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The Editorial Council selects the works and sends them anonymously in a double-blind fashion to the Peer Review Body, two or more referees who either accept the works with or without modifications or reject them. The Editorial Council sends the accepted works that need corrections back to their authors, and entitles itself the right to publish them in either an unabridged or a summarized way.

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Instructions for the Authors

General Information

The AAOT Journal publishes double-blind peer-reviewed articles (refereed by two or more) that are original and unpublished (i.e. they have not been simultaneously offered to any other journal) and that deal with the diagnosis, treatment and pathophysiology of diseases and conditions of the locomotor system, what includes not only basic and clinical scientific works but also case reports.

The evaluators of the articles in this Journal do not belong to its Editorial Council, nor do they make up the AAOT Board of Directors. The AAOT Journal is backed by an International Scientific Advisory Board which is made up of prestigious specialists who collaborate in the arbitration of controversial works.

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Those articles which take significant revision workload will be sent untouched back to their authors for correction previous to revision.

Those ones which are accepted will be published on the the journal online version on <http://ojs.aaot.org.ar>.

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Research in Human Beings

The articles that imply research in human beings should include a declaration in Materials and Methods that makes reference to the approval from the Institutional Ethics Committee or similar body while taking note of every patient granting the Informed Consent or any other required consent. For reports on research in human beings, it will have to be guaranteed that: (a) the required and proper consent has been granted by every patient and (b) the study protocol has been conducted in accordance with the 1975's Declaration of Helsinki ethical rules as anticipated in the approval from the Ethical Committee. Individual patients should be referred as numbers, not as initials.

Experimentation in Animals

Manuscripts that report experiments in animals should include a declaration in Materials and Methods that states that animals are taken care of in accordance with the guidance given to the authors by their reference institutions and the Health National Institutes, along with any other National Act that deals with the use and care of lab animals.

Authorizations

Direct cites, tables or illustrations taken from material under copyright should be accompanied by an authorization for use given by the copyright original owner. This authorization should be presented as a footnote in the text or the table or as an addendum to the illustration caption, and should give out complete information about the sources. The pictures of identifiable persons should be accompanied by a signed report that alludes to the informed consent.

Measure Units

Use the International System of Units (SI)

Abbreviations

First the word to be shortened should be written in full with its abbreviation between brackets, and then it is the abbreviation that should be used in the remaining text.

Names of medicines and implants

Use generic names. The manufacturer's name can be mentioned between brackets, together with city and country.

The revised manuscripts

Every revised manuscript should be accompanied by a presentation letter that deals with every comment passed by the reviewers. This letter should give thorough detail of the changes that have been made and the reasons because of which some other recommended changes have not. Every change should be accompanied by the line number, the paragraph and the page that have been worked upon in the revised article. The number of the manuscript should show in the presentation letter.

The Authors willing to publish in the Journal should follow the following instructions. Every manuscript should be presented electronically on the Journal ONLINE WEBSITE— <http://ojs.aaot.org.ar>, where the author will register as such being guided step by step for the manuscript upload. On the webpage he or she will be able to trace the manuscript progress. Reports on the manuscript will be e-mailed to the author.

Number of authors

The order of the authors just conveys the authors' preferences. Every author should have contributed significantly to the work and be ready to assume public responsibility for one or more aspects of the study: its design, data acquisition and analysis together with interpretation of data. Every author should have participated actively in the writing and critical revision of the manuscript, and every one of them has to give the final approval for the version to be published. Those who have just contributed with a single section of the manuscript or have contributed just with cases should be mentioned in a note of thanks.

If the one considered as the author of an article is a research team, one or more members of the group that meet fully the aforementioned standards related to authorship should be listed as the authors of the article—followed by “on behalf of [the name of the group]”. The other members of the groups should be included in a thanks section at the end of the article. On the other hand, the list of authors can just show the name of the group with an asterisk referring to a list which includes specifically the authors that meet fully the aforementioned standards related to authorship, and that also includes the other members of the group.

The **original manuscript** should be typed in Word format using double-space 12-Times New Roman font with ample 3-cm margins. The pages should be numbered, and the tables and illustration captions should be included in pages apart from the main text.

Images should be sent as JPG attachments with references in Word format also as independent attachments—for instance, at the time of sending an image the authors should send a file in JPG format named “Figure 1 file” together with a Word-format attachment also named “Figure 1” that explains and gives details about Figure 1.

Preparation of manuscript

The authors' full name along with their degree (e.g. MD or BPhD, etc.), institutional references (working place—address including province/state and country) and mailing data (name, address, telephone and/or fax number, and e-mail address) will be uploaded during the process of the submission of the manuscript to the OJS. If any, it is necessary to upload the info about the work financial sponsorship. If not, it should also be included. You can request a “Tutorial” for your article upload at publicaciones@aaot.org.ar.

The **title** of the work should be selected with extreme care: if it is short, it has more impact. The words to be used in this title should facilitate searches for the issue dealt with in a bibliographic index, being most adequate to use key words for the work location by means of search engines.

The **first page of the article** should include: the title and the abstract in both Spanish and English languages.

The **abstract** should include a maximum of 250 words and it should be submitted in both Spanish and English languages preceding the article; it should summarize and highlight the main points of the article. Its structure should include: **aims, materials and methods, results, conclusions, level of evidence.**

The key words, which cannot be more than 6, should be included at the end of the abstract in both Spanish and English languages.

The text of the article itself starts on the following page. Please, include in the text no identification (e.g. name of authors or name of the institution where the work has been carried out at; the text should include references such as “the author surgeon” or “the institution we work at”, etc.)

El texto

The text

It will be divided into four sections: **Introduction, Materials and Methods, Results and Discussion.** So as to keep the message coherent, every section should be conceived in relationship with the question or working hypothesis. Therefore, *Introduction* poses the question; *Materials and Methods* describes the activities carried out to answer that question; *Results* reports the results; and *Discussion* sets out differences and/or similarities with other authors, the author reflections and, finally, it answers the question that has been posed.

Introduction: It sets out the justification of the topic that leads the author/s to formulate their aim. Bibliographic cites should be kept to a minimum. The introduction should be concluded setting out the aim of the study and/or the working hypothesis.

Materials and Methods: Its objective is to describe the activities carried out to answer the question that has been posed in the Introduction. It should provide the reader with enough information to allow any other scientist to evaluate the credibility of the work and repeat the experiment just as it has been carried out in the study. It should describe clearly the population of study, the methods for evaluation and also the devices and procedures that have been used to allow the reader to reproduce the same results. This section should not include results. Data can be presented in tables. It is necessary to define the type of design of the study and to describe the statistical method that has been used. This section should state that the study has gotten approval from an institutional evaluating or ethical committee.

Results: They should be presented as it has been described in Materials and Methods. If the results are presented in tables, they should summarize and highlight the most important data, not repeat information as it is detailed in the text.

Discussion: Its aim is to describe the results responding to the study aim. To highlight the limitations of the study, as well as the coincidences or dissidences found as compared to other studies. To define the impact that the results can have not only in terms of the working hypothesis but also in those at some other levels of knowledge so as to encourage other studies.

Case presentations and works for post-graduate Orthopedics updates and instructions do not include abstracts.

In scientific works please include the type of study and the level of evidence (consult the table) at the end of the abstract.

References: The authors are accountable for the accuracy and integrity of the references they include in their manuscripts. References should not be a mere list of the electronic bibliographic search; instead, they should have been read by the author(s), and they are considered to be relevant for the work. **Write the references using double-space on a separate sheet of paper and enumerate them consecutively as they have been cited in the manuscript.** Cite the references in the text using Arabic numerals between brackets. Include all the authors when they are 6 or fewer; when they are 7 or more, you should mention the first 6 authors and add “et al.” Use the abbreviations of the titles of the journals as stated by the Index Medicus. Include the numbers of the beginning and ending pages of every citation. Include the DOI if needed. If a reference source has not been published yet, but it

has been accepted for publication, include the source in the list of references and produce the letter of acceptance together with your work.

Authors are encouraged to cite all the works that have been previously published in the AAOT Journal which make reference to their piece of research. So as to have access to these articles, we suggest carrying out a bibliographic search at: <http://lilacs.bvsalud.org/es/> or ask the AAOT library for a research tutorial at biblioteca@aaot.org.ar.

Include in the list of references no congress summaries, personal communications or unpublished material (not even oral presentations and works that have not been accepted for publication yet). If such information is essential to your message, this material can be identified in the text between brackets. Please, watch the following examples:

Journal article: Saunders RA, Frederick HA, Hontas RB. The Sauve'- Kapandji procedure: a salvage operation for the distal radioulnar joint. *J Hand Surg* 1991;16A:1125-29.

Book: Taleisnik J. *The wrist*. New York: Churchill Livingstone; 1985. p. 25-32.

Chapter of book: Bowers WH. The distal radioulnar joint. In: Green DP, ed. *Operative hand surgery*. 3rd ed. New York: Churchill Livingstone; 1993. p. 973-1020.

Tables

Tables should be presented in Word format (we will not admit any other type of format) in a double-space fashion, with number and title. Explanatory notes should be included following the lower margin of the table. Every table should be included on a page apart. Information in the table and the text/figures should not be doubled.

Captions in figures

Enumerate the figures with Arabic numbers in the order they are mentioned in the text. Give enough information for the figures to be understandable with no need to consult the text. Define every symbol and every abbreviation that has not been written in the text yet. For any material with copyright, state that you have got authorization (consult *Authorizations* above). Captions should be written consecutively on a page apart from the main body of the manuscript.

Figures

Digital illustrations will be accepted with as much definition as possible, in colors and a TIFF or JPEG format. They should be appropriately identified and enumerated (e.g. Figure 1.jpeg, Figure 2A.jpeg). The maximal size of each file that the system will take is 4 MB (megabytes). For a higher speed of surf and file upload, however, we suggest a figure size of 2MB each.

Use professional arrows or other markers right on the figure to identify important characteristics. Crop the figures so as not to lose the meanings or information they are supposed to show. Specify what the upper margin of the picture is if this is not evident. Neither the names of the authors nor those of the institutions should show anywhere in the figures. The title of the figures and the contents of the captions are to be included in the captions, not the figures. The numbers of the figures should be in accordance with the order in which the figures are presented in the text. If pictures of persons are to be used, the subjects should not be identifiable or a person's written authorization to use the picture should be presented instead. If a figure has already been published, it is necessary to acknowledge the original source and present an authorization signed by the copyright original owner allowing the author/s the reproduction of the material.

Videos

Authors have the option to include videos. We will accept only one video per article. They should not be larger than 100 MB, nor should they last more than 4 minutes. Videos should include captions describing the technique being used, or they can include narrations, depending on the author(s)' preferences (we strongly recommend you to do so!). The video should be cited in the text ("video"). This Journal has no responsibility for video editing.

TYPES OF STUDIES				
Level of evidence	Therapeutic Studies— Investigating the results of treatment	Prognostic Studies— Investigating the Effect on a Patient Characteristic on the Outcome of Disease	Diagnostic studies— Investigating a Diagnostic Test	Economic and Decision Analyses— Developing an Economic and Decision Model
Level I	<ul style="list-style-type: none"> - High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals - Systematic review of Level-I randomized controlled trials 	<ul style="list-style-type: none"> - High-quality prospective study (all patients were enrolled at the same point in their disease with >80% follow-up of enrolled patients) - Systematic review of Level-I studies. 	<ul style="list-style-type: none"> - Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference “gold” standard) - Systematic review of Level-I studies. 	<ul style="list-style-type: none"> - Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses - Systematic review of Level-I studies.
Level II	<ul style="list-style-type: none"> - Lesser-quality randomized controlled trial (e.g., <80% follow-up, no blinding, or improper randomization) - Prospective comparative study - Systematic review of Level-II studies or Level-I studies with inconsistent results 	<ul style="list-style-type: none"> - Retrospective study. - Untreated controls from a randomized controlled trial. - Lesser-quality prospective study (e.g. <80% follow-up or patients enrolled at different points in their disease) - Systematic review of Level-II studies. 	<ul style="list-style-type: none"> - Development of diagnostic criteria on basis of consecutive patients (with universally applied reference “gold” standard). - Systematic review of Level-II studies. 	<ul style="list-style-type: none"> - Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses - Systematic review of Level-II studies
Level III	<ul style="list-style-type: none"> - Case-control study - Retrospective comparative study - Systematic review of Level-III study 	<ul style="list-style-type: none"> - Case-control study 	<ul style="list-style-type: none"> - Study of nonconsecutive patients (without consistently applied reference “gold” standard) - Systematic review of Level-III studies 	<ul style="list-style-type: none"> - Analyses based on limited alternatives and costs; poor estimates - Systematic review of Level-III studies
Level IV	<ul style="list-style-type: none"> - Case series 	<ul style="list-style-type: none"> - Case series 	<ul style="list-style-type: none"> - Case-control study - Poor reference standard 	<ul style="list-style-type: none"> - No sensitivity analyses
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion

Check model for the table at J.Bone Joint Surg.Am [online] <http://jbs.org/public/instructionsauthors.aspx>

Title. Include the words “Case Report”. Describe the most interesting item (e.g. symptom, diagnosis, test, intervention).

Abstract. It should include an “Introduction”, which describes what is unique to this case, what news the work contributes with to medical literature, the main patient’s symptoms, the important medical findings, the main diagnoses, therapeutic interventions and results, and a “Conclusion”, which explains what are the main lessons that are to be learned from this case.

It should be written in both Spanish and English languages and not exceed 200 words.

Key words. Include from 2 to 5 words.

Case reports should include: 1) the patient’s main symptoms, 2) the main medical findings, 3) the main diagnoses and interventions, 4) results, 5) what are the main lessons that are to be learned from this case?

Introduction. It should summarize briefly the background to the case, making reference to relevant medical literature.

Data about the patient. Provide the reader with the patient’s demographic information (age, sex, ethnical origin, profession) and symptoms (main problems) together with family and personal medical and psychosocial history, what includes dietary habits, lifestyle and genetic information whenever possible, and details about relevant co-morbidities, including previous interventions with results.

Medical findings. Describe relevant findings at physical examination.

Calendar Describe important dates and moments in this case (table or illustration).

Diagnostic evaluation. Assess: 1) the diagnostic methods used (e.g. physical examination, analyses, imaging methods, questionnaires), 2) problems for diagnosis-making (e.g. financial or linguistic/cultural problems), 3) the diagnostic reasoning, including other possible diagnoses that may have been considered, 4) the prognosis characteristics (e.g. stages) when relevant.

Therapeutic intervention. Describe: 1) the type(s) of intervention(s)—(pharmacological, surgical, preventive, self-care interventions), 2) the administration of the intervention (e.g. doses, concentration, duration), and any change in the intervention (with justification).

Follow-up and results. Summarize the development of every follow-up consultation, including 1) the results evaluated by the doctor and the patient, 2) the important results in follow-up tests, 3) the compliance to and tolerability of the intervention (how has it been evaluated?), 4) the adverse and unforeseen events.

Discussion. Describe: 1) the strengths and limitations of this case reports, 2) the relevant medical literature, 3) the justification of the conclusions (including evaluations of causalities), 4) the main lessons that are to be learned from this case.

Patient’s standpoint. The patient should report his or her standpoint or personal experience whenever possible.

Informed. Consent Has the patient granted Informed Consent? Provide them with it if he or she requires it.

Requirements for the authors of Case Reports

1. Conflict of interests Is there any conflict of interests?

2. Approval from an Ethics Committee Has an institutional Ethics Committee or a revision body given approval? In the case they have, it is necessary to grant the approval if required.

3. Elimination of identifying information Have the entire patient’s data been deleted?

Bibliographic references Consult the Journal General Rules.

Tables, Illustrations, Images Consult the Journal General Rules.