The mission of the *Journal of the American Academy of Orthopaedic Surgeons (JAAOS)* is the dissemination of knowledge to improve the care of orthopaedic patients.

**MANUSCRIPT AND AUTHORSHIP POLICY**

- Presubmission approval of a proposal is required for review manuscripts (the Standard Review, Orthopaedic Advances, Surgical Techniques, and The Training Room article types). See page 2. Invited authors and research manuscripts do not need a presubmission proposal.
- JAAOS uses Editorial Manager® ([www.editorialmanager.com/jaaos](http://www.editorialmanager.com/jaaos)) for all proposal and manuscript submissions.
- Invited authors: Please log in to the Editorial Manager website, click “My New Invitations” in your author main menu, click “Agree to Submit,” and follow the on-screen directions.
- Note: Please submit your fully written research manuscripts (the Research article type) directly to Editorial Manager. A proposal is not required. Case Reports should be submitted to *JAAOS Global Research & Reviews* ([http://www.editorialmanager.com/jaaosglobal/default.aspx](http://www.editorialmanager.com/jaaosglobal/default.aspx)).
- Video: You are encouraged to submit video with audio to accompany your manuscript. See tables 1 through 3 below and the section on videos in the Checklists (page 11).
- Authorship: We require that the senior author take an active role in manuscript preparation and development. *Standard Review, Orthopaedic Advances, Surgical Techniques, and The Training Room manuscripts are limited to 4 authors.*
- If a contributor to your manuscript does not meet the criteria for authorship listed below, that author should be credited in an acknowledgment.
- No simultaneous submissions (to more than one publisher) or multi-part articles will be considered.

**Authorship policy:** Research (the Research Section of the Journal and *JAAOS Global Research & Reviews*) and Case Report (*JAAOS Global Research & Reviews*)
(No limit to the number of authors, and authorship restrictions do not apply)

<table>
<thead>
<tr>
<th>Order of Authors</th>
<th>MD (or equivalent / above, eg, DO, MBBS, PhD)</th>
<th>Resident or in Fellowship Traininga</th>
<th>Post-Residency Fellow of the AAOS</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>First/Lead Authora</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2nd, etc., Author</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Senior Author</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Corresponding Author</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

a We do not permit dual first-author status.

Authorship policy: Standard Review, Orthopaedic Advances, Surgical Techniques, and The Training Room (the Review Section of the Journal)  
(The number of authors is limited to no more than four, and authorship restrictions apply)

<table>
<thead>
<tr>
<th>Order of Authors</th>
<th>MD (or equivalent/ above, eg, DO, MBBS, PhD)</th>
<th>Resident or in Fellowship Traininga</th>
<th>Post-Residency Fellow of the AAOS</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>First/Lead Authora</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2nd, 3rd, 4th Author</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Senior Author</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Corresponding Author</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

a We do not permit dual first-author status.

- Authors who will complete residency or training fellowship within 6 months following submission may serve as corresponding authors and first authors.
- No more than one resident can serve as coauthor, and medical students are not allowed as coauthors.
- No more than two accepted proposals or manuscripts within a 1-year period will be allowed from any author.

- JAAOS requires all authors to meet the International Committee of Medical Journal Editors (ICMJE) criteria for authorship: [http://www.icmje.org/icmje-recommendations.pdf](http://www.icmje.org/icmje-recommendations.pdf)

- The lead author (listed first) may claim 10 AMA PRA Category 1 Credits directly from the American Medical Association (AMA) for publishing an article in JAAOS. The AMA requires a copy of a page from the published article that shows the name of the author listed first, the name of the journal, and the date published: [www.ama-assn.org/education/claim-cme-credit-ama](http://www.ama-assn.org/education/claim-cme-credit-ama)

**PRESUBMISSION APPROVAL**

Authors of Research manuscripts may submit fully written manuscripts at any time, without an invitation. Prospective authors of Standard Review, Orthopaedic Advances, Surgical Techniques, and The Training Room manuscripts must first submit a proposal, which will be reviewed by the JAAOS Editorial Board. If your proposal is approved, you will receive an invitation to submit the blinded manuscript. **Acceptance of your proposal DOES NOT guarantee acceptance of your manuscript.** It means only that your manuscript will be reviewed.
Submit all proposals for Standard Review, Orthopaedic Advances, Surgical Techniques, or The Training Room manuscripts to the JAAOS Editorial Manager website at www.editorialmanager.com/jaaos by following these steps:

1. Prepare your proposal on the topic using this template.
2. Register in Editorial Manager or log in to your existing author account and click “Submit New Manuscript.”
3. From the Article Type drop-down menu, select “Manuscript Proposal” and proceed through the remaining screens.

Please see Presubmission Approval Instructions for complete directions.

ONLINE EXCLUSIVE PUBLICATION

Publication of your manuscript as an Online Exclusive means that the full text of your article will appear online-only at www.jaaos.org, rather than in print:

- The online version of JAAOS is the official version of publication record.
- The online version of your article appears in the same format as that of the print version of JAAOS typically months before it would appear in print.
- The JAAOS journal cover, Table of Contents, and social media promotion all remain the same.

OPEN ACCESS PUBLICATION

Compliance with NIH and Other Research Funding Agency Accessibility Requirements

A number of research funding agencies require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, the Academy’s publishing partner, Wolters Kluwer Health, Inc. (WKH) will identify to the National Library of Medicine (NLM) articles that require deposit and will transmit the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, or Howard Hughes Medical Institute, to PubMed Central. Authors may indicate such funding when submitting their manuscripts into Editorial Manager, during the Funding Information step.

Choosing Open Access Publication

Authors of accepted peer-reviewed articles have the option to pay an article processing charge (APC) to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. These articles are subject to the standard peer-review process and will be accepted or rejected based on their own merit. Authors may opt for the open access option after manuscript acceptance; this choice has no influence on the peer review and acceptance process. Authors who initially decline the open access option may change that decision for up to 2 years from initial acceptance.

The APC is charged on acceptance of the article and should be paid within 30 days by the author, funding agency, or institution. Payment must be processed for the article to be published open access. For a list of journals and pricing, please visit the Wolters Kluwer Open Health Journals page.

Benefits of Open Access Publication

- Authors Retain Copyright: readers can disseminate and reuse the article without modifying individual elements of the work (such as figures, tables, etc.). Any modification in the creation of derivative works requires specific permission from the author.
- Authors can fulfill a grant obligation and meet applicable license requirements with Creative Commons licenses. For more information visit: http://wkauthorservices.editage.com/open-access/.
• Quick global access to your article.

Authors who have questions about open access are welcome to consult the Wolters Kluwer Open Health site: http://www.wkopenhealth.com/openaccessfaq.php.

MANUSCRIPT SPECIFICATIONS AND COMPONENTS

IMPORTANT NOTE: All manuscripts submitted to JAAOS will undergo double-blind peer review. Please prepare your manuscript in a way that conceals the identities and affiliations of all contributing authors. Failure to submit an appropriately blinded manuscript will result in your manuscript being returned to you for correction. To assist in this process, please ensure the following:

• Remove any identifying information, including author names, from file names. If you are using Office 2007 or later, please use the Document Inspector Tool to remove only the document properties and personal information from the manuscript prior to submission. This process ensures that the document properties have been anonymized.
• Do not include any identifying information, including author names and affiliations in the body of the text.
• Remove references to funding sources from the body of the text.
• Do not include clinical trial or Institutional Review Board numbers in the body of the text.
• Remove any affiliation related identifier from all figures and tables.

If you have received an invitation to submit a manuscript, the correct article type will be indicated when your manuscript is submitted.

If your proposal has been accepted, you will receive an email with instructions for submitting your full manuscript.

If you have not received an invitation, select the article type most appropriate for your content.

All manuscript submissions must include a Title Page, uploaded to Editorial Manager as a separate file. The Title Page should not be included in the word count. The title page should include the following information:

• Title of paper including a description of the type of study conducted.
• Full name of each author (first name, middle initial and last name) followed by each author's highest academic degree(s). Name of department(s) and institution(s) with which each author is affiliated and to which work should be attributed.
• Name, address, telephone number, fax number, and E-mail (if available) of author responsible for correspondence concerning the manuscript.
• Name, address, and telephone number of author to who requests for reprints should be addressed, or a statement that reprints will not be available from the author(s).
• Cite all sources of support for the work being reported, including grants, equipment, and drugs.
• A short running head of no more than 40 characters, including spaces, placed at the bottom of the title page.

Manuscripts that do not meet the specifications outlined in Table 1 will be returned to the corresponding author through Editorial Manager for changes.
<table>
<thead>
<tr>
<th>Article Type</th>
<th>Description</th>
<th>Abstract Word Limit</th>
<th>Text Word Limit</th>
<th>Illustrative Material Limit</th>
<th>Reference Limit</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Section: Manuscript</td>
<td>Present retrospective or prospective studies that are clinical observational, interventional, or experimental. Format: Introduction, Methods, Results, Discussion</td>
<td>300</td>
<td>4,000</td>
<td>16 panels</td>
<td>40</td>
<td>Keywords (list 5 to 8) &lt;br&gt;Abstract (use structured headings: Introduction, Methods, Results, Discussion) &lt;br&gt;Text with headings: Introduction, Methods, Results, Discussion &lt;br&gt;References &lt;br&gt;Figures and Figure legends (if applicable) &lt;br&gt;Tables (if applicable) &lt;br&gt;Video (if applicable)</td>
</tr>
<tr>
<td>Review Section: Standard Review</td>
<td>Present a balanced approach to the current state of knowledge on a topic of interest to the practicing orthopaedic surgeon</td>
<td>200</td>
<td>4,000</td>
<td>16 panels</td>
<td>40</td>
<td>Keywords (≥25% from past 5 years) &lt;br&gt;Abstract &lt;br&gt;Text (including Introduction and Summary) &lt;br&gt;References &lt;br&gt;Figures Figure legends (if applicable) &lt;br&gt;Tables (if applicable) &lt;br&gt;Video (if applicable)</td>
</tr>
<tr>
<td>Review Section: Orthopaedic Advances</td>
<td>Provide current information on recent developments in orthopaedic surgery, technology, pharmacotherapeutics, and diagnostic modalities. Topics are not yet well represented in the literature.</td>
<td>150</td>
<td>2,250</td>
<td>6 panels</td>
<td>20</td>
<td>Keywords &lt;br&gt;Title page &lt;br&gt;Abstract &lt;br&gt;Text &lt;br&gt;References &lt;br&gt;Figures and Figure legends (if applicable) &lt;br&gt;Tables (if applicable) &lt;br&gt;Video (if applicable)</td>
</tr>
<tr>
<td>Review Section: Surgical Techniques</td>
<td>Provide step-by-step details of new/innovative surgical procedures or substantial modifications of previously reported</td>
<td>150</td>
<td>4,000</td>
<td>8 panels</td>
<td>30</td>
<td>Keywords &lt;br&gt;Title page &lt;br&gt;Abstract &lt;br&gt;Text (Use headings: Introduction, Indications, Contraindications, Pearls, Pitfalls, Summary) &lt;br&gt;References</td>
</tr>
</tbody>
</table>
techniques. Provide video with audio to demonstrate specific steps.

Figures and Figure legends (if applicable) Table (if applicable) Video

\[ a \) Excludes abstract, references, and figure legend

\[ b \) Add the number of figure and table panels together to get the total. Count each multi-part figure separately, and multiply number of tables by 2 (e.g., Figure 1A and 1B = 2 panels; one table = 2 panels; count appendices as tables). Note that a single illustration would not be broken up into multiple panels.

\[ c \) Upload as a separate file. The Title Page should not be included in the word count. The title page should contain the following information:

Title of paper including a description of the type of study conducted.

Full name of each author (first name, middle initial and last name) followed by each author’s highest academic degree(s). Name of department(s) and institution(s) with which each author is affiliated and to which work should be attributed.

Name, address, telephone number, fax number, and E-mail (if available) of author responsible for correspondence concerning the manuscript.

Name, address, and telephone number of author to whom requests for reprints should be addressed, or a statement that reprints will not be available from the author(s).

Cite all sources of support for the work being reported, including grants, equipment, and drugs.

A short running head of no more than 40 characters, including spaces, placed at the bottom of the title page.
Table 2: Parts of a Manuscript: Research

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Abstract</th>
<th>Introduction</th>
<th>Body, References</th>
<th>Figures, Tables, Videos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Section: Manuscript</td>
<td>State essential principles and information</td>
<td>State hypothesis and purpose of study, setting, population, and primary outcome measure</td>
<td>Use structured headings: Introduction, Methods, Results, Discussion</td>
<td>Figures Line drawings, radiographs/other imaging scans, photos, algorithms</td>
</tr>
<tr>
<td></td>
<td>Provide facts, conclusions, and outcomes; avoid “we discuss”</td>
<td>Any clinical study in which patients are randomized into two treatment groups or are followed prospectively to compare two different treatments must have been registered in a public trials registry, eg, <a href="http://www.clinicaltrials.gov">www.clinicaltrials.gov</a></td>
<td>Include approval for human studies by IRB or animal utilization study committee</td>
<td>A succinct legend is required for each figure panel</td>
</tr>
<tr>
<td></td>
<td>Be certain data agree with numbers and values in the text</td>
<td>In the Discussion, note whether hypothesis was validated or refuted, and discuss relative significance, strengths, and limitations of your study</td>
<td>In the Discussion, note whether hypothesis was validated or refuted, and discuss relative significance, strengths, and limitations of your study</td>
<td>Number each figure in order of citation in text</td>
</tr>
<tr>
<td></td>
<td>Use structured headings: Introduction, Methods, Results, Discussion</td>
<td>Limit 40 references</td>
<td>Include approval for human studies by IRB or animal utilization study committee</td>
<td>Include signed photo consent or remove/blur patient faces, names, institution identifiers, and manufacturer logos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Include levels of evidencea</td>
<td>In the Discussion, note whether hypothesis was validated or refuted, and discuss relative significance, strengths, and limitations of your study</td>
<td>Authors must obtain permission to reuse published figures and tables. Digital manipulation must not result in misrepresentation of the original image</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Preferred image file formats: TIFF, EPS, or MS Office (DOC, PPT, XLS) files. High resolution PDF files are also acceptable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tables Include a title for each table and a heading for each column</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If possible, use no more than 6 columns and 10 rows per table. Larger tables will be placed online as supplemental material.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Place each table on a separate page in Word or Excel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Videos Include as appropriate Preferred video format: .mp4.</td>
</tr>
</tbody>
</table>

---

*a Level I. Diagnostic study = randomized controlled trial; testing of previously developed diagnostic criteria. Prognostic study = inception cohort study. Therapeutic study = randomized controlled trial. Economic study = computer simulation model. Level II. Diagnostic study = prospective cohort study; development of diagnostic criteria. Prognostic study = prospective cohort study; control arm of...*
randomized trial. Therapeutic study = prospective cohort study; observational study with dramatic effect. Economic study = computer simulation model. **Level III.** Diagnostic study = retrospective cohort study; case-control study; nonconsecutive patients; no consistently applied reference standard. Prognostic study = retrospective cohort study; case-control study. Therapeutic study = retrospective cohort study; case-control study. Economic study = computer simulation model. **Level IV.** Diagnostic study = case series; poor or nonindependent reference standard. Prognostic study = case series. Therapeutic study = case series; historically controlled study. Economic study = decision tree over the short time horizon with input data from original level II and III studies and uncertainty examined by univariate sensitivity analyses. **Level V.** Diagnostic, prognostic, and therapeutic studies = mechanism-based reasoning. Economic study = decision tree over the short time horizon with input data informed by prior economic evaluation and uncertainty examined by univariate sensitivity analyses.

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Abstract</th>
<th>Introduction</th>
<th>Body, References</th>
<th>Figures, Tables, Videos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Section: Standard Review</td>
<td>Reflect essential principles and information. Provide facts, conclusions, and outcomes; avoid “we discuss”. Be certain data agree with numbers and values in the text.</td>
<td>Present brief overview, background information, statistics, and history. Include rationale for importance, main points, information deficiencies, and/or differences of opinion.</td>
<td>Review pertinent literature. Use section headings (eg, Indications, Contraindications). Include, as applicable: controversy, treatment methods, basic science, authors’ preferred treatment, complications. Use generic names for drugs and devices. Include P values and correlation coefficients. Reiterate nature of problem, provide clear conclusion based on literature and author experience, suggest role for ongoing study and</td>
<td><strong>Figures</strong> Line drawings, radiographs/ other imaging scans, photos, algorithms. A succinct legend is required for each figure panel. Number each figure in order of citation in text. Include signed photo consent or remove/blur patient faces, institution identifiers, and manufacturer logos. Authors must obtain permission to reuse published figures and</td>
</tr>
<tr>
<td><strong>Review Section:</strong> Orthopaedic Advances</td>
<td>See above</td>
<td>Present objective appraisals of recent or controversial techniques and new developments in orthopaedic surgery. Address current trends or advances of brief clinical experience and few documented studies.</td>
<td>See above</td>
<td>Limit 20 references. Include levels of evidence.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Review Section:</strong> Surgical Techniques</td>
<td>None</td>
<td>Present brief overview, background information, statistics, and history. Include rationale for importance, main points, information deficiencies, and/or differences of opinion, surgical technique.</td>
<td>Use headings: Introduction, Indications, Contraindications, Surgical Technique, Pearls and Pitfalls, Outcomes. In the Surgical Technique section, use subheads Setup, Exposure/Approach, Technique, Closure, Postoperative Care/Considerations. Discuss anatomic and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>See above</td>
<td>Video is strongly recommended. Describe indications and contraindications of technique. No more than 5 to 10 minutes. Audio narration is required. Include title screen without identifying author, patient, or institution.</td>
</tr>
</tbody>
</table>

**Future Directions:**

Limit 40 references (≥25% published within past 5 years).
Include levels of evidence.

**Digital manipulation must not result in misrepresentation of the original image.**

**Preferred image file formats:**
TIFF, EPS, or MS Office (DOC, PPT, XLS) files. High-resolution PDF files are also acceptable.

**Tables**
Include a title for each table and a heading for each column. Use no more than 6 columns and 10 rows per table. Place each table on a separate page in Word or Excel.

**Videos**
Include as appropriate. **Preferred video format:** .mp4.
<table>
<thead>
<tr>
<th>biomechanical considerations</th>
<th>Adhere to safety precautions and FDA guidelines for off-label use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide pearls and pitfalls in two bulleted lists</td>
<td></td>
</tr>
<tr>
<td>Limit 30 references</td>
<td></td>
</tr>
<tr>
<td>Include levels of evidence</td>
<td></td>
</tr>
</tbody>
</table>

*a Level I. Diagnostic study = randomized controlled trial; testing of previously developed diagnostic criteria. Prognostic study = inception cohort study. Therapeutic study = randomized controlled trial. Economic study = computer simulation model. **Level II.** Diagnostic study = prospective cohort study; development of diagnostic criteria. Prognostic study = prospective cohort study; control arm of randomized trial. Therapeutic study = prospective cohort study; observational study with dramatic effect. Economic study = computer simulation model. **Level III.** Diagnostic study = retrospective cohort study; case-control study; nonconsecutive patients; no consistently applied reference standard. Prognostic study = retrospective cohort study; case-control study. Therapeutic study = retrospective cohort study; case-control study. Economic study = computer simulation model. **Level IV.** Diagnostic study = case series; poor or nonindependent reference standard. Prognostic study = case series. Therapeutic study = case series; historically controlled study. Economic study = decision tree over the short time horizon with input data from original level II and III studies and uncertainty examined by univariate sensitivity analyses. **Level V.** Diagnostic, prognostic, and therapeutic studies = mechanism-based reasoning. Economic study = decision tree over the short time horizon with input data informed by prior economic evaluation and uncertainty examined by univariate sensitivity analyses.*

**MANUSCRIPT SUBMISSION**

If you received an invitation from Editorial Manager to submit a manuscript, follow these steps:

1. Go to [www.editorialmanager.com/jaaos](http://www.editorialmanager.com/jaaos), enter your username and password, and click “Author Login.” (If you have misplaced your login information, click the “Send Login Details” link on the Editorial Manager home page.)

2. From your Author Main Menu, click “My Accepted Invitations” and “Submit Invited Manuscript.” Proceed through the remaining screens, attaching your text/references/figure legends, figures, tables, videos, and author forms as separate files. All figures must be submitted as image files. Please do not embed figures in the body of your text or in a separate Word document.

3. When the PDF of your submission is ready, click “View Submission” and then “Approve Submission.”

If you have not received an invitation to submit a manuscript and wish to submit a Research manuscript, follow these steps:

1. Go to [www.editorialmanager.com/jaaos](http://www.editorialmanager.com/jaaos)

2. Register in Editorial Manager or log in using your existing author account and click “Submit New Manuscript.”

3. From the Article Type drop-down menu, select “Research Section: Manuscript” and proceed through the remaining screens.

If you have any questions about the proposal or manuscript submission process, please contact Kyle Overturf at Kyle.Overturf@wolterskluwer.com.
POLICIES AND GUIDELINES

Authors must read the Academy’s guidelines and policies on:

AAOS Clinical Practice Guidelines
AAOS Appropriate Use Criteria

Table 4: Intellectual Property, Public Funding, and JAAOS Article Citation

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
</table>
| Duplicative publishing and copyright               | Text
  JAAOS uses iThenticate® to detect matching text across published works. If the similarity percentage of your manuscript is excessive, it will be returned to you.

  Images and Tables
  Provide complete bibliographic information for any previously published material you are submitting. Authors are responsible for obtaining permission to use previously published material. Be aware that images contained in a “free use” database may be copyrighted.

  When your material is published in JAAOS, it becomes the copyrighted property of the AAOS. You may still use this material for certain purposes. Please see the Rights and Permissions link on the online version of your article for more information. |
| Funding from public entities                       | NIH
  The corresponding author of a study prepared with funding from the National Institutes of Health is responsible for submitting the final peer-reviewed manuscript to the digital archive PubMed Central upon acceptance for publication.

  Such manuscripts are to be made accessible to the public on PubMed Central no more than 12 months after publication. |
| JAAOS article citation                              | To cite an article that you have published in JAAOS, use the format below:
  Last name + initials: Title. J Am Acad Orthop Surg
  Year;Volume(Issue):starting page no. - ending page no. |

CHECKLISTS

Figures

Figures must meet the professional standards of the journal (ie, sufficient resolution and appropriate file format).

Acceptable formats are .tif, .eps, .jpg, .pdf, .ppt. Word (.doc) files are also acceptable.
Line art must be vector or have a resolution of at least 1200 dpi (dots per inch), and electronic photographs—radiographs, CT scans, and so on—and scanned images must have a resolution of at least 300 dpi. Photographs containing text must have a resolution of at least 600 dpi. If fonts are used in the artwork, they must be converted to paths or outlines or they must be embedded in the files. Cite figures consecutively on the site, and number them in the order in which they are discussed.

For additional assistance, please refer to the journal's Creating Digital Artwork file.

Each figure should be uploaded into Editorial Manager as a separate item, one file per figure. Do not embed figures in the manuscript. Color figures are encouraged and are published at no charge to the author.

A Figure Legend should be included in the manuscript, beginning on a new page after the References. Cover the following in the figure legend:

- Identification: Clearly convey what each figure depicts. Explain clearly in the legend any symbols, arrows, numbers, or letters used to identify parts of the figure. Identify the method of staining in photomicrographs and provide their magnifications.
- Abbreviations: Define all abbreviations used in each figure/illustration.

Number figures consecutively in the order cited in the text, using Arabic numerals (eg, Figure 1, Figure 2). If a figure contains more than one part, each part must be labeled alphabetically (eg, Figure 3A, Figure 3B).

If a figure contains a human subject that is identifiable, written consent from the patient or guardian must accompany the submission.

If a figure or its data is reproduced from another source, the author is responsible for securing permission for both print and electronic rights from the original publisher and is responsible for paying any permission fees. Cite the original source of previously published material following the wording specified in the publisher's permission letter. Copies of permissions to publish material from another source must be included when submitting your manuscript for review.

**Figure Legends**

Provide brief legends for each figure. Symbols, abbreviations, and inset images must be defined in the figure or its legend. Incorporate figure keys into the legend rather than including them as part of the figure whenever possible. Please include a description for each panel (using A, B, C, etc) in the figure legend. If the figure is reprinted/adapted from another source, please provide a permission letter and include the source in the legend. If no language is provided in the permission letter, use the following sample: “(Reproduced/adapted with permission from Jones AB, Smith CD, Wilson EF: How to write a credit line. Journal of Figure Legends 2017;1[2]:5-12.)

**Lettering**

Lettering should be the same font throughout all figures in the manuscript in the sans-serif typeface Helvetica, Medium, 8pt, sharp. Units, capitalization, etc, should follow JAAOS style (see [www.jaaos.org](http://www.jaaos.org)) and refer to issues of the Journal published in 2015 through 2017. Arrows, arrowheads, and other symbols should be black or white, depending which is most visible against the image in question and sized to be visible but not to obscure or overwhelm the image. Leaders and rules should be 2.25 px.

Avoid headings on the figure. Heading information should appear in the figure legend. Label units of measure consistently with the text and legend. Follow the *AMA Manual of Style* for unit abbreviations.
For multi-panel figures, submit each part individually (eg, Figure 1A, Figure 1B, Figure 1C, Figure 1D), rather than as one block (eg, Figure 1ABCD). Similar panels should be consistent in size and uniformly set.

Supply a scale bar with photomicrographs.

**Authors are responsible for obtaining from the copyright holder permission to reproduce previously published artwork.**

**Algorithms**
The flow should be logical and complete. Text is centered in boxes with one idea or point. Hanging indents are used for boxes with more than one idea or option (eg, treatment option).

Label leaders and algorithm leaders (rules) to boxes should be 10 px when the document DPI is 1200. Arrowheads are inserted only when a rule leads to a box with an action, such as a surgical procedure. Arrowheads for algorithm rules are to be created with 800% width, 650% length at 10 px. If a need arises to have an "algorithm box" in an image at 300 DPI the box should be created with a 3 px contraction in Photoshop. Label leaders (rules) should be 2.25 at 300 DPI.

Example: Figure 5 from Rhee PC, Medoff RJ, Shin AY: Complex distal radius fractures: An anatomic algorithm for surgical management. *J Am Acad Orthop Surg* 2017;25(2):77-88. [https://journals.lww.com/jaaos/Fulltext/2017/02000/Complex_Distal_Radius_Fractures___An_Anatomic.1.aspx](https://journals.lww.com/jaaos/Fulltext/2017/02000/Complex_Distal_Radius_Fractures___An_Anatomic.1.aspx)

The use of digital media for image acquisition and processing introduces the potential for inadvertent distortion of data. To prevent such distortion, the following guiding principles should be used:

1. Data should neither be added to, nor removed from, an image by digital manipulation. Images gathered at different times or from different locations should not be combined into a single image, unless it is stated that the resultant image is a product of time-averaged data or a time-lapse
sequence. Figures assembled from multiple images must indicate the separation of the parts by lines and described in the legend.

2. The use of touch-up tools, such as cloning and healing tools in Photoshop, or any feature that deliberately obscures manipulations, is unacceptable.

3. Linear adjustment of contrast, brightness or color must be applied equally to controls and all parts of an entire image. Contrast should not be adjusted so that data disappear. Excessive manipulations, such as processing to emphasize one region in the image at the expense of others (e.g. through the use of a biased choice of threshold settings), is unacceptable, as is emphasizing experimental data relative to the control.

4. When submitting revised final figures upon conditional acceptance, authors may be asked to submit original, unprocessed images.

5. All image acquisition tools and image processing software packages used should be listed. Deviations from the above, including nonlinear adjustments, must be indicated in the figure legend along with a description of the processing software used.

Tables
Numbering: Number tables consecutively in the order cited in the text using Arabic numerals (eg, Table 1, Table 2).

Formatting: Each table should begin on a new page. Supply a brief, descriptive title for each table. Provide each column with a short or abbreviated heading. Tables submitted as photographs are not acceptable. Do not repeat information in a table if data are already provided in the text. Do not prepare a table if your data can be reported in the text in one or two sentences.

References cited in tables: All references cited in tables must be included in the References list. References are numbered consecutively throughout the manuscript, including in tables. For example, if references 1 through 10 have been cited in the body of the manuscript and then Table 1, which has five not-yet-cited references, is called out in text, then those references in Table 1 should be numbered 11, 12, 13, 14, and 15. The next new reference cited in text after the Table 1 callout would be reference 16.

Footnotes: Place explanatory matter in footnotes rather than in the table title or column heading. Please define all abbreviations used in the table in the footnotes. If italics are used, specify the meaning of the italics in the footnotes.

SUPPLEMENTAL DIGITAL CONTENT (SDC)

Authors may submit supplemental digital content to be considered for online-only posting to enhance their article’s text. Supplemental digital content may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, audio, and video.

SDC - Text Citations
Cite all supplemental digital content consecutively in the text. Citations should include the type of material submitted, should be clearly labeled as “Supplemental Digital Content,” should include a sequential number, and should provide a brief description of the supplemental content.

SDC - Legends
Provide legends for supplemental digital content at the end of the text, listing each legend in the order in which the material is cited in the text. The legends must be numbered to match the citations from the text. Include a title and a brief summary of the content. For audio and video files, also include the author name, videographer, participants, length (minutes), and size (MB).
Size and File Type Requirements
To ensure a quality experience for those viewing supplemental digital content, it is suggested that authors submit digital files no larger than 10 MB each.

- Documents, graphs, and tables may be presented in any format.
- Figures, graphics, and illustrations should be submitted with the following file extensions: .tif, .eps, .ppt, .jpg, .pdf, .gif.
- Audio files should be submitted with the following file extensions: .mp3, .wma.
- Video files should be submitted as .mp4. Video files should also be formatted with a 320 X 240 pixel minimum screen size. For more information, please review the publisher’s requirements for submitting supplemental digital content at http://links.lww.com/A142.

Videos
Surgical Techniques manuscripts require supplemental video (either surgical video or Sawbones/cadaver demonstrations). For other articles, authors’ video demonstrations, particularly of a procedure or to show functional outcomes, range of motion, or other patient activities, are welcome and encouraged. Video should be no more than 5 to 10 minutes. **DO NOT include any author information, identifiable patients, patient information, hospital/institution names, or corporate logos in your video or audio. Videos without audio narration will not be accepted.** Please consider the following:

- **Title:** Does the video begin with a descriptive title frame?
- **Indications/Contraindications:** Does the video describe the indications and contraindications for the technique and the patient case illustrated?
- **FDA Devices:** Was the “off-label” use of any pharmaceuticals and/or medical devices disclosed?
- **Universal Precautions:** Were universal precautions observed, most noticeably protective eyewear?
- **Preoperative and Postoperative Images:** Preoperative and postoperative images are important to illustrate the patient’s condition before and after treatment and to confirm the results achieved. Does the video contain the appropriate images?
- **Narration:** Is the narration clear and easy to understand?
- **Safety and Efficacy:** Is the video consistent with generally acceptable orthopaedic practice?

Video Specifications:
- **MP4 Video Format:** All video destined for the journals platform MUST be encoded in MP4 Video (.mp4) format. This format allows for embedded, streaming playback through the journal website and also works on iOS and Android mobile devices.

- **H.264 Video Codec:** Video should be encoded using the H.264/Advanced Video (AVC) codec with the extension as (.mp4). H.264 is an excellent codec for desktop video and can be played in wide variety of mobile browsers including the iPhone/iPad and Android. Its compression quality is better than any other widely available codec on the market, meaning that at the same bitrate, a H.264 video will generally look better than a video in another codec (and conversely, at the same visual quality, a H.264 file will generally be smaller).

- **MP3 Audio Codec:** Audio accompanying the video should be encoded using the MPEG Layer III (MP3) codec. Videos with people talking and no music can be encoded in mono. Videos using music should be encoded in stereo (See also Audio/Format under MP4 Encoding Recommendations).

- **MP4 Encoding Recommendations:** The following charts are guideline for edit editing and output formats for video and audio:

<table>
<thead>
<tr>
<th>Video Format/Container</th>
<th>MP4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compression Type/Codec:</td>
<td>H, 264</td>
</tr>
<tr>
<td>Bit Rate:</td>
<td>1500 – 2500kbps</td>
</tr>
<tr>
<td>Frame Rate:</td>
<td>Default for recording device, 29.97</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Frame Size:</td>
<td>Default for recording device. No more than 1280x720 or 1920x1080</td>
</tr>
<tr>
<td>Keyframes:</td>
<td>Automatic</td>
</tr>
<tr>
<td>Encoding:</td>
<td>Best/Multi Pass (if available)</td>
</tr>
<tr>
<td>Web Optimized</td>
<td>Ensure that MOOV header/atom is at the beginning of the file. This allows larger videos to play immediately while still downloading the rest of file.</td>
</tr>
<tr>
<td>Audio Format/Container</td>
<td>AAC</td>
</tr>
<tr>
<td>Sample Rate:</td>
<td>Default for recording device, 48/44.1 kHz</td>
</tr>
<tr>
<td>Bit Rate:</td>
<td>128-256 kbps</td>
</tr>
<tr>
<td>Channels:</td>
<td>Front L/R 1 or 2 channels only (i.e. mono or stereo)</td>
</tr>
<tr>
<td>Render Quality:</td>
<td>Normal</td>
</tr>
</tbody>
</table>

- Videos should be kept to 100 MB or smaller to play most effectively. If necessary, break videos into multiple parts for the best user experience.

Reference Citation and Examples

✓ References must be in-press or published.
✓ List all references in numeric order at the end of your text.
✓ Cite references in the text in numeric order, including those cited in a table or figure at the first mention of the table or figure.
✓ List all author names up to six and list the first three plus et al when there are seven or more authors.
✓ Do not use programs that automatically generate reference numbers.

Manuscripts submitted with references that are not listed in numeric order or generated with an incompatible bibliographic software program will be returned to the author for correction.

**Journal Reference Example**

**Book Chapter Reference Example**

**Online Resource Reference Example**

Required Author Forms/Disclosures

**Required from each author:**
✓ Electronic Transfer of Rights: A copy of the form is made available to the submitting author within the Editorial Manager submission process. Co-authors will automatically receive an Email with instructions on completing the form upon submission.
✓ Read the [Intellectual Property Learning Modules](#) (Nothing to be turned in)

**Required from only one author per submission:**
Every image, table, and/or video must be accounted for by either:
✓ an [Original Image/Table/Video Statement](#), for art to which you own the copyright, or
a permission grant from the publisher(s), for art you wish to borrow from a published source (Apply for permission at www.copyright.com)

Research manuscript: Upload an Institutional Review Board (IRB) approval letter for your study if IRB approval is required.

Required only in special circumstances, if requested by JAAOS Editorial Office:

Authorization to Change Authorship Form
- Requested only if an author is added or removed from a manuscript after the initial submission.
- If an author is removed, include language to acknowledge his/her contribution.

Talent Release
- Required if someone other than an author of your manuscript is narrating in or appears in a video that accompanies your manuscript.

Patient Consent Form
- May be requested for patients presented in Review manuscripts.

EDITORIAL EXPECTATIONS

Please keep in mind that if our requirements are not met, we will return your manuscript to you through Editorial Manager and will ask you to make the changes necessary to proceed to our peer review process.

Possible consequences of not adhering to JAAOS requirements include:
- Return of your manuscript for further work
- Delayed peer review
- Delayed publication
- Rejection of your manuscript

Editorial Timeline
This process might take 30 days or more. After you submit your manuscript, it will be processed and sent to the appropriate JAAOS Deputy Editor, who will determine whether to invite peer reviewers to assess your work. The reviewers are asked to focus on the medical and scientific accuracy, clarity, and comprehensive quality of the content. After required reviews are complete, the Deputy Editor will submit a decision and comments, in light of the peer reviewer comments. The Editor-in-Chief (for review manuscripts) or Editor of Research (for research manuscripts) will then make a final decision, and you will receive a decision letter e-mail from Editorial Manager. Following peer review in some cases, the Deputy Editor may make tracked changes to your document, which will be made available to you through Editorial Manager. You are encouraged to use the Deputy Editor’s version as the basis of your revision.

Revision Process for Articles
This process usually takes about 30 to 45 days. If the Deputy Editor determines that your manuscript should be revised, you will be given a timeframe of up to 45 days to submit your revised manuscript through Editorial Manager (this varies with the article type). A point-by-point response to the peer reviewer and/or Deputy Editor comments on your original version is required with your revised version. Once your revision is processed, it will be routed to the Deputy Editor and then the Editor-in-Chief or Editor of Research for a decision. The Deputy Editor may decide to invite peer reviewers to evaluate your revision.

Professional Editorial Services
Your manuscript may be provisionally accepted pending use of a professional editorial service. See the following page for a list of professional editorial services: https://journals.lww.com/jaaos/Pages/editorialservices.aspx. These services are merely suggestions; you may use the editorial service of your choice. None of the services listed on the JAAOS website is endorsed by
Acceptance for Publication and Author Review
Once your manuscript has been accepted for publication in JAAOS, you will receive a final decision letter e-mail through Editorial Manager. For Standard Review, Orthopaedic Advances, and Surgical Techniques articles, you will be offered the option of Online Exclusive publication. Your manuscript will be edited and proofread, and you will receive copyedited page proofs to review prior to publication. All decisions regarding rejection for publication are final.

Letters to the Editor Readers are welcome to submit Letters to the Editor on articles published in the Journal of the American Academy of Orthopaedic Surgeons. All letters are reviewed by the JAAOS Editor-in-Chief, and approved letters are forwarded to the authors of the published article for their response. Letters are to address one specific article, limited to 500 words.

Please submit all Letters to the Editor using the JAAOS Editorial Manager website at www.editorialmanager.com/jaaos by following the steps below:

- Prepare your Letter. It should include the title, authors, and publication month/year of the article you are writing about.
- Register in Editorial Manager or log in to your existing author account and click “Submit New Manuscript.”
- From the Article Type drop-down, select “Review Section: Letter to the Editor” (for review articles) or “Research Section: Letter to the Editor” (for research articles) and proceed through the remaining screens.

TIPS FOR SEARCH ENGINE OPTIMIZATION

Search engine optimization (SEO) is the process of affecting the visibility of a website or web page on a search engine’s results page. Authors can play a decisive role in optimizing search results to make their articles more discoverable online.

Below are some useful writing tips to ensure that your article is visible and high-ranking in the search results of Google and other engines.

1. Make the title of your article SEO-friendly
The title of your article should be descriptive of its content and include keywords. Because only the first 65 characters (including spaces) are shown in Google search results, it is important to put your keywords within the first 65 characters of the title.

2. Use headings
Headings help readers as well as search engines like Google to better understand the structure and organization of your article. Be sure to include keywords and phrases in section headings where appropriate.

3. Choose good keywords
Appropriate keywords will help improve the visibility of your article via search engines. Keywords should accurately reflect the content of the paper. In crafting good keywords, think about your audience. Which words or phrases might a reader use to find the information in your article online using a search engine? You might also consider using sites such as Google Trends or Google Adwords to find out which search terms are most popular.
4. Optimize the abstract
In most cases, only the abstract of the paper will be “visible” to search engines. It is therefore important that the abstract accurately reflect the content of the entire paper by incorporating appropriate keywords and phrases throughout in a natural, contextual way.

5. Stay consistent in your language
In writing your paper, be sure to use terms and keywords in a consistent manner. Wherever possible, try to refer to these key terms in the same way they’ve been referred to in past online publications.

6. Cite previous publications
When appropriate, cite your own or your co-authors’ previous publications. Such citations will factor into how search engines will rank your current and future work.

7. Promote your article through social media
Another important way to ensure that your article is visible and discoverable online is to promote it through academic and social networking sites. Google and other search engines regard links as “votes” for web pages. Therefore, by creating inbound and outbound links to your article, you can help improve the ranking of your article in the search results. Recommended academic and social networking platforms include:
   - LinkedIn
   - Facebook
   - Twitter
   - Mendeley

If you are interested in promoting your article via Twitter or Facebook, you will have the opportunity to enter your Twitter handle and/or your Facebook username when you complete the author questionnaire during the submission process.