

# Instructions to authors

Enacted from June 1, 2009

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June 1, 2013

March 1, 2014

May 13, 2014

September 1, 2017

March 1, 2019

December 1, 2019

November 30, 2022

April 18, 2023

## 1. GENERAL INFORMATION

*Clinics in Shoulder and Elbow* (Clin Shoulder Elbow, CiSE) is an international, peer-reviewed journal and the official journal of Korean Shoulder and Elbow Society. It was first launched in 1998. It is published quarterly on the first day of March, June, September, and December, with articles in English, and has been published as an online-only journal since 2019.

The aims of CiSE are first to contribute to the management and education of shoulder and elbow topics; second, to share the latest scientific information among international societies; and finally to promote communications on shoulder/elbow problems and patient care. It can cover all fields of clinical and basic researches in shoulder and elbow.

Manuscripts submitted to CiSE should be prepared according to the following instructions. CiSE follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

## 2. ARTICLE PROCESSING CHARGE

There are no author fees required for manuscript processing and/or publishing materials in the journal since all cost is supported by the publisher, the Korean Shoulder and Elbow Society until there is a policy change. Therefore, it is the so-called platinum open-access journal.

## 3. RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines for research and publication described in the Committee on Publication Ethics (COPE) Guidelines (<https://publicationethics.org/resources/guidelines>),

the ICMJE Recommendations (<https://www.icmje.org>), and the Good Publication Practice Guideline for Medical Journals ([https://www.kamje.or.kr/board/view?b\\_name=bo\\_publication&bo\\_id=13](https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13)). Furthermore, all processes addressing research and publication misconduct shall follow the flowchart of COPE (<https://publicationethics.org/resources/flowcharts>). Any attempts to duplicate publications or engage in plagiarism will lead to automatic rejection and may prejudice the acceptance of future submissions.

### Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Any investigations involving humans and animals should be approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) and Animal Care Committee, respectively, of the institution where the experiment was performed. CiSE will not consider any studies involving humans or animals without appropriate approval. Such approval, the approval number, and IRB or REC institution name should be stated in the Methods section of the manuscript. Informed consent should be obtained, unless waived by the IRB, from patients who participated in clinical investigations. In the case of an animal study, a statement should be provided indicating that the experiment process, such as the breeding and the use of laboratory animals, was approved by the REC of the institution where the experiment was performed or that it does not violate the rules of the REC of the institution or the NIH Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council). The authors should preserve raw experimental study data for at least 1 year after the publication of the paper and should present this data if required by the editorial board.

### **Protection of Privacy, Confidentiality, and Written Informed Consent**

The ICMJE has recommended the following statement for the protection of privacy, confidentiality, and written informed consent: The rights of patients should not be infringed without written informed consent. Identifying details (patient's names, initials, hospital numbers, dates of birth, or other personal or identifying information, protected healthcare information) should not be published in written descriptions. Images of human subjects should not be used unless the information is essential for scientific purposes and explicit permission has been given as part of the consent. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, authors should provide assurances that such alterations do not distort scientific meaning. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned.

### **Conflict of Interest**

The author is responsible for disclosing any financial support or benefit that might affect the content of the manuscript or might cause a conflict of interest. When submitting the manuscript, the author must attach the letter of conflict of interest statement ([http://cisejournal.org/authors/copyright\\_transfer\\_agreement.php](http://cisejournal.org/authors/copyright_transfer_agreement.php)). All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationship, (3) academic competition, and (4) intellectual passion. These conflicts of interest must be included as a footnote on the title page. Each author should certify the disclosure of any conflict of interest with his/her signature.

### **Originality, Plagiarism, and Duplicate Publication**

Redundant or duplicate publication refers to the publication of a paper that overlaps substantially with one already published. Upon receipt, submitted manuscripts are screened for possible plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to the editorial committee. If redundant or duplicate publication is attempted or occurs without such

notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

### **Secondary Publication**

It is possible to republish manuscripts if the manuscripts satisfy the conditions for secondary publication of the ICMJE Recommendations, available from: <https://www.icmje.org/> as follows:

(1) Certain types of articles, such as guidelines produced by governmental agencies and professional organizations, may need to reach the widest possible audience. In such instances, editors sometimes deliberately publish material that is also published in other journals with the agreement of the authors and the editors of those journals.

(2) Secondary publication for various other reasons, in the same or another language, especially in other countries, is justifiable and can be beneficial provided that the following conditions are met. The authors have received approval from the editors of both journals (the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version). The priority of the primary publication is respected by a publication interval of at least one week (unless specifically negotiated otherwise by both editors).

(3) The paper for secondary publication is intended for a different group of readers; therefore, an abbreviated version could be sufficient. The secondary version faithfully reflects the data and interpretations of the primary version. The footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might read: "This article is based on a study first reported in the [title of a journal, with full reference]."

### **Authorship**

Authorship credit should be based on one's contribution substantially to all four categories established by the International Committee of Medical Journal Editors (ICMJE): (1) substantial contributions to conception or design of the work, acquisition of data, and analysis and interpretation of data; (2) drafting the work or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are ap-

appropriately investigated and resolved.

- The contributions of all authors must be described. CiSE has adopted the CRediT Taxonomy (<https://credit.niso.org/>) to describe each author's individual contributions to the work. The role of each author should be addressed on the title page.
- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or re-arranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or e-mail from all authors. This letter must be signed by all authors of the paper. A copyright assignment must be completed by every author.
- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the details of authorship, ethics committee approval, clinical trial registration documentation, and conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more co-authors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contributes substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

### **Process for Managing Research and Publication Misconduct**

When the journal faces suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problems with a submitted manuscript, appropriation by a reviewer of an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

### **Editorial Responsibilities**

The Editorial Board will continuously work to monitor and safe-

guard publication ethics: guidelines for retracting articles; maintenance of the integrity of academic records; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarized and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoid any conflict of interest with respect to articles they reject or accept; promote the publication of corrections or retractions when errors are found; and preserve the anonymity of reviewers.

## **4. EDITORIAL POLICY**

### **Copyright**

Copyright in all published material is owned by the Korean Shoulder and Elbow Society. Authors must agree to transfer copyright ([http://cisejournal.org/authors/copyright\\_transfer\\_agreement.php](http://cisejournal.org/authors/copyright_transfer_agreement.php)) during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher. In addition, if excerpts from other copyrighted works are included, the authors must obtain written permission from the copyright owners and credit the sources in the article.

### **Open-Access License**

CiSE is an open-access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need permission to use tables or figures published in CiSE in other journals, books, or media for scholarly and non-commercial purposes. For any commercial use of material from this open-access journal, permission must be obtained from Korean Shoulder and Elbow Society (email: [journal@cisejournal.org](mailto:journal@cisejournal.org)).

### **Article Sharing (Author Self-Archiving) Policy**

CiSE is an open-access journal, and authors who submit manuscripts to CiSE can share their research in several ways, including on preprint servers, social media platforms, at conferences, and in educational materials, in accordance with our open-access policy. However, it should be noted that submitting the same manuscript to multiple journals is strictly prohibited.

### **Registration of Clinical Trial Research**

It is recommended that any research that deals with a clinical trial be registered with a clinical trial registration site, such as <http://>

cris.nih.gov, or other primary national registry sites accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform/network/primary-registries>) or clinicaltrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

### Data Sharing Policy

CiSE encourages data sharing wherever possible unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical Trials: CiSE accepts the ICMJE Recommendations for data sharing statement policy. Authors may refer to the editorial, “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors,” in the *Journal of Korean Medical Science* (<https://dx.doi.org/10.3346/jkms.2017.32.7.1051>).

### Archiving Policy

In accordance with the Korean Library Act, the full text of the CiSE can be archived in the National Library of Korea (<https://seoji.nl.go.kr/archive>). CiSE provides electronic archiving and preservation of access to the journal content in the event the journal is no longer published, by archiving in the National Library of Korea (<https://www.nl.go.kr/archive/search.do>) and the National Library of Korea can permanently preserve submitted CiSE papers.

### Preprint Policy

A preprint can be defined as a version of a scholarly paper that precedes formal peer review and publication in a peer-reviewed scholarly journal. CiSE allows authors to submit preprints to the journal. It is not treated as duplicate submission or duplicate publication. CiSE recommends that authors disclose the existence of a preprint with its DOI in the letter to the Editor during the submission process. Otherwise, a plagiarism check program—Similarity Check (Crosscheck) or Copy Killer—may flag the results as containing excessive duplication. A preprint submission will be processed through the same peer-review process as a usual submission. If a preprint is accepted for publication, the authors are recommended to update the information on the preprint site with a link to the published article in CiSE, including the DOI at CiSE. It is strongly recommended that authors cite the article in CiSE instead of the preprint in their next submission to journals.

## 5. MANUSCRIPT SUBMISSION AND PEER-REVIEW PROCESS

### Online Submission

All manuscripts should be submitted online via the journal’s website (<https://submit.cisejournal.org/>) by the corresponding author. Once you have logged into your account, the online system will lead you through the submission process in a stepwise orderly process. Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in the return of the manuscript and possible delay in publication. In case of any trouble, please contact the editorial office (Email: [journal@cisejournal.org](mailto:journal@cisejournal.org)).

### Screening after Submission

Screening process will be conducted after submission. If the manuscript does not fit the aims and scope of the Journal or does not adhere to the Instructions to authors, it may be returned to the author immediately after receipt and without a review. Before reviewing, all submitted manuscripts are inspected by “Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool. If a too high a degree of similarity score is found, the Editorial Board will do a more profound content screening. The criterion for similarity rate for further screening is usually 25%; however, the excess amount of similarity in specific sentences may be also checked in every manuscript. The settings for Similarity Check screening are as follows: It excludes quotes, a bibliography, small matches of 6 words, small sources of 1%, and the Methods section.

### Peer-Review Process

All papers, including those invited by the Editor, are subject to peer review. Manuscripts will be peer-reviewed by two accredited experts in the shoulder and elbow with one additional review by prominent member from our editorial board. The editor is responsible for the final decision whether the manuscript is accepted or rejected.

- The journal uses a double-blind peer review process: the reviewers do not know the identity of the authors, and vice versa. During the peer review process, reviewers can interact directly or exchange information (e.g., via submission systems or email) with only an editor, which is known as “independent review.”
- CiSE’s average turnaround time from submission to decision is 4 weeks.
- Decision letter will be sent to corresponding author via registered e-mail. Reviewers can request authors to revise the con-

tent. The corresponding author must indicate the modifications made in their item-by-item response to the reviewers' comments. Failure to resubmit the revised manuscript within 4 weeks of the editorial decision is regarded as a withdrawal.

- The editorial committee has the right to revise the manuscript without the authors' consent, unless the revision substantially affects the original content.
- After review, the editorial board determines whether the manuscript is accepted for publication or not. Once rejected, the manuscript does not undergo another round of review.
- All articles in CiSE include the dates of submission, revision, acceptance, and publication on their article page. No information about the review process or editorial decision process is published on the article page.

### Submission by Editors

All manuscripts from editors, employees, or members of the editorial board are processed in the same way as other unsolicited manuscripts. During the review process, submitters will not engage in the selection of reviewers or the decision process. Editors will not handle their manuscripts even if the manuscripts are commissioned.

The conflict of interest declaration should be added as follows.

Conflicts of Interest: OOO has been an editorial board member of Clinics in Shoulder and Elbow since OOO but has no role in the decision to publish this article. No other potential conflicts of interest relevant to this article were reported.

### Feedback after Publication

If the authors or readers find any errors, or contents that should be revised, it can be requested from the Editorial Board. The Editorial Board may consider erratum, corrigendum or a retraction. If there are any revisions to the article, there will be a Cross-Mark description to announce the final draft. If there is a reader's opinion on the published article with the form of Letter to the editor, it will be forwarded to the authors. The authors can reply to the reader's letter. Letter to the editor and the author's reply may be also published.

### Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines

of COPE available from (<https://publicationethics.org/appeals>). CiSE does not consider second appeals.

## 6. MANUSCRIPT PREPARATION

Authors are required to submit their manuscripts after reading the following instructions. Any manuscript that does not conform to the following requirements will be considered inappropriate and may be returned.

### General Requirements

- All manuscripts should be written in English.
- The manuscript must be written using Microsoft Word and saved as ".doc" or ".docx" file format. The font size must be 12 points. The body text must be left-aligned, double-spaced, and presented in one column. The left, right, and bottom margins must be 3 cm, but the top margin must be 3.5 cm.
- The page numbers must be indicated in Arabic numerals in the middle of the bottom margin, starting from the abstract page.
- Neither the authors' names nor their affiliations should appear on the manuscript pages.
- Only standard abbreviations should be used. Abbreviations should be avoided in the title of the manuscript. Abbreviations should be spelled out when first used in the text and the use of abbreviations should be kept to a minimum.
- The names of manufacturers of equipment and non-generic drugs should be given.
- Authors should express all measurements in conventional units using International System (SI) units.
- P-value from statistical testing is expressed as capital P.

### Reporting Guidelines for Specific Study Designs

For the specific study design, it is recommended that authors follow the reporting guidelines, such as CONSORT (<http://www.consort-statement.org>) for randomized controlled trials, STROBE (<http://www.strobe-statement.org>) for observational studies, PRISMA (<http://www.prisma-statement.org>) for systematic reviews and meta-analyses, and CARE (<https://www.care-statement.org>) for case reports. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and NLM ([https://www.nlm.nih.gov/services/research\\_report\\_guide.html](https://www.nlm.nih.gov/services/research_report_guide.html)).

### Types of Manuscripts

- The manuscript types are divided into Original Articles, Review Articles, Case Reports, and other types.
- **Original Article:** Original articles should be written in the fol-

lowing order: title page, abstract(within 250 words), keywords, main body (introduction, methods, results, discussion, and conclusions), acknowledgments (if necessary), references (up to 30), tables, figure legends, and figures.

- **Review Articles:** Review articles should focus on a specific topic. The format of a review article is not limited. Publication of these articles will be decided upon by the Editorial Board.
- **Case Reports:** Case reports should be written in the following order: title page, abstract (within 200 words), keywords, main body (introduction, case report, and discussion), acknowledgments (if necessary), references (up to 10), tables, figure legends, and figures.
- **Technical Notes:** Technical notes should be written in the following order: title page, abstract (within 150 words), keywords, main body (introduction, technique, and discussion), acknowledgments (if necessary), references (up to 10), tables (if applicable), figure legends, and figures and should not exceed 1,500 words. A maximum of 3 figures and 1 table are allowed.
- **Letters to the Editor:** The journal welcomes readers' comments on articles published recently in the journal or orthopedic topics of interest. Letters to the editor should not exceed 1,000 words, excluding references, tables, and figures. A maximum of 5 references and total 4 figures or tables are allowed.
- **Editorial:** Editorials are invited by the editors and should be commentaries on articles published recently in the journal. Editorial topics could include active areas of research, fresh insights, and debates in the field of orthopedic surgery. Editorials should not exceed 1,000 words, excluding references, tables, and figures. A maximum of 10 references and total 4 figures or tables are allowed.
- **Current Concepts:** Current concepts deal with most current trends and controversies of a single topic in shoulder and elbow. Authors are recommended to update all the knowledge to most recent studies and researches.
- **Systematic Review:** Systematic review examines published material on a clearly described subject in a systematic way. There must be a description of how the evidence on this topic was tracked down, from what sources and with what inclusion and exclusion criteria.
- **Meta-analysis:** A systematic overview of studies that pools the results of two or more studies to obtain an overall answer to a question or interest. Summarizes quantitatively the evidence regarding a treatment, procedure, or association.
- **Concise Review:** Concise review is a short version of a systemic review requested to submit to the journal by the Editorial board. Usually, previous papers regarding such topics were published by the main author(s).

- **Special Reports/Expert Opinions (Level V studies)** of various topics on shoulder and elbow can be submitted. They are limited to 2,700 words excluding references, tables, and figures.

Recommended maximums for articles submitted to CiSE<sup>a)</sup>

Type of article	Abstract (word)	Text (word) <sup>b)</sup>	References	Tables & Figures
Original Article	Structured, 250	NL	30	NL
Review	Unstructured, 250	NL	NL	NL
Case Report	Unstructured, 200	1,500	15	NL
Technical Note	Unstructured, 150	1,500	10	1 Table/ 3 Figures
Letter to the Editor	-	1,000	5	4
Editorial	-	1,000	10	4
Current Concepts	Unstructured, 250	NL	NL	NL

NL, no limits.

<sup>a)</sup>The requirements for the number of references, tables and figures and length of the main text can be consulted with the Editorial Office;

<sup>b)</sup>Not including an abstract, tables, figures, acknowledgments, and references.

## Format of Manuscript

### Title page

- The title page must include a title, the authors' names, affiliations, and corresponding authors' names and contact information. In addition, a running title must be written within up to 50 characters including spaces. The corresponding authors' contact information must include a name, addresses, e-mails, telephone numbers, and fax numbers.
- **ORCID:** We recommend that the open researcher and contributor ID (ORCID) of all authors be provided. To have an ORCID, authors should register in the ORCID website (<http://orcid.org/>).
- **Author contributions:** The contributions of all authors must be described using the CRediT (<https://credit.niso.org/>) taxonomy of author roles.
- **Conflict of interest:** If there are any conflicts of interest, authors should disclose them in the manuscript. If there are no conflicts of interest, authors should include the following sentence: "No potential conflict of interest relevant to this article was reported."
- **Funding:** All sources of funding applicable to the study should be stated here explicitly.
- **Acknowledgments:** Any persons that contributed to the study or the manuscript, but not meeting the requirements of authorship could be placed here. If you do not have anyone to acknowledge, please write "None" in this section.

**Abstract and keywords**

Each paper should start with an abstract not exceeding 250 (original articles and reviews), 200 words (case reports), and 150 (technical notes) words. The abstract for original articles should state the background, methods, results, and conclusions in each paragraph in a brief and coherent manner. Relevant numerical data should be included. Under the abstract, keywords should be inserted (maximum 5 words). Authors are recommended to use the MeSH database to find Medical Subject Heading Terms at <http://www.nlm.nih.gov/mesh/meshhome.html>. The structured abstract should be into the following sections.

- **Background:** The rationale, importance, or objective of the study should be described briefly and concisely in one to two sentences. The objective should be consistent with that stated in the Introduction.
- **Methods:** The procedures conducted to achieve the study objective should be described in detail, together with relevant details concerning how data were obtained and analyzed and how research bias was adjusted.
- **Results:** The most important study results and analysis should be presented in a logical manner with specific experimental data.
- **Conclusions:** The conclusions derived from the results should be described in one to two sentences, and must match the study objective.
- **Level of Evidence:** Author should make the final determination of the study design and level of evidence based on the Centre for Evidence Based Medicine guidelines. Authors may refer to the definitions in the Level of Evidence table (<https://www.cebm.ox.ac.uk/files/levels-of-evidence/cebm-levels-of-evidence-2-1.pdf>).

**Main Body**

- All articles using clinical samples or data and those involving animals must include information on the IRB/IACUC approval or waiver and informed consent. An example is shown below. “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consent was obtained / Informed consent was waived.”
- **Description of participants:** Ensure the correct use of the terms “sex” (when reporting biological factors) and “gender” (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive popula-

tion, for example, in only one sex, authors should justify why, except in obvious cases (e.g., ovarian cancer). Authors should define how they determined race or ethnicity and justify their relevance.

- **Introduction:** State the background or problem that led to the initiation of the study. Introduction is not a book review, rather it is best when the authors bring out controversies which create interest. Lead systematically to the hypothesis of the study, and finally, to a restatement of the study objective, which should match that in the Abstract. Do not include conclusions in the Introduction.
- **Methods:** Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration of the study) and the study population (demographics, length of follow-up). Explanations of the experimental methods should be concise, yet enable replication by a qualified investigator.
- **Results:** This section should include detailed reports on the data obtained during the study. All data in the text must be presented in a consistent manner throughout the manuscript. All issues which the authors brought up in the method section need to be in result section. Also, it is preferred that data be in figures or tables rather than a long list of numbers. Instead, numbers should be in tables or figures with key comments on the findings.
- **Discussion:** The first paragraph of the discussion should deal with the key point in this study. Do not start with an article review or general comment on the study topic. In the Discussion, data should be interpreted to demonstrate whether they affirm or refute the original hypothesis. Discuss elements related to the purpose of the study and present the rationales that support the conclusion drawn by referring to relevant literature. Discussion needs some comparison of similar papers published previously, and discuss why your study is different or similar from those papers. Care should be taken to avoid information obtained from books, historical facts, and irrelevant information. A discussion of study weaknesses and limitations should be included in the last paragraph of the discussion.
- **Conclusions:** Briefly state the answer to your question or hypothesis in the Introduction. Describe carefully to draw conclusions only from your results and verify that your data firmly support your conclusions. The conclusions in the text and those in the abstract must have the same content.
- **References** must be numbered with superscripts according to their quotation order. When more than two quotations of the same authors are indicated in the main body, a comma must be placed between a discontinuous set of numbers, whereas a dash must be placed between the first and last numerals of a continuous set of numbers: “Kim et al. [2,8,9] insisted...” and “However,

Park et al. [11-14] showed opposing research results.”

- Figures and tables used in the main body must be indicated as “Fig.” and “Table.” For example, “Magnetic resonance imaging of the brain revealed... (Figs. 1-3).

## References

- The number of references is recommended to be 30 for original articles and 10 for case reports and technical notes.
- All references must be cited in the text. The number assigned to the reference citation is according to the first appearance in the manuscript. References in tables or figures are also numbered according to the appearance order. Reference numbers in the text, tables, and figures should in a bracket ([ ]).
- List names of all authors when six or fewer. When seven or more, list only the first three names and add et al.
- Authors should be listed by surname followed by initials.
- The journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).
- The overlapped numerals between the first page and the last page must be omitted (e.g., 2025-6).
- References to unpublished material, such as personal communications and unpublished data, should be noted within the text and not cited in the References. Personal communications and unpublished data must include the individual’s name, location, and date of communication.
- Examples of references are as follows:

### Journal article

1. Annaniemi JA, Pere J, Giordano S. Platelet-rich plasma versus corticosteroid injections for rotator cuff tendinopathy: a comparative study with up to 18-month follow-up. *Clin Shoulder Elb* 2022;25:28-35.
2. Kovacevic D, Fox AJ, Bedi A, et al. Calcium-phosphate matrix with or without TGF- $\beta$ 3 improves tendon-bone healing after rotator cuff repair. *Am J Sports Med* 2011;39:811-9.
3. Nord KD, Masterson JP, Mauck BM. Superior labrum anterior posterior (SLAP) repair using the Neviaser portal. *Arthroscopy* 2004;20 Suppl 2:129-33.
4. Rohner E, Jacob B, Bohle S, et al. Sodium hypochlorite is more effective than chlorhexidine for eradication of bacterial biofilm of staphylococci and *Pseudomonas aeruginosa*. *Knee Surg Sports Traumatol Arthrosc* 2020 Feb 7 [Epub]. <https://doi.org/10.1007/s00167-020-05887-9>

### Book & book chapter

5. Iannotti JP, Williams Jr GR. Disorders of the shoulder: diagno-

sis & management. 2nd ed. Lippincott Williams & Wilkins; 2007. p. 66-80.

6. Provencher MP, LeClere LE, Van Thiel GS, et al. Posterior instability of the shoulder. In: Angelo RL, Esch JC, Ryu RK, eds. AANA advanced arthroscopy the shoulder. Saunders; 2010. p. 115-23.

### Website

7. American Cancer Society. Cancer facts & figures 2022 [Internet]. American Cancer Society; 2020 [cited 2023 Mar 5]. Available from: <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html>

## Figures and Figure Legends

Figures should be cited in the text and numbered using Arabic numbers in the order of their citation (e.g., Fig. 1). Figures are not embedded within the text. Each figure should be submitted as an individual file. The location of figure legends begins on the next page after the last table. Every figure has its own legend. Abbreviations and additional information for any clarification should be described within each figure legend. The description of footnotes below the figure should follow the order of that of abbreviation and then symbols. Symbols should be marked with small alphabet letters in the order of their usage, such as <sup>a), b), c)</sup>, or asterisks (\*) for statistical significance. Figure files are submitted in EPS, TIFF, or PDF formats. The requirement for minimum resolutions is dependent on figure types. For line drawings, 1,200 dpi are required. For grey color works (i.e., pictures of gel or blots), 600 dpi is required. For color or half-tone artwork, 300 dpi is required. The files are named by the figure number.

- Staining techniques used should be described. Photomicrographs with no inset scale should have the magnification of the print in the legend.
- Papers containing unclear photographic prints may be rejected.
- Remove any writing that could identify a patient.
- A previously published figure should be accompanied by a footnote acknowledging the original source and the consent of the copyright holder.

## Tables

- Tables should be numbered sequentially with Arabic numerals in the order in which they are mentioned in the text.
- If an abbreviation is used in a table, it should be defined in a footnote below the table.
- Additional information for any clarification is designated for citation using alphabetical superscripts <sup>a), b), c)</sup>... or asterisks (\*). The explanation for superscript citation should be done as fol-

lowing examples: <sup>a)</sup>Not tested. \*P < 0.05, \*\*P < 0.01, \*\*\*P < 0.001.

- Tables should be understandable and self-explanatory, without references to the text.
- If a table has been previously published should be accompanied by the written consent of the copyright holder and the footnote must acknowledge the original source.

## 6. MANUSCRIPT PROCESSING AFTER ACCEPTANCE

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After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher-resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

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