

Hand Therapy Guidelines for Authors

Note to authors: Hand Therapy has recently adopted the Vancouver style of referencing. As this is different from the referencing used until the Winter 2008 issue of the journal, please check these guidelines and your manuscript very carefully before you submit your paper. Authors will be asked to amend their references to fit these guidelines before any paper will be accepted for publication.

These instructions comply with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals formulated by the International Committee of Medical Journal Editors (for further details, see www.icmje.org/).

1. Aims and scope

Hand Therapy (HT), was previously known as *The British Journal of Hand Therapy*, and is the Official Journal of the British Association of Hand Therapists Ltd and of the European Federation of Societies for Hand Therapy. Its purpose is to publish original articles and short reports on the theory and practice of hand therapy and related fields. Suitable material is not limited to the practice of physiotherapy and occupational therapy for the hand, but includes related fields where these are a matter of interest to those in the practice of hand therapy.

2. Editorial policy

Covering letter

The covering letter is important. To help the Editor in her preliminary evaluation, please indicate why you think the paper suitable for publication. If your paper should be considered for fast-track publication, please explain why.

Categories of submission

The overall length of any manuscript should not exceed 4000 words. Contributions in the following categories will be considered:

- Original articles (primary research, audits and service evaluation): Structured headings should be used (Introduction, Methods, Results, Discussion). For reporting of clinical trials, the CONSORT guidelines (www.cohort-statement.org) should be adhered to.
- Review articles: these can include systematic reviews as well as narrative reviews of literature. Subheadings should be used and include methods used to search for and select included literature
- Short reports: These are normally limited to 2,000 words and may include handy hints on assessment and treatment techniques, evaluations of equipment or material and short case presentations. Material should not be limited to description and authors should attempt to include an evaluation of techniques.
- Conference reports
- Book reviews
- Letters to the editor

Authors are welcome to discuss any ideas for papers for submission with the editor.

Peer review

All papers submitted will be subject to anonymous peer review. Where major change is required, recommendations will be made by the editor and the paper returned, to be re-submitted with appropriate changes. Please note that submission of a paper is not a guarantee of publication. Publication is at the editor's discretion.

Ethical approval

All research studies submitted for publication must have been approved by the relevant research governance and/or ethics committee. Please include a statement of the name of the review board which gave ethical approval and how consent from participants was obtained.

Patient consent

Any article containing identifiable patient information must be accompanied by a statement of consent to publication. If there is any doubt about whether or not information is identifiable, the Editors are happy to discuss this before an article is submitted. Reviewers will also be asked to take careful account of issues relating to patient confidentiality when reviewing articles.

Case studies are not the only kinds of article to which this rule will be applied, but they will be subject to additional scrutiny. Not only should submissions be accompanied by a statement of consent, but the Editors also expect to be informed about the measures that have been taken to anonymize the details that could have led to parties being identified. They also reserve the right to work with the authors to make additional anonymizing changes as they or the reviewers see fit. The Editors may also ask authors to remove personal information that, whilst interesting and colourful, does not add to the substance of an article, but does increase the likelihood of parties being identified. The exception to this will be where the patient has indicated in writing that she/he wants to be identified, has read the material, has discussed the consequences of being identified, and has agreed to the disclosure of all the personal information contained in the article.

In order to ensure that valuable and novel issues are aired, the Editors will sometimes consider publishing cases studies that contain potentially identifiable information where it has been impossible or clearly undesirable to seek consent from relevant parties. However, given the strong preference for consent having been sought and obtained the reasons for not seeking consent must be compelling, and the public interest arguments for publishing the case must be powerful. In cases where consent has not been obtained, the authors must provide a statement from a Medical Director or equivalent that the hospital or medical centre is happy for the case to be published.

Competing interests and other declarations

All authors are required to declare any conflicts of interest when submitting papers for publication. Declarations of funding sources, a guarantor and a statement of contributorship are also required (see www.icmje.org/#author for more information).

Permissions

All previously published material must be accompanied by the written consent to reproduction of the copyright holder. An acknowledgement of permission should be included at the relevant point in the paper, and a full reference to the original place of publication should be included in the reference list

Copyright

Authors of accepted manuscripts will be required to allocate copyright to the publishers prior to publication.

Acknowledgements

Only the help of those who have made substantial contributions to the study and/or the preparation of the paper should be acknowledged.

4. How to submit a manuscript

Manuscripts should be prepared in accordance with the guidelines below and should be submitted to the Editor either:

by email to: editor.handtherapy@uea.ac.uk or

by post to: Christina Jerosch-Herold, Editorial Office of Hand Therapy, The Queen's Building, School of AHP, University of East Anglia, Norwich NR4 7TJ, UK.

All submissions must be in English and must be accompanied by a covering letter from the principal author. Electronic copies are required for all submitted manuscripts. The author is advised to retain a copy of the manuscript for reference.

File formats

Text files must be saved in .doc or .rtf format. Other suitable formats include .tif for photographic images, .xls for graphs produced in Excel, and .eps for other line drawings.

5. How to prepare a manuscript

Formatting

Manuscripts must be submitted using double line-spaced, unjustified text throughout, with wide margins, and headings and subheadings in bold case. Press 'Enter' only at the end of a paragraph, list entry or heading.

Title page

The first page should contain the full title of the manuscript, a short title, the author(s) name(s) and affiliation(s), and the name, postal and email addresses of the author for correspondence, as well as a full list of declarations. The acknowledgements should also be included here – these should state clearly who is being acknowledged and why. Identifying information about the authors should not be included on any subsequent pages of the manuscript.

The title should be concise and informative, accurately indicating the content of the article. The short title should be no more than six words long.

Abstract

A structured abstract of no more than 250 words, emphasizing the main features of the contribution must accompany all articles. The abstract should normally use four headings: Introduction (context and rationale); Methods (type of study, patients, materials, techniques); Results (main numerical data and statistical information); and Discussion (main objective and verifiable conclusions). Letters to the Editor, Conference Reports and Book Reviews do not require an abstract.

Keywords

A maximum of five keywords should be provided to help with indexing and retrieval of the article on bibliographic databases. If possible use terms recognised under the Medical Subheadings Thesaurus (MeSh).

Tables

Tables must be prepared using the Table feature of the word processor and presented on separate pages at the end of the document. Tables should not duplicate information given in the text, should be numbered in the order in which they are mentioned in the text, and should be given a brief title. Abbreviations should be written out in full in a legend placed at the end of the table.

Figures

All figures should be numbered in the order in which they are mentioned in the text. All figures must be accompanied by a figure legend. If figures are supplied in separate files, the figure legends must all be listed at the end of the main text file.

Line drawings should be produced electronically and clearly labelled using a sans serif font such as Arial. Graphs may be supplied as Excel spreadsheets (one per sheet). Other line drawings should be supplied in a suitable vector graphic file format (e.g. .eps)

All photographic images should be submitted in camera-ready form (i.e. with all extraneous areas removed), and where necessary, magnification should be shown using a scale marker. Photographic images must be supplied at high resolution, preferably 600 dpi. Images supplied at less than 300 dpi are unsuitable for print and will delay publication. The preferred file format is .tif.

References

Only essential references should be included and should represent the most recent and pertinent literature available. Only references quoted in the text should be included in the reference list. Authors are responsible for verifying them against the original source material. RSM Press uses the Vancouver referencing system: references should be identified in the text by superscript Arabic numerals after any punctuation, and numbered and listed at the end of the paper in the order in which they are first cited in the text, as follows:^{1,2}

- 1 Hussein JD, Chamberlain JO, Robinson MHE, *et al.* Randomised controlled trial of faecal occult blood screening for colorectal cancer. *Lancet* 1996;**348**:1472-7
- 2 Meade MS. Implications of changing demographic structures for rural health services. In: Gesler WM, Ricketts TC, eds. *Health in Rural North America*. New Brunswick, NJ: Rutgers University Press, 1992:69-85

Automatic numbering should be avoided. References should include the names and initials of up to six authors. If there are more than six authors, only the first three should be named, followed by *et al.* Publications for which no author is apparent may be attributed to the organization from which they originate. Simply omit the name of the author for anonymous journal articles – avoid using 'Anonymous'. Punctuation in references should be kept to a minimum, as shown in the following examples:

Abbreviations

Symbols and abbreviations should be those currently in use. Authors should not create new abbreviations and acronyms. The RSM's book *Units, Symbols and Abbreviations* provides lists of approved abbreviations.

Units

All measurements should be expressed in SI units.

Statistics

If preparing statistical data for publication, please read the statistical guidelines at <http://www.rsmjournals.com/misc/stats.dtl>

6. Proofs and eprints

Proofs will be sent by email to the designated corresponding author as a PDF file attachment and should be corrected and returned promptly; corrections should be kept to a minimum.

A PDF eprint of each published article will be supplied free of charge to the author for correspondence; hardcopy offprints may be ordered from the publisher when the proofs are returned.