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- Articles are accepted only for exclusive publication in *Foot and Ankle International*.
- Publication does not constitute official endorsement of opinions presented in articles.
- Published articles and illustrations become the property of **Foot and Ankle International**.
- Manuscripts not prepared according to the instructions below will be returned pending compliance.

Submission of Manuscripts

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Before submitting a manuscript, please gather the following information:

- Information for All Authors (First and Last Names; Institutions; E-mail addresses)
- Title (you can cut and paste this from your manuscript)
- Abstract, where applicable (you can cut and paste this from your manuscript)
- Manuscript files in PDF, Word, WordPerfect, EPS, LaTeX, text, Postscript, or RTF format. (Manuscript files in PDF format should have the images/figures embedded "inline.")
- Figures/Images in TIFF, GIF, JPG, PDF, Postscript, or EPS format.

Preparation of Manuscript

Manuscripts must be **typewritten and double-spaced with wide margins. Each page must be numbered and all lines of text must be numbered.** Submissions may take the form of general manuscripts, case reports, clinical tips or reviews of the literature. Specific directions with regard to submissions of case reports and clinical tips are discussed below. However, all submissions must contain the following:

1. A **cover letter** should carry the title, the authors' names, academic status, and affiliation. To avoid possible confusion in bibliographic indexing, it is preferable for authors to state given names in full. In

addition, a corresponding author must be designated along with an address, phone number, fax number and e-mail address for correspondence.

2. Up to 4 **keywords**, which describe the information contained in the paper.
3. A **structured abstract** NOT exceeding 325 words. We suggest the following format: four paragraphs, with the headings Background, Methods, Results and Conclusions. A fifth paragraph with the heading Clinical Relevance should be added for basic-science articles. The abstract will precede the text of the published paper. An abstract is not needed for case reports or clinical tips.

4. The **body (article file)**, which usually should consist of an Introduction, a Materials and Methods section, a Results section, and a Discussion (this differs for Clinical Tips as discussed below).

- Page headers can include the title but not the authors' names. Authors' names must **not** appear anywhere within the text. The institution at which the study was done must not be named in the text. If the manuscript is accepted for publication following blinded peer review, the institution may be inserted during the editorial process.

- The **Introduction** should state the problem that led to the study and the specific purpose of the study. It can include a brief review of the literature that is dealt with in the Discussion.

- The **Materials and Methods** section should provide demographic data on the study population and define the period during which the study was conducted, the specific criteria for inclusion and exclusion of patients, the indications for the operative procedure, and the duration of follow-up.

- The **Results** section should provide a detailed report on the data obtained during the study. Results obtained after less than two years of follow-up are rarely accepted. It is essential that all data in the text be consistent with data in the abstract and in any illustrations, legends, or tables.

- The **Discussion** should include a review of the literature, with emphasis on previous findings that agree with those of the present study. The Discussion should also state both the strengths and the weaknesses of the study.

5. **Illustrations**, which can be electronic images, black-and-white glossy prints of photographs, original drawings and/or charts. When submitting photographs or radiographs, it is preferred that the images be electronic and that printed copies are

also included. If it is not possible to submit electronic images, then good quality glossy prints may be used. Color illustrations cannot be used unless, in the opinion of **Foot and Ankle International**, they convey information not provided by a black-and-white print. On the back of each illustration, indicate the number of that illustration. Mark the top plainly and place a label listing the title of the paper (not the authors' names or the name of the institution). Send prints unmounted or mounted only with rubber cement as paste or glue will damage them. Drawings, charts, and lettering on prints usually should be done in black: use white on black backgrounds. Make lettering large enough to be read when drawings are reduced in size. Put dates or initials in legends, not on prints. Although **Foot and Ankle International** discourages submission of illustrations that have been published elsewhere, when illustrations which have been published elsewhere are deemed essential, the author must include a letter from the original holder of the copyright, granting permission to reprint that illustration. Give full information about the previous publication, including the specific page on which the illustration appeared. All illustrations, charts and graphs must be cited in the text.

6. **Legends** for all illustrations submitted, listed in order and typed double-spaced. Explain what each illustration shows, rather than simply defining it. Give the amount of magnification of all photomicrographs. Define all arrows and other such indicators appearing on the illustration. If an illustration is of a patient who is identified by a case number in the text or table, include that case number in the legend.

7. A **bibliography**, alphabetical and double-spaced, of references made in the text. Refer to bibliographies in this copy of **Foot and Ankle International** and follow the style exactly. Titles of foreign-language articles and books should appear in that language. When citing a book, give the specific pages used unless the entire book was used. All references must be cited in the text.

Reference examples:

Journal article: 10. **Ostrum, RF; Meo, PD; Subramanian, R:** A critical analysis of the anterior-posterior radiographic anatomy of the ankle syndesmosis. *Foot Ankle Int.* 16:128-131, 1995.

Book: 3. **Basmajian, JV:** *Primary Anatomy*, Baltimore, Williams & Wilkins, 1970.

Preparation of Case Reports

Case reports must either offer new information that has been previously unpublished, offer

completely new information or information that will change the current practice patterns of our readers. Entities that are unique in and of themselves, bizarre, or common will not be accepted as case reports.

Case reports must contain an **introduction, case report, discussion** section and a **summary/conclusion** section.

Preparation of Clinical Tips

Clinical tips must offer a tip for, or a modification of, a pre-existing, documented procedure or clinical application. Entirely new procedures are not considered clinical tips and must be prepared and submitted according to the instructions for manuscript submissions outlined above. In general, a clinical tip should consist of the following:

1. An **introduction/discussion** consisting of a clinical discussion about the process, procedure or the actual diagnosis. It should state the problem that led to the use of the process, procedure or diagnosis as well as the reason(s) it is more useful than another process, procedure or diagnosis.
2. A **technique** section in which the technique or exam itself is described in detail. This section should contain illustrations.

Style

When preparing a manuscript, the following conventions of *Foot and Ankle International's* style should be kept in mind:

1. Write out numbers of less than 10, except percentages, degrees, decimals, and units of time and measure. The numerator and denominator should be included for all percentages. Round off the percentages when the denominator is less than 100. Percentages should not be used when the value of n is less than 20.
2. All measurements should be given in SI units.
3. Words placed in quotation marks, indicating that they have a meaning other than the one found in a dictionary, should be defined.
4. The word "significant" should be used only to describe statistical significance. A p value is required when this word is used.
5. Surgical procedure should be described in the past tense.
6. Bibliographies must be alphabetical and double-spaced, and consist only of references made in the text. Refer to bibliographies in this copy of *Foot and Ankle International* and follow the style exactly. Titles of foreign-language articles and books should appear in that language. When

citing a book, give the specific pages used unless the entire book was used. All references must be cited in the text.

Statistics

1. The statistical methods that were used must be described in the Materials and Methods section.
2. The statement that "no significant difference was found between two groups" cannot be made unless a power study was done and the value of alpha or beta is reported. A large number of patients (at least 60, and often more, in each group or subgroup) is required to make such a statement. If no such power study was done, the author must state: "With the numbers available, no significant difference could be detected."
3. Ninety-five percent confidence in intervals is required whenever the results of survivorship analysis are given in the text or in graphs.
4. Use of the word "correlation" requires reporting of the Pearson product-moment correlation coefficient r.

Informed Consent

All manuscripts dealing with a study of human subjects must include a statement that the subjects have given informed consent, and that the study has been approved by an institutional review board or similar committee. All studies should be carried out in accordance with the World Medical Association Declaration of Helsinki [Journal of Bone and Joint Surgery, 79-A:1089–1098, July 1997].

Authorship

It is to be clearly understood that each author has participated in the design of the study, has contributed to the collection of the data, has participated in the writing of the manuscript, and assumes full responsibility for the content of the manuscript. Normally, no more than six authors should be listed. Individuals who have contributed to only one segment of the manuscript or have contributed only cases should be credited in a footnote. (*Foot and Ankle International* does not allow use of such footnotes to thank individuals who made secretarial, technical or other contributions that were part of their normal jobs, for which they were compensated.) If extenuating circumstances prevail, the cover letter should detail why the authors have taken exception to these recommendations and should state how each author has contributed to the manuscript.

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rule, permission will be given to recognized medical journals to reprint anything in these pages if permission is first obtained from *Foot and Ankle International* and if the material used is properly credited to *Foot and Ankle International*.

Review of Manuscripts

Manuscripts are evaluated by the editorial staff of *Foot and Ankle International* and are sent to outside reviewers. A decision on a manuscript that has been rejected is returned as quickly as possible. It usually takes more time to make a decision regarding a paper being considered for publication.

Revision to Manuscripts

The editorial staff may require revisions to be made to accepted manuscripts before publication. In this case, authors must follow the instructions for revisions that are sent with the revision request. **All changes to the text must be highlighted in some way.** Revised manuscripts will be evaluated by the editorial staff and further requests for revision may be made. All communication regarding revisions will be made with the corresponding author. Revisions should be made within six months to a year of receiving the revision request. Revisions taking longer than one year may be deleted from our files unless we are contacted by the author.

Conflict of Interest Policy

Authors are responsible for recognizing and disclosing any conflict of interest that could be perceived to bias their work, acknowledging all financial support and any other personal connections.

Publication of Manuscripts

Once the final revised manuscript has been accepted, corresponding authors will receive a letter stating that the manuscript is ready for publication. Once the manuscript has been assigned to a particular issue of *Foot and Ankle International*, the corresponding author will receive another letter stating which issue will carry the manuscript. Corresponding authors will receive page proofs from the publishing department via e-mail. Proofs must be reviewed within 48 hours and corrections must be sent by fax or e-mail to:

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