideration once consent is given by all named authors. All named authors must sign the Authorship Declaration Form [https://www.editorialmanager.com/jhse/account/Authorship Declaration Form JHSE Sept 2021.docx](https://www.editorialmanager.com/jhse/account/Authorship%20Declaration%20Form%20JHSE%20Sept%202021.docx)

When complete, the submitting author should upload the form onto Editorial Manager with the submission files. The Authorship Declaration Form is a mandatory item for submission to our journal.

In addition, details of each named author’s specific contribution must be included on the Title Page: See section on Contributorship in our declarations policy which can be downloaded here: <https://www.editorialmanager.com/jhse/account/Declarations.docx>

The list of named authors should include all those who can legitimately claim authorship. This is all those who:

- (i) Made a substantial contribution to the concept or design of the work; or acquisition, analysis or interpretation of data, AND

- (ii) Drafted the article or revised it critically for important intellectual content, AND
- (iii) Approved the version to be published, AND
- (iv) Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Please refer to [International Committee of Medical Journal Editors \(ICMJE\) authorship guidelines](#) for more information on authorship. There should be no more than six authors for a full paper and three authors for a short report. More than six authors can rarely be justified and clear evidence for authorship will need to be presented to the handling editor, whose decision on this aspect will be final.

2.3.1 Contributorship and Acknowledgements

It is recognised that for large, multicentre studies there may be a larger number of collaborators who have taken part in each study. When a large, multicentre group has conducted the work, the group should identify who will be recognised as AUTHORS and who will be CONTRIBUTORS or be recognised through the ACKNOWLEDGEMENTS statement.

- i. AUTHORS should meet the conditions of all four ICMJE criteria as listed above. Non-author CONTRIBUTORS are those who do not meet all four ICMJE criteria but have made substantial contributions to the conduct of the work.
- ii. The corresponding author should list the names of authors and non-author contributors clearly in the Title page.
- iii. Non-author contributors will be recognised in a 'Contributor' section at the end of the manuscript. In the online version, the names of both authors and non-author contributors will have a PubMed index link.
- iv. As an alternative to giving authors' names, the name of the group can be given (e.g., The Trigger Finger Study Group) and all the members of this group can be listed as contributors.
- v. There may also be individuals who have helped with the research but are not recognised either as authors or non-author contributors. Examples are those who have provided purely technical help, or a department chair who provided only general support. These should be listed in an 'Acknowledgements' section.

Include all information on authorship, contributorship and acknowledgements on the Title page only; do not include it in the manuscript.

2.4.1 Writing assistance

Individuals who provided writing assistance, e.g., from a specialist communications company, do not qualify as authors and so should be included in the Acknowledgements section on the Title page only. Authors must disclose any writing assistance – including the individual's name, company and level of input – and identify the entity that paid for this assistance”).

It is not necessary to disclose use of language polishing services.

Please supply any personal acknowledgements on the Title page separately to the main text to facilitate anonymous peer review.

2.5 Funding

To comply with the [guidance for Research Funders, Authors and Publishers](#) issued by the Research Information Network (RIN), The *Journal of Hand Surgery (European Volume)* additionally requires all Authors to acknowledge their funding in a consistent fashion under a separate heading. All research articles should have a funding acknowledgement on the Title Page in the form of a sentence as follows, with the funding agency written out in full, followed by the grant number in square brackets:



This work was supported by the Medical Research Council [grant number xxx].

Multiple grant numbers should be separated by comma and space. Where the research was supported by more than one agency, the different agencies should be separated by semi-colons, with “and” before the final funder. Thus:

This work was supported by the Wellcome Trust [grant numbers xxxx, yyyy]; the Natural Environment Research Council [grant number zzzz]; and the Economic and Social Research Council [grant number aaaa].

Where no specific funding has been provided for the research we ask that corresponding authors use the following sentence:

The authors received no financial support for the research, authorship, and/or publication of this article.

In all cases, authors should also identify individuals who provided writing/administrative assistance, indicate the extent of assistance and disclose any funding source for this assistance.

Please include all funding information under a separate heading entitled “Funding” on the Title page only; do not include in the manuscript.

See requirements for Funding declarations here:

<https://www.editorialmanager.com/jhse/account/Declarations.docx>

For more information on the guidance for Research Funders, Authors and Publishers, please visit: <http://www.rin.ac.uk/funders-acknowledgement>

2.6 Research ethics and patient consent

Medical research involving human subjects must be conducted according to the World Medical Association Declaration of Helsinki

Submitted manuscripts should conform to the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number. See full requirements for declarations here:

<https://www.editorialmanager.com/jhse/account/Declarations.docx>

For research articles, authors are also required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal.

See full requirements for declarations here:

<https://www.editorialmanager.com/jhse/account/Declarations.docx>

Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information and images to be published was provided by the patient(s) or a legally authorized representative. See full requirements for declarations here:

<https://www.editorialmanager.com/jhse/account/Declarations.docx>

Please also refer to the ICMJE Recommendations for the Protection of Research Participants

2.7 Clinical trials

The Journal of Hand Surgery conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first patient enrolment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included on the Title page.

See full requirements for trial registration declarations here:

<https://www.editorialmanager.com/jhse/account/Declarations.docx>

2.8 Reporting guidelines

The relevant [EQUATOR Network](#) reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed anonymized [CONSORT](#) checklist should be uploaded with your submission as a supplementary file. Systematic reviews and meta-analyses should include the completed [PRISMA](#) flow chart as a cited figure and the anonymized completed PRISMA checklist should be uploaded with your submission as a supplementary file. The [EQUATOR wizard](#) can help you identify the appropriate guideline.

Other resources can be found at [NLM's Research Reporting Guidelines and Initiatives](#)

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3. Publishing Policies

3.1 Publication ethics

SAGE is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' [International Standards for Authors](#), view the Publication Ethics page on the [SAGE Author Gateway](#) and read this JHSE article on Publication Ethics <https://www.editorialmanager.com/jhse/account/pubethics.pdf>

Auto-plagiarism, redundant (dual) publication and salami-slicing are unacceptable and may be regarded as academic misconduct. In general, the results from one study or related studies should be submitted in one article. If more than one article has been published, submitted, or planned from a study or from analysis of a database, then details of the related articles should be included in the submission letter.

3.1.1 Plagiarism

The *Journal of Hand Surgery* and SAGE take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles will be checked with duplication-checking software. Where an article, for example, is found to have plagiarized other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; or taking appropriate legal action.

3.1.2 Prior publication

If material has been previously published it is not generally acceptable for publication in a SAGE journal. However, there are certain circumstances where previously published material can be considered for publication. Please refer to the guidance on the [SAGE Author Gateway](#) or if in doubt, contact the Editor-in-Chief: editor@journalofhandsurgery.com

3.2 Open access and author archiving

The *Journal of Hand Surgery* offers optional open access publishing via the SAGE Choice programme. For more information please visit the [SAGE Choice website](#). For information on funding body compliance, and depositing your article in repositories, please visit [SAGE Publishing Policies](#) on our Journal Author Gateway.

4. How to submit your manuscript

The *Journal of Hand Surgery (European Volume)* has a fully web-based system for the submission and review of manuscripts: <http://jhse.edmgr.com>



Before submitting your manuscript, please ensure that you carefully read and adhere to all the guidelines and instructions to authors provided in this document and to the declarations document here: <https://www.editorialmanager.com/jhse/account/Declarations.docx>
Manuscripts not conforming to these guidelines will be returned.
Keep copies of all submitted material. We cannot accept responsibility for loss of manuscripts or illustrations.

All submissions must be accompanied by a letter of submission which confirms that:

- All the authors have approved the final contents of the submission, been actively involved in the planning and enactment of the study, and have also assisted with the preparation of the submitted article. See <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html> for definition of authorship and ensure that all authors meet the criteria.
- The article has not been submitted elsewhere.
- The references have been checked and are correct.
- The authors have read the Submission Guidelines and the paper conforms to this Guide in all respects.
- In addition, if you are submitting a full length original research article, your submission letter MUST include the following two statements:
 1. We, the authors of this submission confirm that we have not published the same or a very similar study with the same or very similar results and major conclusions in any other journals. These include English or non-English language journals and journals that are indexed or not indexed in PubMed, regardless of different words being used in the article titles, introduction and discussion.
 2. The authors of this submission understand that dual submission refers to publication in any language and that dual submission will result in academic sanctions which will include the blocking of all authors to prevent their future submissions to the JHS-E.

The name of the corresponding author should be printed at the foot of the submission letter instead of a signature.

4.1 ORCID

As part of our commitment to ensuring an ethical, transparent and fair peer review process SAGE is a supporting member of [ORCID](#), the Open Researcher and Contributor ID. ORCID provides a persistent digital identifier that distinguishes researchers from every other researcher and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities ensuring that their work is recognised.

We encourage all authors to add their ORCIDs to their SAGE Track accounts and include their ORCIDs as part of the submission process. If you don't already have one you can create one [here](#)

4.2 Information required for completing your submission

You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. All authors must be registered on our Editorial Manager system and these details must match what appears on your manuscript. The submitting author must include each co-author's unique email address within the Authors Section of the submission process. At this stage please ensure you have included all the required statements and declarations including a completed Authorship

Declaration Form [https://www.editorialmanager.com/jhse/account/Authorship Declaration Form JHSE Sept 2021.docx](https://www.editorialmanager.com/jhse/account/Authorship_Declaration_Form_JHSE_Sept_2021.docx)

and uploaded any additional supplementary files (including reporting guidelines where relevant) and that your submission fully conforms to our declarations document found here: <https://www.editorialmanager.com/jhse/account/Declarations.docx>

4.3 Permissions

Please also ensure that you have obtained any necessary permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the Copyright and Permissions page on the [SAGE Author Gateway](#)

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5. Journal contributor's publishing agreement

In order for us to ensure maximum dissemination and copyright protection of material published in the journal, copyright must be explicitly transferred from the author(s) to the British Society for Surgery of the Hand.

You will be invited to complete a copyright agreement if your submission is accepted for publication. The copyright transfer agreement may be downloaded via this link https://www.editorialmanager.com/jhse/account/JHSE_copyright_form_2020.pdf

Copies are also available from the publisher or the editorial office. A copy of this agreement must be signed by the principal author before any paper can be published. We assure you that no limitation will be put on your personal freedom to use material contained in the paper without requesting permission, provided acknowledgement is made to the Journal as the original source of publication. Signing the copyright form also certifies that you have provided a 'Declaration of Conflicting Interests' (see below).

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6. Declaration of conflicting interests

All submissions must be accompanied by a declaration of conflicting interests. If you are unsure if you have a conflict of interest please state your situation and indicate that you are unclear if this constitutes a conflict. The Editor will then advise whether or not the declaration should be included in your article. The declaration should be included on the Title page and must disclose:

- All forms of financial support relating to the submission, including any grants or pharmaceutical company support.
- Any commercial or financial involvements that might present an appearance of a conflict of interest related to the submission.
- Any agreement with any sponsor of the research reported in the Contribution that prevents the authors publishing both positive and negative results or forbids the authors from publishing this research without the prior approval of the sponsor.

If there are no conflicting interests, a clear statement must be included on the Title page:

Conflicting interests: The author(s) declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Download our declarations document and ensure that your submission fully conforms: <https://www.editorialmanager.com/jhse/account/Declarations.docx>

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7. Patient confidentiality and informed consent

Authors are required to ensure that the following guidelines are followed, as recommended by the International Committee of Medical Journal Editors ("Uniform Requirements for Manuscripts Submitted to Biomedical Journals": http://www.icmje.org/urm_full.pdf).

Patients have a right to privacy that should not be infringed without informed consent. Identifying information, including patients' names, initials, or hospital numbers, should not be used in written descriptions or photographs unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published. Consent for publication must be given if illustrations include recognizable individuals, living or dead of whatever age. Complete anonymity is difficult to achieve, however, and informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance to the editor that any alterations do not distort scientific meaning.

When informed consent has been obtained it should be submitted as a separate document and a statement that informed consent has been obtained should be included on the Title page. Download our declarations document and ensure that your submission fully conforms: <https://www.editorialmanager.com/jhse/account/Declarations.docx>

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8. Presentation

8.1 File types

Only electronic files conforming to the journal's guidelines will be accepted. The preferred format for the text and tables of your manuscript is Word and .jpg or .tif for figures. Please also refer to additional guidelines on submitting artwork [and supplemental files] below.

8.2 Manuscript Preparation

Word-process the text in double spacing with a margin of at least 2 cm all round. Left justify the text **and include line-numbers and page-numbers.**

Submit papers in Journal style. Failure to do so will result in return of the manuscript for correction and resubmission by the authors before it is sent out for review. Please refer to "Terminology for Hand Surgery" published by the International Federation of Societies for Surgery of the Hand (IFSSH) to ensure correct terminology is used: www.ifssh.info/TerminologyOfHandSurgery.html.

Please also read this article which gives further advice on terminology <http://jhs.sagepub.com/content/40/8/880.full.pdf+html>

8.2.1 Keywords and Abstracts

The title, keywords and abstract are vital in ensuring that readers find your article online through search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting SAGE's Journal Author Gateway Guidelines on [How to Help Readers Find Your Article Online](#).

8.2.2 Guidelines for submitting artwork, figures and other graphics

Submit electronic files of illustrations and figures. Preferred formats are .jpg or .tif. Pdf and PowerPoint files are not acceptable.

Line illustrations: All line illustrations should present a crisp black image on an even white background, and should be at a minimum of 600 dpi. Illustrations will be reduced in size during production and you must allow for this when choosing the size of any lettering.

Photographic illustrations and radiographs: Photographs and radiographs should be submitted as clear images at a resolution of at least 300 dpi for an image width of 10 cm. Submit radiographs as photographic images, carefully made to bring out the detail to be illustrated, with an overlay indicating the area of significance if necessary. Any lettering should be in capitals and of an appropriate size taking into account any necessary reduction in size of the illustration during production.

State the original magnification of microscopy images in the figure legend, or include a length guide on the image. Label all illustration files with a figure number.

Type figure legends, double spaced, in a separate section of the manuscript after the reference list. Number figures consecutively as they appear in the manuscript and ensure that all figures are referred to in the text. Keep legends brief, with no more than 40 words if possible.

For further guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE's [Manuscript Submission Guidelines](#).

8.2.3 Guidelines for submitting supplemental files

The Journal is able to host approved supplemental materials online, alongside the full-text of articles. Supplemental files may be uploaded to Editorial Manager and will be subjected to peer-review alongside the article. For more information on copyright, acceptable formats and size, please refer to SAGE's [Guidelines for Authors on Supplemental Files](#).

All figures, tables and supplementary material must be numbered and cited in the text. For supplementary material use the prefix S, e.g., Table S1, Figure S1, Video S1

8.2.4 English Language Editing

Non-English speaking authors who would like to refine their use of language in their manuscripts should have their manuscript reviewed by colleagues with experience of preparing manuscripts in English.

Alternatively it might be useful to consider using a professional editing service. Visit <http://www.sagepub.co.uk/authors/journal/submission.sp> for further information.

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8.3 Journal Style

8.3.1 Style for scientific papers (excluding case reports)

Set out manuscripts as follows, starting each section on a separate page: title, abstract, main text, reference list, figure legends. You must also provide a separate Title page.

Title page: Give the following information: 1) title of article; 2) full name of each author*; 3) name and address of the department(s) or institution(s) to which the work should be attributed, indicating which author is from where; 4) name, address, telephone numbers, email address and twitter handle (if you have one) of the corresponding author; 5) four to six keywords; 6) confirmation of authorship, contributorship and acknowledgements (if applicable, see Section 2.3); 7) declaration of conflicting interests; 8) funding statement; 9) ethical approval declaration; 10) Informed consent declaration; 11) contributorship details (always required unless submission has only one author)

See: <https://www.editorialmanager.com/jhse/account/Declarations.docx>

See http://www.icmje.org/ethical_1author.html# for guidance on authors and

contributors. Please include twitter handles for all authors and contributors who have them. If your submission is accepted, providing twitter handles will facilitate the promotion of your article on social media and enable authors to engage in discussions on twitter.

Title: The title should be concise. The maximum number of characters with spaces is 120.

Abstract: Summarize the contents of the article in a single paragraph with no side-headings, not exceeding 150 words. State the purpose of the study, the basic procedures used, the main findings and principal conclusions. State the level of evidence at the end of the Summary (see chart at the end of this document). Do not include statistical significance values, footnotes or references.

Main text: The manuscript is usually split into sections under the headings Introduction, Methods, Results and Discussion. The use of other headings may be appropriate depending on the nature of the paper. Avoid excessive use of subheadings. Normally only two categories of headings should be used: type major headings (such as Methods, Results and Discussion) in capital letters in the centre of the page in **BOLD**; type minor headings in lower case (with an initial capital letter) at the left margin and **Bold**. Do not number headings.

In the manuscript please note:

Do not use "he", "his" etc where the sex of a person is unknown; use a non-gendered term such as "the patient". Do not refer to patients/participants as "subjects". Avoid claiming priority.

Proprietary (trade) names: Use non-proprietary names of drugs, suture materials, instruments etc. whenever possible. Give the proprietary name in brackets after the approved name and spell it with a capital letter followed by company name, city, state, country. For example, Axon BX-15 single screw extruder (Axon, Åstorp, Sweden).

Abbreviations: Avoid abbreviations. If used, explain unusual abbreviations when they first occur in the text. Record the size of sutures as 2-0, 3-0 etc., not 2/0 etc.

Hyphens: The use of hyphens is subjective. However, do not use a hyphen for nonunion, malunion, interphalangeal, metacarpophalangeal, scapholunate, radiolunate, radioscapoid, preoperative and postoperative. It is acceptable to insert a hyphen to separate two vowels, for example intra-articular and extra-articular.

Units: Use SI units throughout. Always insert a space between a number and a unit, e.g., 5 mm.

Numbers: Spell out one to ten except when used for units of measurement (mass, time, length); for numbers over ten, use numerals except when starting a sentence. Do not give percentages if the total number in the sample is less than 50. Round percentages greater than 10 to the nearest whole number.

Statistical methods: There is no need to document the computer program used for statistical analysis, e.g., "Data was analysed using SPSS (Chicago, Illinois)". It is, however, essential that the statistical tests used are documented. Analyse numerical data by appropriate statistical methods which must be stated clearly in the Methods section of the paper. State in text or tables whether data are given as means and standard error of mean (SEM) or means and standard deviation (SD), then, when appropriate, give individual data as mean (SEM) or mean (SD). Do not use the "±" sign, e.g., 12.3 (SD 0.5) **not** 12.3 ± 0.5. Provide confidence intervals for data when appropriate. *It is strongly recommended that statistical advice is obtained and acknowledged when preparing an article as submissions may be reviewed by a*

statistician. See Sauerland S, Lefering R, Bayer-Sandow T et al. Fingers, hands or patients? The concept of independent observations. *J Hand Surg Br.* 2003, 29: 102-5. [https://journals.sagepub.com/doi/abs/10.1016/S0266-7681\(02\)00360-1](https://journals.sagepub.com/doi/abs/10.1016/S0266-7681(02)00360-1)

Tables: Avoid big tables containing large amounts of data; if this information is essential split it into smaller tables. Type each table on a separate sheet using double spacing and only horizontal rules. In Microsoft Word, the correct table style is “Table Simple 1”, which can be found in Word 2003 by selecting the table and going to Table Autoformat, selecting “Table Simple 1” and unchecking the boxes “Color” and “Apply special format to the last column”. In Word 2007, select the table and click on the Design tab in Table Tools. Scroll down the Table Styles to find “Table Simple 1” (hover the mouse over the style to display its name); then set Shading to “No Color” and uncheck the Last Column box under Table Style Options. In Word 10, select the table and click on the Design tab in Table Tools. Hover over the Table Styles and choose the black and white Light Shading style. Then choose “No Color” from the Shading options. Alternatively, refer to tables published in the Journal and simply use the “Borders” command to edit your table into the same format.

Give an identification number and title above each table and any other explanatory information in footnotes below. Include all units and explain uncommon ones in the footnote. Refer to all tables in the text. Do not duplicate material in tables in the text or figures.

8.3.2 Style for short report letters

A case report or technical tip should be submitted to the Journal as a one page letter containing no more than 1000 words, though its length should be reduced by 200 words for each figure or table. Thus if a case report contains two figures or tables it should be no more than 600 words long. The format should be:

Title
Dear Editor,
The text of the letter without section headings
The reference list (no more than four references)
Figure legends

Upload onto the system as ‘manuscript (without authors’ names, affiliations)’. You must also upload a separate Title Page which includes the same information as set out above for scientific papers under **10.3.1**

Provide a brief abstract in the relevant section of the submission process. This would not be published but is used for review purposes.

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8.4 Reference style for all submissions

The accuracy of references is the responsibility of the authors, who are encouraged to download reference details from MedLine or another accurate database, in order to avoid inaccuracies and typographical errors. References are checked during the review process and if inaccuracies are found, the submission will be returned to the authors for correction before the review process can be continued. Limit citations to those that are pertinent and essential to your study; for example, it is not necessary to cite Dupuytren's original publication in every paper about Dupuytren's disease.

Submit references in the correct style for this journal. Our reference style is available on Endnote. Please check the [Output](#) page at www.endnote.com or go to: <http://www.endnote.com/support/enstyles.asp> and carry out a search using the words exactly as follows: Journal of Hand Surgery (European Volume). It is also available on Citavi, please see http://www.citavi.com/sub/manual5/en/index.html?101_changing_citation_styles.html for more information.

In the text, citations should give the author's name and date of publication in brackets. Do not use superscript numerals. If there are two authors, link their names with "and", not "&" - for example (Sauerland and Davis, 2004). If there are three or more authors give the name of the first and follow it with "et al." - for example (Kalbermatten et al., 2008). When several references are given together in brackets in the text, list them in alphabetical order, with each reference separated by a semicolon.

Type the reference list double spaced and separately from the main text. List references in alphabetical order of their first author. If there are more than six authors, give the first three followed by "et al.". When referencing a journal article, list the authors, the title of the article, the journal title abbreviation used by PubMed (<http://www.ncbi.nlm.nih.gov/pubmed/>), the year, the volume number and the first and last page - this style is similar to that used in PubMed. Authors are advised to "copy and paste" from PubMed and then adjust the reference. If reference software is used the authors must check that each reference is in the correct format.

Note the following examples of references:

Articles in journals

If the authors are more than six:

Kalbermatten DF, Erba P, Mahay D et al. Schwann cell strip for peripheral nerve repair. *J Hand Surg Eur.* 2008, 33: 587-94.

If the authors are one to six:

Sauerland S, Davis TRC. The consolidated standards of reporting trials (CONSORT); better presentation of surgical trials in the *Journal of Hand Surgery.* *J Hand Surg Br.* 2004, 29: 621-4.

Sauerland S, Lefering R, Bayer-Sandow T, Brüser P, Neugebauer EAM. Fingers, hands or patients? The concept of independent observations. *J Hand Surg Br.* 2003, 28: 102-5.

Book

Dawson DM, Hallett M, Millender LH. *Entrapment neuropathies*, 2nd Edn. Boston, Little, Brown, 1990: 81.

Chapter in a book

Kaplan EB, Spinner M. Normal and anomalous innervation patterns in the upper extremity. In: Omer GE, Spinner M (Eds.) *Management of peripheral nerve problems*. Philadelphia, WB Saunders, 1980: 75-115.

Chapter in a book with volumes

O'Brien BMC. Experimental research in hand surgery. In: Tubiana R (Ed.) *The hand*. Philadelphia, WB Saunders, 1981, Vol. 1: 501-10.

Internet publication

AAOS (American Academy of Orthopaedic Surgeons) Clinical practice guideline on treatment of carpal tunnel syndrome. Rosemont (IL): American Academy of Orthopaedic Surgeons, 2008.

<http://www.aaos.org/research/guidelines/CTStreatmentguide.asp> (date accessed).

Do not refer to abstracts, personal communications and unpublished material such as lectures, posters, correspondence club letters and submitted but not published manuscripts.

CHECKLIST

Carefully check the following before submission:

Submission letter (containing information described above)

Title page (which includes authors' details, twitter handles of authors if available and a complete list of the required declarations)

<https://www.editorialmanager.com/jhse/account/Declarations.docx>

Authorship Declaration Form (signed by all named authors)

[https://www.editorialmanager.com/jhse/account/Authorship Declaration Form JHSE Sept 2021.docx](https://www.editorialmanager.com/jhse/account/Authorship%20Declaration%20Form%20JHSE%20Sept%202021.docx)

Abstract (a single paragraph, maximum 150 words, no side-headings) followed by Level of Evidence for full length articles (except for laboratory studies)

Manuscript uploaded as 'Manuscript without authors' names or affiliations' (which must not show authors' names or any other identifying features but should show the title of the paper and include abstract with level of evidence, main text, figure legends and reference list.)

Tables

Figures

Patient consent for identification

Permission to use previously published material

Submit via the journal's online submission system at <http://jhse.edmgr.com>

If you would like to discuss your paper prior to submission or seek advice please contact the Editor in Chief: editor@journalofhandsurgery.com

9. After acceptance

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We will email a PDF of the proofs to the corresponding author. Corrections should be limited to typographical amendments. Authors' approval will be assumed if corrections are not returned by the date indicated.

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10. Further information

Any queries should be directed to: editor@journalofhandsurgery.com

Submit via the journal's online submission system at <http://jhse.edmgr.com>

11. Levels of Evidence

Level of evidence should be included at the end of the Abstract for all clinical studies but need not be given for laboratory/pure science studies

Source: EDITORIAL. THE JOURNAL OF BONE & JOINT SURGERY, 97(1), JAN 2015
Levels of Evidence for Primary Research Question^{1,2}

Study Type	Question	Level I	Level II	Level III	Level IV	Level V
Diagnostic— Investigating a diagnostic test	Is this (early detection) test worthwhile?	<ul style="list-style-type: none"> Randomized controlled trial 	<ul style="list-style-type: none"> Prospective³ cohort⁴ study 	<ul style="list-style-type: none"> Retrospective⁵ cohort⁴ study Case-control⁶ study 	<ul style="list-style-type: none"> Case series 	<ul style="list-style-type: none"> Mechanism- based reasoning
	Is this diagnostic or monitoring test accurate?	<ul style="list-style-type: none"> Testing of previously developed diagnostic criteria (consecutive patients with consistently applied reference standard and anonymization) 	<ul style="list-style-type: none"> Development of diagnostic criteria (consecutive patients with consistently applied reference standard and anonymization) 	<ul style="list-style-type: none"> Nonconsecutive patients No consistently applied reference standard 	<ul style="list-style-type: none"> Poor or nonindependent reference standard 	<ul style="list-style-type: none"> Mechanism- based reasoning
Prognostic— Investigating the effect of a patient characteristic on the outcome of a disease	What is the natural history of the condition?	<ul style="list-style-type: none"> Inception³ cohort study (all patients enrolled at an early, uniform point in the course of their disease) 	<ul style="list-style-type: none"> Prospective³ cohort⁴ study (patients enrolled at different points in their disease) Control arm of randomized trial 	<ul style="list-style-type: none"> Retrospective⁵ cohort⁴ study Case-control⁶ study 	<ul style="list-style-type: none"> Case series 	<ul style="list-style-type: none"> Mechanism- based reasoning

Therapeutic— Investigating the results of a treatment	Does this treatment help? What are the harms? ⁷	<ul style="list-style-type: none"> • Randomized controlled trial 	<ul style="list-style-type: none"> • Prospective³ cohort⁴ study • Observational study with dramatic effect 	<ul style="list-style-type: none"> • Retrospective⁵ cohort⁴ study • Case-control⁶ study 	<ul style="list-style-type: none"> • Case series • Historically controlled study 	<ul style="list-style-type: none"> • Mechanism- based reasoning
Economic	Does the intervention offer good value for dollars spent?	Computer simulation model (Monte Carlo simulation, Markov model) with inputs derived from Level-I studies, lifetime time duration, outcomes expressed in dollars per quality-adjusted life years (QALYs) and uncertainty examined using probabilistic sensitivity analyses	Computer simulation model (Monte Carlo simulation, Markov model) with inputs derived from Level-II studies, lifetime time duration, outcomes expressed in dollars per QALYs and uncertainty examined using probabilistic sensitivity analyses	Computer simulation model (Markov model) with inputs derived from Level-II studies, relevant time horizon, less than lifetime, outcomes expressed in dollars per QALYs and stochastic multilevel sensitivity analyses	Decision tree over the short time horizon with input data from original Level-II and III studies and uncertainty is examined by univariate sensitivity analyses	Decision tree over the short time horizon with input data informed by prior economic evaluation and uncertainty is examined by univariate sensitivity analyses

1. This chart was adapted from OCEBM Levels of Evidence Working Group, “The Oxford 2011 Levels of Evidence,” Oxford Centre for Evidence-Based Medicine, <http://www.cebm.net/ocebmllevels-of-evidence/>. A glossary of terms can be found here: <http://www.cebm.net/glossary/>.

2. Level-I through IV studies may be graded downward on the basis of study quality, imprecision, indirectness, or inconsistency between studies or because the effect size is very small; these studies may be graded upward if there is a dramatic effect size. For example, a high-quality randomized controlled trial (RCT) should have ≥80% follow-up, anonymization, and proper randomization. The Level of Evidence assigned to systematic reviews reflects the ranking of studies included in the review (i.e., a systematic review of Level-II studies is Level II). A complete assessment of the quality of individual studies requires critical appraisal of all aspects of study design.

3. Investigators formulated the study question before the first patient was enrolled.

4. In these studies, “cohort” refers to a nonrandomized comparative study. For therapeutic studies, patients treated one way (e.g., cemented hip prosthesis) are compared with those treated differently (e.g., cementless hip prosthesis).

5. Investigators formulated the study question after the first patient was enrolled.

6. 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., successful total hip arthroplasty), called “controls.”

7. Sufficient numbers are required to rule out a common harm (affects >20% of participants). For long-term harms, follow-up duration must be sufficient.