



Journal of the American Society for SURGERY OF THE HAND

INSTRUCTIONS TO AUTHORS

EDITORIAL POLICY

The Journal of the American Society for Surgery of the Hand (JASSH) welcomes articles in English relating to any clinical aspect of surgery of the hand and upper extremity with a primary emphasis on authoritative reviews and technique manuscripts. Manuscripts describing original research, experimental laboratory studies, case reports, and certain other article formats are generally not appropriate. Send manuscripts and all correspondence relating to editorial management to

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The Editor suggests that prospective authors submit a brief outline of the article they are proposing to write for *JASSH* to allow for some editorial guidance prior to submission.

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PEER REVIEW

JASSH is a peer-reviewed publication, and all manuscripts will be sent to an independent, blind, peer-review editorial board for rigorous review. Decisions regarding manuscript publication rest solely with the Editorial Board and main Editorial Office.

ELECTRONIC SUBMISSION (PREFERRED METHOD)

Although manuscripts can be submitted in paper format and photos/figures in print 5" × 7" format, the preferred method is to submit all materials in electronic format on a CD as indicated below:

CD

- Manuscript as Microsoft Word file.
 - Includes title page, abstract, text, figure legends, and references.
- Any cover letter/copyright assignments in Microsoft Word format.
- Photos for figures (TIFF format at 300 DPI).
 - X-rays as black and white.
 - Clinical images in color.

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In general, manuscripts should not exceed 25 double-spaced typewritten pages, excluding references and legends. Submit one (1) complete copy of the manuscript typed double spaced throughout on 22 × 28 cm (8½ × 11 inch) white paper with 1.5-cm (1-inch) margins all around. Number all pages consecutively beginning with the title page. Since the authors' identities are withheld from reviewers, authors' names are to appear only on the title page. An abstract of 150 or fewer words stating the general points and conclusions of the article is required. Each article should also contain an introductory section that presents an overview of the topic to be discussed and conclude with a summary of a clear and concise fashion. The main topics of the article should be clearly indicated with settings and/or subheadings. Arrange the manuscript as follows: title page, abstract, text, references, tables, figures, and legends. Manuscripts must be submitted on a CD in Microsoft Word format. All components of the manuscript must appear within a single electronic file: references, figure legends, and tables must appear at the end of the manuscript. Please refrain from using end notes as references or automatic list numbering because these features are lost in conversion: simply type the reference number in parentheses in the text and type the reference list. Formatting, such as Greek letters, italics, super- and subscripts, may be used: the coding scheme for such elements must be consistent throughout.

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The title page should include the authors' names and highest academic degree, clinical and academic titles, and department and institution where the work was done. Designate one author as primary and supply his or her complete mailing address, telephone, fax number, and email address. Include a short title, maximum length 40 characters, to be used as a running head.

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An abstract of 150 words or less should be provided that summarizes the pertinent findings and conclusions of the article. Do not include abbreviations, footnotes, statistical values, and references in the abstract. Type the abstract on a separate page.

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The text of the articles is usually, but not necessarily, divided into sections with the headings: Historical Background, Surgical Considerations, Technical Aspects, Alternate Procedures, Complications, Rehabilitation, and Conclusion. Other reasonable headings or subheadings may be appropriately utilized. Avoid claiming priority throughout the text.

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Authors are responsible for verifying the accuracy and completeness of references. References should be carefully selected, not exhaustive, preferably limited to no more than 20. References should be numbered in order of citation (not listed alphabetically by author). List all authors when six (6) or fewer are quoted; when more, list the first three (3), then add *et al.* Use abbreviations of journal titles conforming to *Index Medicus*. Include complete opening and closing page numbers for each citation. Avoid using abstracts as references. Personal communications and other unpublished data may be included in the text if absolutely pertinent and referenced in parentheses. Include with the submitted manuscript a signed permission for unpublished comments from the originator of the personal communication.

Please note the following reference style:

Journal article

Saunders RA, Frederick HA, Hontas RB. The Sauvé-Kapandji procedure: a salvage operation for the distal radioulnar joint. *J Hand Surg* 1991;16A:1125-1129.

Book

Taleisnik J. The wrist. New York: Churchill Livingstone, 1985:25-32.

Chapter in edited book

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

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Illustrations (photographs, drawings, algorithms, tables, and graphs) that are important for the message of the manuscript should be submitted. Alternatively, sketches of proposed drawings may be submitted and will be professionally redrawn by the journal's artist at the editor's sole discretion. Submit one (1) set of all illustrations with the exception of tables, graphs, algorithms, and author sketches for line art. All pictorial material should be submitted in a separate envelope. Print or type the following on a gummed label attached to the back of each illustration: figure number (correlating to order of appearance in the text), primary author's last name, and an arrow indicating the top of the illustration. Never write directly onto the back or front of illustrations.

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Line drawings should be carefully selected to reinforce the most important points of the manuscript. In consultation with, and after approval by, the Editor, authors' sketches may be submitted to be redrawn professionally by a medical illustrator with the cost for these borne by the journal. Any additional line drawings not approved by the Editor should be professionally produced and are the responsibility of the author. Any figures utilized from a previous publication should be appropriately labeled and cited as such.

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