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, and Surgical Techniques article types). See page 2. Invited authors and research and case report 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.

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- **Authorship:** We require that the senior author take an active role in manuscript preparation and development. **Standard Review, Orthopaedic Advances, and Surgical Techniques 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. Please add the person’s information along with a brief summary of the contribution into the Author Comments step during submission into Editorial Manager.

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**Authorship policy:** Research and Case Report (the Research Section of the *Journal* and *JAAOS Global*)

(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 Training(^a)</th>
<th>Post-Residency Fellow of the AAOS</th>
<th>Other</th>
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<td>First/Lead Author(^a)</td>
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<td>Senior Author</td>
<td>Yes</td>
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<tr>
<td>Corresponding Author</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</table>

\(^a\) We do not permit dual first-author status.

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

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- 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.
- Do not include acknowledgments in the body of the text, please add this information in the “Author Comments” field when submitting your manuscript.
- 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.
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- 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.
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<th>Article Type</th>
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<th>Illustrative Material Limit</th>
<th>Reference Limit</th>
<th>Format</th>
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</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) Title page. Abstract (use structured headings: Introduction, Methods, Results, Discussion) Text with headings: Introduction, Methods, Results, Discussion References Figures and Figure legends (if applicable) Tables (if applicable) Video (if applicable)</td>
</tr>
<tr>
<td>Research Section: Case Report Manuscript</td>
<td>Summarizes pertinent unusual or unexpected elements of the case. Discussion reviews scientific/educational value. Informed consent must be obtained from participating subject(s).</td>
<td>200</td>
<td>2,000</td>
<td>3 panels</td>
<td>10</td>
<td>Keywords Title page. Abstract Text <em>must include</em> Introduction and Summary References Figures and Figure legends (if applicable) 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 (≥25% from past 5 years)</td>
<td>Keywords Title page. Abstract Text (including Introduction and Summary) References Figures Figure legends (if applicable) Tables (if applicable) 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 Title page. Abstract Text References Figures and Figure legends (if applicable) Tables (if applicable) 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 techniques. Provide video with audio to demonstrate specific steps.</td>
<td>150</td>
<td>4,000</td>
<td>8 panels</td>
<td>30</td>
<td>Keywords Title page. Abstract Text (Use headings: Introduction, Indications, Contraindications, Pearls, Pitfalls, Summary) References Figures and Figure legends (if applicable) Table (if applicable) Video</td>
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</table>

* Excludes abstract, references, and figure legend

* 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 (eg, 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.

* Upload as a separate file. The Title Page should not be included in the word count. The title page should contain the following information:
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  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.
<table>
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<tr>
<th>Article Type</th>
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<th>Body, References</th>
<th>Figures, Tables, Videos</th>
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<tr>
<td>Research Section: Manuscript</td>
<td>State essential principles and information Provide facts, conclusions, and outcomes; avoid “we discuss” Be certain data agree with numbers and values in the text Use structured headings: Introduction, Methods, Results, Discussion</td>
<td>State hypothesis and purpose of study, setting, population, and primary outcome measure 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>Use structured headings: Introduction, Methods, Results, Discussion Include approval for human studies by IRB or animal utilization study committee In the Discussion, note whether hypothesis was validated or refuted, and discuss relative significance, strengths, and limitations of your study Limit 40 references Include levels of evidence(^a)</td>
<td>Figures 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, names, institution identifiers, and manufacturer logos Authors must obtain permission to reuse published figures and tables. 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 If possible, use no more than 6 columns and 10 rows per table. Larger tables will be placed online as supplemental material. Place each table on a separate page in Word or Excel Videos Include as appropriate Preferred video format: .mp4. For SDC, video over 10 MB (up to 100MB): .wmv, .swf, .flv, mpg, .mpeg, m4v, .mov, .mp4. For video up to 10 MB .qt and .avi will also be accepted.</td>
</tr>
<tr>
<td>Research Section: Case Report Manuscript</td>
<td>See above Structured headings not required</td>
<td>See above</td>
<td>Include a concise patient history, relevant exam findings, and any negative findings based on the potential diagnosis Provide informed consent from patients, maintaining protection of confidentiality in compliance with HIPAA In the Discussion, summarize the condition, intervention, and treatment Establish how the case differs from others and contributes to the literature &gt;1-year follow-up period Limit 10 references Include levels of evidence(^a)</td>
<td>See above</td>
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\(^a\) **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>
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<th>Figures, Tables, Videos</th>
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<tbody>
<tr>
<td><strong>Review Section: Standard Review</strong></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 (e.g., 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 future directions. Limit 40 references (≥25% published within past 5 years). Include levels of evidence.</td>
<td>Figures: 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 tables. 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. For SDC video over 10 MB (up to 100 MB): .wmv, .swf, .flv, mpg, .mpeg, .m4v, .mov, .mp4. For video up to 10 MB, .qt and .avi will also be accepted.</td>
</tr>
<tr>
<td><strong>Review Section: Orthopaedic Advances</strong></td>
<td>See above. 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. Limit 20 references. Include levels of evidence.</td>
<td>See above.</td>
<td></td>
</tr>
<tr>
<td><strong>Review Section: Surgical Techniques</strong></td>
<td>None. 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 biomechanical considerations. Provide pearls and pitfalls in two bulleted lists. Limit 30 references. Include levels of evidence.</td>
<td>See above. 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. Adhere to safety precautions and FDA guidelines for off-label use.</td>
<td></td>
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</table>

*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.

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

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- Intellectual property and copyright
- AAOS Clinical Practice Guidelines
- AAOS Appropriate Use Criteria
Table 4: Intellectual Property, Public Funding, and JAAOS Article Citation

<table>
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<tr>
<th>Topic</th>
<th>Description</th>
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**Images and Tables**  
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Such manuscripts are to be made accessible to the public on PubMed Central no more than 12 months after publication. |
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CHECKLISTS

**Figures**
Aim for clarity and simplicity, using words and numbers sparingly. Show ratio measures (such as odds ratios) on a logarithmic scale. Twenty tips for preparing figures can be found [here](#).

Submit figures exactly as you would like them to appear in print. Figures showing one extremity or joint are typically published as one column width (2.25 in); prepare them approximately this size. Figures such as full pelvic views are typically published as two column widths (4.5 in). See any issue of the journal for examples.

Number figures in the order they are discussed in the text. Do not insert labels on the images themselves. Instead, label the file name alphabetically to show the desired order (Figure 1A, Figure 1B, etc.). Panel figures should have the same scale for all axes.

The instructions below detail the requirements for production of figures. **Authors are not required to adhere to these specifics for initial submissions, but for accepted papers authors will be asked to submit their final figures according to these instructions.**

**Creating Digital Artwork**
1. Learn about the publication requirements for Digital Artwork: [http://links.lww.com/ES/A42](http://links.lww.com/ES/A42)
2. Create, scan and save your artwork and compare your final figure to the Digital Artwork Guideline Checklist (below).
3. When you submit your final artwork files, please include the e-mail address of a person (an author or author’s artist) who can promptly respond to our artwork format queries over a 3-week period after your manuscript is accepted for publication.

**Digital Artwork Guideline Checklist**
Here are the basics to have in place before submitting your final digital artwork (post acceptance):
• Artwork should be saved as TIFF, EPS, or MS Office (DOC, PPT, XLS) files. High-resolution PDF files are also acceptable.
• Crop out any white or black space surrounding the image.
• Diagrams, drawings, graphs, and other line art must be vector or saved at a resolution of at least 1200 dots per inch (dpi). If created in an MS Office program, send the native (DOC, PPT, XLS) file.
• Photographs, radiographs and other halftone images must be saved at a resolution of at least 300 dpi. Any retouching of a photograph must be described in the figure legend.
• Photographs and radiographs with text must be saved as postscript or at a resolution of at least 600 dpi.
• If labels must be used, please use colors that clearly contrast with the image.

GIF files will not be accepted. Images downloaded from the Internet are generally not acceptable for print due to universally low resolutions, unless they are noted as being high-resolutions specifically designated for print quality.

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.)

Resolution
Resolution will determine the ultimate clarity of your file. The key is to set resolution and file-type settings BEFORE creating/scanning the image. (The resolution can commonly be adjusted by referring to the Tools option in your given program.) Once saved, the resolution of a file cannot be increased again without distorting the proper print size of the image.

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) 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.

Do not rasterize or convert text to outlines.

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.

Sizing
JAAOS will often reduce figures to the smallest size possible for reasons of space. Authors are encouraged to indicate the smallest possible size they think appropriate for their figures, but the journal reserves the right to make the final decision.

For guidance, the Journal's standard figure sizes are 2.25 inches wide (one column) and 4.5 inches wide (two columns). The full depth of a JAAOS page is 9 inches.

Authors should check (using a reducing photocopier) that, at the smallest possible size, lettering remains readable and lines are sufficiently heavy (but not too heavy) to print clearly. Line weights and strokes should be set between 0.5 and 1 pt at the final size (lines thinner than 0.5 pt may vanish in print). Do not rasterize or outline these lines if possible.

**Color vs Black and White**

Determine if the artwork should be presented in color or in black and white.

For black & white: Save in grayscale format.

For color: Save in RGB mode. RGB allows for a wider spectrum and a more accurate reproduction of fluorescent colors.

**Arrangement of Parts**

JAAOS will be guided by the authors’ suggested layout of parts within figures, but may rearrange parts if necessary. Authors should indicate essential layout features, for example particular alignments of panels within a figure. We value clear instructions from authors to help us lay out their figures.

**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.


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 (e.g., 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.

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?

**Preferred video format:** .mp4

*Note:* For SDC video over 10 MB (up to 100MB): .wmv, .swf, .flv, .mpg, .mpeg, .m4v, .mov, .mp4. For SDC video up to 10 MB, .qt and .avi will also be accepted.

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- 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.
- 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**

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**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
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