Editorial

Writing for the Journal of Wrist Surgery

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We made it. The *Journal of Wrist Surgery* (JWS) has now been in existence for one year. We have our inaugural issue under our belt, and we are striding purposefully into the future. We have made some significant changes that include a new editorial manager submission site managed by the capable hands of Roswitha Nottebaum, along with the guidance of Graham Brumsfield, our senior acquisitions manager. This has streamlined the submission process and improved the handling of revised manuscripts. Since the JWS is an international journal, maintaining a strict standard for proper English grammar and syntax is crucial for clear and effective communication, not only for the non-English speaking authors but for the native English speakers as well. The responsibility for this largely falls to the author(s) but we welcome the recent addition of Kenneth Chumbley and his capable staff for their help with the copyediting process. We are striving to make the JWS more interesting to our readers and will start with the publication of the abstracts for the annual International Wrist Investigators Workshop beginning with the Chicago meeting 2012, in addition to listing the upcoming international Wrist meetings. Similar to other journals, we have adopted the use of templates for each type of manuscript. This will bring uniformity to each paper as well as provide specific guidance for the authors in the organization of the manuscript. The emphasis on evidence-based medicine has led to the increasing use of validated outcome measures, more sophisticated statistical approaches, and the reporting of well-formulated research plans such as the CONSORT guidelines¹ in clinical research; the Cochrane guidelines for Systematic reviews (<http://www.cochrane.org/training/cochrane-handbook>); the STROBE Initiative guidelines (<http://www.strobe-statement.org>) for case control, cohort, cross-sectional, and observational study planning; and the QUORUM² (Quality of Reporting of Meta-analyses) guidelines for Meta-analyses. The organization of the scientific manuscript will generally follow the conventional format of Introduction, Materials and Methods, Results, and Discussion, although Surveys and Meta-analyses require an individualized format. This has been succinctly summarized in the STROBE checklist (► Table 1).

Abstract

The Abstract is a concise synopsis of the manuscript that serves to focus and highlight the relevant information. It must

include the same headings that are present in the body of the manuscript and include the following: Purpose—the stated purpose and questions that the study addresses; Methods—what was performed to address that purpose; Results—a presentation of the important data; and Conclusions—direct, not speculative. Clinical studies require a Level of Evidence when they relate to treatment, diagnosis, prognosis, or economic decisions.

Title

The Title should be clear, brief, specific, and should reflect the purpose of the study. It should allude to the issues that the study addressed rather than the conclusions.

Introduction

Paul Manske has summarized this well.³ The intent of the Introduction is to focus the manuscript on the message the author intends to convey. The author(s) must review the specific topic that is under discussion, discuss the controversies and deficiencies in the current literature, and include relevant references of previously published work to support his (their) position. The author(s) must clearly state the purpose of the manuscript. This is the most important part of the manuscript and should be formulated before the study is undertaken. The purpose identifies the questions/issues to be addressed and highlights what is unique or novel about the study, what distinguishes it from previous publications, and what new information it adds to the hand surgery literature. Richard Brand⁴ recommends an initial paragraph that introduces the general topic or problem and why it is important, a second paragraph that provides the rationale for each question or hypothesis, and a final paragraph that poses the questions, hypothesis, or purposes.

Material and Methods

This section starts with a presentation of the study methodology. The indications and entrance/exclusion criteria are outlined as well as how individuals were assigned to different groups, including the randomization process, the time period

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Table 1 STROBE Checklist of items that should be included in a scientific manuscript**Title and abstract**

(a) Indicate the study's design with a commonly used term in the title or the abstract

(b) Provide in the abstract an informative and balanced summary of what was done and what was found

Introduction

Background/rationale. Explain the scientific background and rationale for the investigation being reported

Objectives. State specific objectives, including any prespecified hypotheses

Methods

Study design. Present key elements of study design early in the paper

Setting. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection

(a) Give the eligibility criteria, and the sources and methods of case ascertainment and control selection

(b) Give the rationale for the choice of cases and controls

Participants. For matched studies, give matching criteria and the number of controls per case

Variables. Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria if applicable

Data sources/measurement. For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group

Bias. Describe any efforts to address potential sources of bias

Study size. Explain how the study size was arrived at

Quantitative variables. Explain how quantitative variables were handled in the analyses; if applicable, describe which groupings were chosen and why

Statistical methods

(a) Describe all statistical methods, including those used to control for confounding

(b) Describe any methods used to examine subgroups and interactions

(c) Explain how missing data were addressed

(d) If applicable, explain how matching of cases and controls was addressed

(e) Describe any sensitivity analyses

Results**Participants**

(a) Report numbers of individuals at each stage of study—e.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed

(b) Give reasons for nonparticipation at each stage

(c) Consider use of a flow diagram

Descriptive data

(a) Give characteristics of study participants (e.g., demographic, clinical, social) and information on exposures and potential confounders

(b) Indicate number of participants with missing data for each variable of interest *Outcome data* Report numbers in each exposure category or summary measures of exposure

Main results

(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision

(e.g., 95% confidence interval); make clear which confounders were adjusted and why they were included

(b) Report category boundaries when continuous variables were categorized

(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period

Other analyses

Report other analyses done—e.g., analyses of subgroups, interactions, and sensitivity analyses

Discussion

Key results. Summarize key results with reference to study objectives

Limitations. Discuss limitations of the study, taking into account sources of potential bias or imprecision; discuss both direction and magnitude of any potential bias

Interpretation Give a cautious overall interpretation of results that considers objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence

Generalizability. Discuss the generalizability (external validity) of the study results

Other information

Funding Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

when the patient presented, or whether it was surgeon preference. This section contains relevant demographic information such as patient age, gender, follow-up time, number of subjects, and the specific characteristics of any compared groups, along with a statement of what is being compared, such as the number of patients versus the number

of wrists involved. A technical description of a surgical procedure can be included, followed by the post-operative care and the methodology behind any statistical analysis.

The measurement parameters that appropriately address the purpose of the study should be described. Irrelevant information that does not address the purpose should be

excluded. The parameters are described by specific criteria using measurement scales and classification categories. The minimum follow-up time and the mean or median and range are listed. All potential sources of bias such as referral, diagnosis, exclusion, recall, or treatment bias should be acknowledged. Any statistical analysis is included in a separate paragraph at the end of this section, along with a description of the statistical methods that were used and the variables that were analyzed with each test. The authors should note what data were missing that could confound the test result and how this was dealt with.

Results

This section is dedicated to the organized presentation of the collected data. The most effective method for conveying the information may include figures, tables, and line drawings that should expand on the information in the text rather than repeating it.

Everything that is measured in the Materials and Methods section is reported in the Results section in the same order. The first sentence of each paragraph should restate the hypothesis or question posed in the introduction, followed by a short answer. It is the author's interpretation of the data that is of import rather than the data per se. This is especially true for the statistical analysis. For example, an absence of statistical significance does not mean that a result was not significant if the study was underpowered, but signifies that the numbers in the study were too small to draw any conclusions. One should avoid making inferences from a nonsignificant trend.

Discussion

This is the section where the data are summated, and it includes any important interpretations and conclusions. Detailed data presented in the results section are not repeated here. The problem or question can be briefly restated, followed by a discussion of the limitations and assumptions, which may include a loss to follow up, difficulty matching cohorts, missing data, and the sources of bias. The limitations should include those of the literature in general, in addition to those of a given study, along with a brief exploration of any controversies. This is followed by a comparison with previously published data and the new data, followed by the author's conclusions and a discussion of any new observations and the clinical relevance. The results from previously published data should be critically analyzed in relation to the author's study. Information unrelated to the stated purpose, and that does not directly support or contest the conclusions of the study, is excluded.

References

- 1 Moher D, Schulz KF, Altman D. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials. *JAMA* 2001;285:1987-1991
- 2 Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. QUOROM Group. *Br J Surg* 2000;87:1448-1454
- 3 Manske R. Structure and format of peer-reviewed scientific manuscripts. *J Hand Surg* 2006;31:1051-1055
- 4 Brand RA. Writing for clinical orthopaedics and related research. *Clin Orthop Relat Res* 2008;466:239-247