

Instructions to the Authors

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Purpose and Policies

The International Journal of Shoulder Surgery is a scientific medical journal that publishes investigative information pertaining to the shoulder girdle and related structures.

The objective of the journal is dissemination of knowledge of the advances in the field of shoulder surgery to every part of the world, to encourage and stimulate research in developing countries and to act as a medium of multi-disciplinary interaction amongst physicians, orthopaedic surgeons, anatomists, radiologists, physiotherapists dealing with shoulder disorders and trauma.

To accomplish these goals, the Journal accepts for publication original articles, technical notes/tips, case reports, reviews and letters/comments on published material. Manuscripts are accepted for exclusive publication in the International Journal of Shoulder Surgery, and published manuscripts along with their illustrations become the property of the Journal. Permission to reproduce material published in the Journal must be obtained from the editor.

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The Journal uses a Web-based online submission and review system. Please visit our Web site (www.journalonweb.com) to submit your manuscript electronically.

Recommended maximums for articles submitted to International Journal of Shoulder Surgery.

Type of article	Words *	References	Figures **	Tables
Original Article	3000	35	10	4
Reviews ***	4000	75	10	4
Technical note/Tip	1500	10	5	1
Case Report	1500	5	5	0
Letter to Editor/reply	500	4	2	0

* Maximum number of words is exclusive of the title page, blind title page, references, and figure legends.

** Figures may be in parts.

*** Review articles typically are submitted at the invitation of the Editor. However, authors are encouraged to contact the Editorial Office with ideas.

Protection of Patients' Right to Privacy

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

- 1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining

informed patient consent should be indicated in the manuscript.

Preparing the Manuscript for Submission Online

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1. **Abstract**

For an Original Article, abstracts should be a maximum of 300 words and structured to include the following sections: Purpose, Methods, Results, Conclusions, Level of Evidence (if the study is of humans) or Clinical Relevance (if in vitro or basic science), and Key Words. List as many as six key words.

For a Technical Note or a Case Report, the abstract should be unstructured summary (maximum length, 200 words). List as many as six key words at the end of this unstructured abstract. The body of these manuscripts should consist of: Introduction; Technique (or Case Report); and Discussion plus References and Figures/Figure Legends (if applicable).

It is understood that some technical notes will not fit the hybrid format; such articles are allowed to exceed the recommended maximums and may be printed in their entirety, at the Editor's discretion.

2. **The body of an Original Article should consist of:**

Introduction, Method, Results, Discussion, Conclusions. The reference list, tables, and figure legends must appear at the end of the manuscript.

3. **References**

The Journal follows the reference style given in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (see N Engl J Med 1997;336:309-315 or <http://www.icmje.org/>). References must be cited in the text by number and must appear in numerical order. Please do not include unpublished material or personal communications in your reference list. If necessary to your message, include unpublished material in the body of the text and end the statement with the appropriate information in parentheses. Your reference list should be typed double-spaced and appear after the text but before the tables. Provide all authors' names when six or fewer; when seven or more, list the first three and add et al. For abbreviations of journal names, refer to the List of Journals Indexed in Index Medicus (<ftp://nlmpubs.nlm.nih.gov/online/journals/ljiweb.pdf>). Also, provide article titles and inclusive page numbers (321-328, not 321-8). Accuracy of reference data is the responsibility of all authors.

Please refrain from using end notes or automatic list numbering for references because these features are lost during production by the publisher; instead, type reference numbers in parentheses in the text (avoid superscript!) and type the reference list that appears at the end of the text

Download a [PowerPoint presentation](#) on common reference styles and using the reference checking facility on the manuscript submission site.

4. **Tables**

Tables should be neatly typed, each on a separate page, with a short descriptive title above the tabular data and any notes below. Define all abbreviations. Do not give the same information in tables that you give in the text or in figures.

5. **Figures for a Manuscript Submitted Online**

Upload the files for your figures as you do the other parts of your manuscript.

Remove from figures any identifying features such as authors's names or institutions because we send blinded manuscripts to reviewers. Graphs and drawings should be of professional quality. Radiographs or clinical photos: Remove all markings (such as patient's initials, dates, names of institutions) from imaging. Any labels (eg, arrows or lettering) must be of professional quality. These identifying labels must be large enough to be legible when the figure is minified. Sequences of radiographs should be of identical magnification. The subject should be centered in clinical photographs. Crop extraneous material and background before capturing the image electronically. In the manuscript, give each figure a separate, fully explicit legend. Give each part of a figure its own legend. All abbreviations and symbols used on figures must be defined.

Images should be in JPEG, EPS or TIF format. Graphics software such as Photoshop or Illustrator should be used to create your illustrations. Do not use presentation software such as PowerPoint, CorelDraw, or Harvard Graphics. Color images must be CMYK, of at least 300 DPI resolution. Gray scale images must have at least 300 DPI resolution. Combinations of gray scale and line art must be at least 1200 DPI resolution. Likewise line art (black-and-white or color) must be at least 1200 DPI

resolution.

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Color figures are preferred.

Details of Style

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Drug names: Use only generic names in referring to drugs. After first mention, add in parentheses any commonly used variant generic. Abbreviations: Follow the AMA Manual of Style (available from online booksellers).

Proofs

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Proofs must be returned within 2 days of receipt; late return may delay publication of an article. Please check text, references, tables, figures and legends carefully.

Copyright

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Software Recommendation

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Microsoft Word® is the recommended word-processing software.

Document Formatting

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Typographical formatting will be handled by the publisher. This pertains to design specifications for the final printed product, such as column width, page depth, and type styles. Please refrain from using non-standard formatting in your manuscript.

Editorial formatting may be included. This refers to attributes such as italics, superscripts/subscripts, and Greek letters. The coding scheme for each such element must be consistent throughout the file.

Text Style

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- Type text flush left (ie, do not indent paragraphs), using upper and lowercase letters as appropriate.
- Enter only one space after punctuation.
- For line breaks within a paragraph, use the automatic "wraparound" feature of your word processor (also called a "soft return"); do not use the carriage return or -enter-key ("hard return").
- Use two hard returns at the end of each paragraph (ie, one blank line should appear between paragraphs).
- Use two hard returns between headings and text.
- Do not use the word processor's indenting features. (This will be handled by production during typesetting.)
- Do not justify the right margin of your manuscript.

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