

## PUBLICATION RULES OF THE JOURNAL OF THE ASOCIACIÓN ARGENTINA DE ORTOPEDIA Y TRAUMATOLOGÍA

The Journal of the Asociación Argentina de Ortopedia y Traumatología (RAAOT) is the organ of scientific expression of the Asociación Argentina de Ortopedia y Traumatología. It is published bimonthly in Spanish and English. Its content can be accessed free of charge at: <https://raaot.org.ar>.

RAAOT is a resource for orthopedic and traumatology professionals and subspecialists, as well as kinesiologists, occupational therapists, and general practitioners.

RAAOT adheres to the international standards and codes of ethics established by the International Committee of Medical Journal Editors (ICJME) (<http://www.icmje.org/recommendations/>), and also adheres to the Code of Ethics of the Committee of Publication Ethics (COPE) (<https://publications.org>) and the Council of Science Editors (CSE) (<https://www.councilscienceeditors.org>).

The RAAOT publishes double-blind peer-reviewed original articles (with two or more reviewers) on the diagnosis, treatment and pathophysiology of diseases and conditions of the musculoskeletal system.

RAAOT uses a double-blind review system. The Editor conducts a preliminary review of the submissions to ensure that they are consistent with the journal's objectives. If this is the case, each article is sent to at least two independent reviewers who evaluate the manuscript's scientific quality.

**Both authors and reviewers remain anonymous in the review process.** RAAOT reviewers are not members of the AAOT Editorial Team or Board of Directors. RAAOT has a Scientific Advisory Committee composed of prominent experts who contribute to the review of contentious manuscripts. RAAOT does not charge any fee for the costs of processing the articles or for sending the articles to the authors.

This journal is indexed in SciELO, LiLACS, Latindex, Dialnet, DOAJ, REDIB, AmeliCA, JournalTOCs and EBSCO, and is part of the CAICYT - CONICET Basic Nucleus of Scientific Journals. It is included in Sheffield Hallam University – Library Gateway, WorldCat and BASE (Bielefeld Academic Search Engine).

Published articles can be consulted on Google Scholar.

The statements and opinions expressed in the Journal's articles and communications are those of the author(s), not necessarily those of the Editors or the Asociación Argentina de Ortopedia y Traumatología (AAOT). Neither the Editors nor the AAOT endorse or guarantee any claim made by the manufacturer of any product or service advertised in this journal.

### Submission of the manuscript

RAAOT only accepts manuscripts written in Spanish. If the submitted article is written in another language, the author(s) will assume the costs of the translation into Spanish.

**All manuscripts must be submitted electronically at** <https://raaot.org.ar>.

**We recommend watching the following video for more information:**

<https://www.youtube.com/watch?v=9G0BYDHUi8A&t=55s>.

**The author must register and will be guided step by step to upload their manuscript at:** <https://raaot.org.ar/index.php/AAOTMAG/about/submissions>.

If the manuscript cannot be submitted through the RAAOT website, it can be emailed to [publicaciones@aaot.org.ar](mailto:publicaciones@aaot.org.ar).

The submission of the manuscript to RAAOT implies that it has not been sent to other journals or editorial bodies at the same time, as well as the non-exclusive assignment of the authors' economic rights in favor of the Editor, who allows its reuse after publication (postprint) under the Creative Commons 4.0 license. Attribution-NonCommercial-ShareAlike (<https://creativecommons.org/licenses/by-nc-sa/4.0/deed.en>). You are free to

share, copy, redistribute, adapt, remix, transform, and build upon the material in any medium or format, provided that: a) the authorship and the original source of its publication (journal, publisher and URL of the work) are cited; b) the material is not used for commercial purposes; c) the same terms of the license are maintained.

All the material published in RAAOT will be ceded to the Asociación Argentina de Ortopedia y Traumatología. Pursuant to Copyright Act No. 11,723, the corresponding author of each manuscript will be required to complete a copyright cession form when uploading the manuscript to the RAAOT website. When submitting an article, the author(s) must submit to the Editor a full statement of all previous submissions and reports that could be considered a duplicate publication of the same or very similar work. Copies of such material should be included in the submitted document to help the editor decide how to deal with the matter.

RAAOT uses internet programs and tools to detect plagiarism, self-plagiarism, duplication and fragmentation. If any of these ethical breaches are detected, the guidelines recommended by the Committee of Publication Ethics (COPE) (<https://publicationethics.org>) and the Council of Science Editors (CSE) (<https://www.council-scienceeditors.org>) will be followed.

## Manuscript preparation

### Authors

The order of the authors is solely determined by the authors' preferences. Each author should have made a major contribution and be willing to accept public responsibility for one or more parts of the study, including its design, data collection, and data analysis and interpretation. All authors should have actively participated in the writing and critical evaluation of the manuscript, and each should have given final approval for publishing.

A **Corresponding Author** must be designated, who will be responsible for receiving messages or notices during the article's evaluation and publication process, as well as after its publication.

People who contributed to a single section of the manuscript or only to the contribution of cases should be acknowledged in an acknowledgement note, which will be placed on the submission page that includes the authors' information.

**The entire manuscript must be blinded (no authors).** It should not include any type of identification of the authors or their affiliations. This also applies to the file name.

**Information of the authors:** it must be sent in a separate file, identified as "Authors", and it must contain the following information: title of the manuscript, full name of each one of the authors, full name of the institution where the study was carried out, with Department/Unit, city and country, highest academic degree achieved by each author, email, address, telephone, ORCID ID, declarations of conflict of interest of all authors and acknowledgments. To obtain an ORCID ID, authors must register on the <https://orcid.org> website. Registration is free.

Authors are advised to carefully review the list, the spelling of first and last names, and the order of authors before submitting their manuscript. Any addition, deletion or change in the order of the names of the authors must be done before the manuscript has been accepted and only with the approval of the Journal Editor. To request this change, the corresponding author will submit the following information to the Editor: a) the reason for the request to modify the list of authors, and b) email confirmation from all authors confirming their agreement with the incorporation, deletion, or change order. In the case of the incorporation or deletion of an author, the confirmation of the affected author must also be included.

The Editor will consider adding, deleting or changing the order of authors in an already accepted manuscript only under exceptional circumstances. The publication of the article will stop while the Editor evaluates the request for modifications. If the manuscript was already published in the online version, any modification request approved by the Editor would give rise to an errata.

### Use of AI (Artificial Intelligence)

The use of artificial intelligence (AI) tools for manuscript writing must be clearly disclosed in the Methods section of the article. Authors are responsible for ensuring the accuracy and originality of AI-generated content and

must properly cite the tools used. The journal reserves the right to verify the use of AI and reject articles that do not meet ethical and originality standards (see COPE).

## AI Writing Use Policy

### Permitted Use (0-10%):

**Description:** Minimal use of AI for assistance tasks, such as synonym suggestions, grammar correction, and stylistic improvements.

**Action:** Specific disclosure is not required but is recommended.

### Moderate Use (11-30%):

**Description:** Moderate use of AI to generate specific sections of the manuscript, such as the introduction or abstract.

**Action:** Must be disclosed in the Methods section with a description of the tools used and how they contributed to the work.

### Significant Use (31-50%):

**Description:** Significant use of AI for writing several sections of the manuscript.

**Action:** Must be clearly disclosed and justified in the Methods section. Authors must provide a statement of responsibility for the accuracy and originality of the generated content.

### Extensive Use (51-70%):

**Description:** Extensive use of AI that contributes to most of the manuscript.

**Action:** Must be clearly disclosed and justified in the Methods section. Additional review by editors and reviewers to ensure the integrity and originality of the content.

### Complete Use (>70%):

**Description:** Complete use of AI for writing the manuscript.

**Action:** Not recommended. Articles with this level of AI use will be rejected for review.

## Example of Disclosure:

“ChatGPT (OpenAI) / Gemini or other [specify] was used to generate 25% [modify percentage] of the content in the introduction and [interpretation, prediction, editing, etc.] section of the results. Authors verified the accuracy and originality of the AI-generated content.”

This example has been generated with AI. This structure helps to maintain transparency and academic integrity while allowing the use of AI tools in research.

## Text

The **original manuscript** must be written in the Word program, double spaced, with Times New Roman font size 12, with wide margins of 3 cm. ***Pages and lines must be numbered consecutively from the first page.***

The **first page of the article** must include: the title in Spanish and English, the abstract in Spanish and English, the keywords in Spanish and English, and the level of evidence (we recommend consulting the table below).

The **title** should be selected carefully: a short title has more impact. Words should facilitate the search of the topic in a bibliographic index.

## Tables

**The tables must be sent in Word format**, they will not be accepted in another format, and as **editable text**, not as images. Tables must have a title. The data in the table must be written with double space. Explanatory notes should be written outside the table. Each table must be appropriately identified with consecutive Western digits in the sequence in which they appear in the text and provided in a separate file named after the table number. Please explain all symbols and abbreviations in footnotes. If any table requires permission to publish, indicate that permission has been obtained and mention the source (See **Permissions**).

The maximum number of tables depends on the type of article, please check with the reviewers and section editors.

## Figures/Plots/Graphs

Electronic files of Figures **must be in high quality JPEG or PNG format**. The maximum size of each file that the system will accept is 4MB. However, for faster browsing and uploading speeds, a size of 2MB per figure is suggested. Letters, numbers, and symbols must be clear and large enough to be visible when reduced for publication.

They must be appropriately identified and numbered with consecutive Western digits in the order they appear in the text, and they must include the image's name.

Each image must be accompanied by a **caption** that describes what is seen in it. The captions for each Figure must be presented at the end of the manuscript.

Please clarify all symbols and all abbreviations. To identify essential features, use professionally created arrows or other marks put directly on the figure. Crop the images as needed to retain the meaning and information provided. If orientation is not evident, please indicate the top of the image.

When using images of people, the subjects must be unidentifiable or formal permission from the person to use the photograph must be supplied. If a figure has already been published, the original source must be acknowledged, and valid permission to reprint the material from the copyright holder must be supplied. For any copyrighted material, please indicate that you have obtained permission (See **Permissions**).

The Graphs **must be in Word or Excel format** to facilitate their editing and correction.

## Annexes

The publication of Annexes contained in the articles will be subject to the Editors' approval.

## Videos

The incorporation of videos to the articles is optional. Only one video per article will be accepted, the maximum weight will be 100 MB and it must not last more than 4 minutes. The video must be cited within the text (Video). It must contain subtitles that describe the technique and can also be narrated if the author considers it so. RAAOT is not in charge of editing the video. In the proofreading stage, the author may be asked to re-edit it if errors are detected in the subtitles or narration. Once the video is approved, the author will receive a template with the correct article title for the author to insert at the beginning of the video and another template for the author to insert into the video as a closing.

## Permissions

If a direct citation, table, or illustration is taken from a published article, a written authorization from the copyright holder must be obtained and submitted in a separate file. It must also be provided in the text as a footnote.

Images of identifiable individuals must be accompanied by the patient's written consent to publish the image(s). The eyes should be concealed.

## References

Bibliographic citations must be double spaced and numbered consecutively. **Please include the DOI (Digital Object Identifier), if applicable**. If the publication does not have a DOI, add the full URL and the date of the last consultation. All must be cited in the text using Western digits and as an index.

Authors are encouraged to cite all articles previously published in the RAAOT that refer to the research. In order to access these articles, we suggest carrying out a bibliographic search at: <http://lilacs.bvsalud.org/es/or> request the tutorial for the search through the AAOT library: [biblioteca@aaot.org.ar](mailto:biblioteca@aaot.org.ar).

Do not cite conference abstracts, personal communications, or unpublished material (including oral presentations and manuscripts not yet accepted for publication) in the reference list. If the information is central to the message of the manuscript, this material can be identified in the text in parentheses.

### How to cite

When there are six or less authors, include all of them; when there are seven or more, mention the first six and add et al. Use the abbreviations of journal titles according to the Index Medicus.

### Journal article

Saunders RA, Frederick HA, Hontas RB. The Sauvé-Kapandji procedure: a salvage operation for the distal radioulnar joint. *J Hand Surg Am* 1991;16(6):1125-9. [https://doi.org/10.1016/S0363-5023\(10\)80078-4](https://doi.org/10.1016/S0363-5023(10)80078-4)

### Book

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

### Chapter of a book

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

### Funding source

If applicable, it should be stated under the title Conflict of Interest whether the authors received financial funding to conduct the study, as well as the sponsors and their role in the study.

### Research on human beings

All manuscripts reporting human studies must include a statement in the Materials and Methods section indicating that the study was approved by the Institutional Ethics Committee or a similar committee, that informed consent was obtained from each patient, and that the study protocol adheres to the Declaration of Helsinki 1975.

### Animal research

All manuscripts reporting on animal experiments should include a statement in the Materials and Methods section indicating that animal care complies with the authors' institutional guidelines, as well as those of the National Institutes of Health and any other national Act on the care and use of laboratory animals.

### Units of measure

Units should conform to the International System of Units (SI). If other types of units are mentioned, provide their SI equivalent.

### Abbreviations

Abbreviations may be used when a term appears more than 3 times in the text. In that case, the abbreviation will be placed in parentheses the first time the term appears.

### Drugs and implants

Use nonproprietary names. For orthopedic materials, the manufacturer, city and country should be mentioned between brackets.

## Types of articles considered for publication

### Clinical Research/Basic Research

**Definition:** article that responds to a verification of an original hypothesis, using scientific methodology and statistical evaluation.

**Extension:** up to 4500 words, not including the references.

**Title in Spanish and English:** 15 words maximum.

**Abbreviated title:** up to 50 characters (includes spaces, letters, and punctuation marks).

**Number of authors:** up to 10.

**Abstract in Spanish and English:** it must not exceed 250 words, and must include Introduction, Objective, Materials and Methods, Results and Conclusions.

**Keywords in Spanish and English:** a maximum of 6 keywords. We recommend using the DeCs thesaurus (Descriptors in Health Sciences) <http://decs.bvs.br/E/homepagee.htm>.

**Level of Evidence:** indicate the level of evidence according to the Table, only for Clinical Research articles.

**Introduction:** raise the topic's justification, which leads to the formulation of the objective. Only essential bibliographical citations should be mentioned. Conclude the introduction by postulating the objective or hypothesis of the study. **Materials and Methods:** describe the activities carried out to answer the question posed in the Introduction. You must provide enough information to allow another scientist to assess the credibility of the work and repeat the experiment as it was performed. It must accurately describe the research population, the methods for evaluating it, and the apparatus and procedures employed to allow the reader to replicate the same results. This section should not include results. The data can be presented in tables. Define the type of study design and describe the statistical method used. In this section, it must be stated that the study was approved by an evaluation or ethics committee and from which institution.

**Results:** the results obtained are explained as described in "Materials and Methods". If the results are presented in tables, they should summarize and emphasize the most important results, not repeat data from the text.

**Discussion:** the results obtained by responding to the objective are described. Clarify the limitations of the study, such as the coincidences or disagreements found in the published articles. Define the repercussion that the results may have not only according to the hypothesis, but also at another level of knowledge, to initiate other studies.

For scientific clinical studies, include the type of study and the level of evidence (see table) at the end of the abstract.

**Conclusions:** answers the question posed in the Introduction.

**References:** a maximum of 25 citations. This section must contain at least 30% of the articles published in the last five years, and the relevant national and international publications on the subject must be represented.

#### *Review/Systematic review/Meta-analysis*

**Definition:** work that analyzes and discusses articles and reports, generally scientific and academic in nature, published on an area of knowledge, with a defined objective.

**Extension:** up to 5000 words, not including the references.

**Title in Spanish and English:** 15 words maximum.

**Abbreviated title:** up to 50 characters (includes spaces, letters, and punctuation marks).

**Number of authors:** up to 3.

**Summary in Spanish and English:** must not exceed 250 words.

**Keywords in Spanish and English:** a maximum of 6 keywords. We recommend using the DeCs thesaurus (Descriptors in Health Sciences).

**Level of Evidence:** indicate the level of evidence according to the Table below.

**References:** a maximum of 50 citations. This section must contain at least 30% of the articles published in the last five years, and the relevant national and international publications on the subject must be represented.

#### *Postgraduate Orthopedic Instruction/Update*

**Definition:** a discussion on a familiar topic that highlights a new approach.

**Extension:** up to 5,000 words (Update) and 2,500 words (Postgraduate Orthopedic Instruction), not including the reference list.

**Title in Spanish and English:** 15 words maximum.

**Abbreviated title:** up to 50 characters (includes spaces, letters, and punctuation marks).

**Number of authors:** up to 3.

**Summary in Spanish and English:** must not exceed 250 words.

**Keywords in Spanish and English:** a maximum of 6 keywords. We recommend using the DeCs thesaurus (Descriptors in Health Sciences).

**Level of Evidence:** indicate the level of evidence according to the Table below.

**References:** a maximum of 50 citations (Update) and 25 citations (Postgraduate Orthopedic Instruction). This section must contain at least 30% of the articles published in the last five years, and the relevant national and international publications on the subject must be represented.



### Special Article

**Definition:** this category of article corresponds to a document that, due to its relevance, is included by decision of the Editorial Committee. They are commissioned documents and their length is variable and depends on the consideration of the Editorial Committee on the depth of the topic.

**Extension:** up to 2500 words, not including the references.

**Title in Spanish and English: 15 words maximum.**

**Abbreviated title:** up to 50 characters (includes spaces, letters, and punctuation marks).

**Number of authors:** up to 3.

Summary in Spanish and English: must not exceed 250 words.

**Keywords in Spanish and English:** a maximum of 6 keywords. We recommend using the DeCs thesaurus (Descriptors in Health Sciences).

Level of Evidence: indicate the level of evidence according to the Table below.

**References:** a maximum of 50 citations (Update must contain at least 30% of the articles published in the last five years, and relevant national and international publications on the subject must be represented).

### Case Reports

**Definition:** cases considered uncommon, but medically important and instructive.

**Extension:** up to 1500 words, not including the references.

**Title in Spanish and English:** include the words “Case Report” (in Spanish, “Presentación de casos”). Describe the most interesting phenomenon (e.g., symptoms, diagnosis, test, intervention).

**Abbreviated title:** up to 50 characters (includes spaces, letters, and punctuation marks).

**Number of authors:** no more than 6.

**Summary in Spanish and English:** must not exceed 200 words. It should include a “Introduction” that describes what is unique about this case, what it adds to the medical literature, the patient’s main symptoms, the important clinical findings, the main diagnoses, the therapeutic interventions and the results, and a “Conclusion” that explains the main lessons that can be drawn from this case.

**Keywords in Spanish and English:** a maximum of 6 keywords. We recommend using the DeCs thesaurus (Descriptors in Health Sciences). <http://decs.bvs.br/E/homepagee.htm>

**Level of Evidence:** indicate the level of evidence according to Table below.

**Article structure:** Introduction, Report of the case, Discussion and Conclusion.

**References:** a maximum of 25 citations. It must include at least 70% of papers published in the recent five years, as well as relevant national and international literature on the subject.

**Figures/Tables/Images:** a maximum of 10. Consult the general guidelines.

### Postgraduate Orthopedic Instruction - Imaging

**Definition:** The objective is the illustration of cases using photographs, imaging studies or photomicrographs.  
**Structure:**

1) Case presentation: it must include the Description of the case (maximum 150 words) and Findings and interpretation of the imaging studies (maximum 300 words).

2) Case resolution: it must include the Diagnosis and the Discussion (maximum 1000 words).

**Number of authors:** up to 3.

**Summaries in Spanish and English:** include a summary for the Case Presentation and one for Case Resolution. Do not exceed 150 words.

**Keywords in Spanish and English:** a maximum of 6 words. We recommend using the DeCs thesaurus (Descriptors in Health Sciences).

**References:** a maximum of 15 citations. The relevant national and international literature on the subject must be represented.

### Technical notes

**Definition:** descriptions of novel techniques in the clinic or laboratory, imaging techniques, vascular access, etc., as well as modifications to existing techniques.

**Extension:** up to 2000 words.

**Title in Spanish and English:** 15 words maximum.

**Abbreviated title:** up to 50 characters (includes spaces, letters, and punctuation marks).

**Number of authors:** up to 5.

**Summary in Spanish and English:** must not exceed 200 words. It must contain an “Introduction” that describes why this technique is being described. As well as a “Development” and “Conclusion” section that discuss the advantages of this technique.

**Keywords in Spanish and English:** a maximum of 6 words. We recommend using the DeCs thesaurus (Descriptors in Health Sciences).

**Level of Evidence:** indicate the level of evidence according to the Table below.

**Figures/Tables/Images:** a maximum of 25. Consult the general guidelines.

**References:** a maximum of 25 citations. It must include at least 30% of papers published in the recent five years, as well as relevant national and international literature on the subject.

### *Editorial*

**Definition:** it expresses a position or criteria directly related to a topic that is addressed in the RAAOT or a circumstantial scientific situation. They are usually commissioned, although an unsolicited editorial could be considered for publication.

**Extension:** up to 1200 words.

**Title in Spanish and English:** 15 words maximum.

**Author's photo.**

**References:** a maximum of 5 citations.

### *Letter to the Editor*

**Definition:** a reader's opinion about a published article, which can include suggestions and disagreements, maintaining a respectful style. Letters that comply with the ethical principles of scientific publication will be published. The fundamentals raised must have their corresponding literature support. **Extension:** up to 500 words.

**References:** a maximum of 5 citations.



LEVELS OF EVIDENCE<sup>1</sup>

Study Type	Question	Level I	Level II	Level III	Level IV	Level V
<b>Diagnostic— Investigating a diagnostic test</b>	Is this (early detection) test worthwhile?  Is this diagnostic or monitoring test accurate?	<ul style="list-style-type: none"> <li>• Randomized controlled trial</li> <li>• Testing of previously developed diagnostic criteria (consecutive patients with consistently applied reference standard and blinding)</li> </ul>	<ul style="list-style-type: none"> <li>• Prospective cohort study</li> <li>• Development of diagnostic criteria (consecutive patients with consistently applied reference standard and blinding)</li> </ul>	<ul style="list-style-type: none"> <li>• Retrospective cohort study</li> </ul> Case-control study Nonconsecutive patients No consistently applied reference standard	<ul style="list-style-type: none"> <li>• Case series</li> <li>• Poor or nonindependent reference standard</li> </ul>	<ul style="list-style-type: none"> <li>• Mechanism-based reasoning</li> </ul>
<b>Prognostic— Investigating the effect of a patient characteristic on the outcome of a disease</b>	What is the natural history of the condition?	<ul style="list-style-type: none"> <li>• Inception cohort study (all patients enrolled at an early, uniform point in the course of their disease)</li> </ul>	<ul style="list-style-type: none"> <li>• Prospective cohort study (patients enrolled at different points in their disease)</li> <li>• Control arm of randomized trial</li> </ul>	<ul style="list-style-type: none"> <li>• Retrospective cohort study</li> <li>• Case-control study</li> </ul>	<ul style="list-style-type: none"> <li>• Case series</li> </ul>	<ul style="list-style-type: none"> <li>• Mechanism-based reasoning</li> </ul>
<b>Therapeutic— Investigating the results of a treatment</b>	Does this treatment help? What are the harms?	<ul style="list-style-type: none"> <li>• Randomized controlled trial</li> </ul>	<ul style="list-style-type: none"> <li>• Prospective cohort study</li> <li>• Observational study with dramatic effect</li> </ul>	<ul style="list-style-type: none"> <li>• Retrospective cohort study</li> <li>• Case-control study</li> </ul>	<ul style="list-style-type: none"> <li>• Case series</li> <li>• Historically controlled study</li> </ul>	<ul style="list-style-type: none"> <li>• Mechanism-based reasoning</li> </ul>
<b>Economic</b>	Does the intervention offer good value for dollars spent?	Computer simulation model (Monte Carlo simulation, Markov model) with inputs derived from Level-I studies, lifetime time duration, outcomes expressed in dollars per quality-adjusted life years (QALYs) and uncertainty examined using probabilistic sensitivity analyses	Computer simulation model (Monte Carlo simulation, Markov model) with inputs derived from Level-II studies, lifetime time duration, outcomes expressed in dollars per QALYs and uncertainty examined using probabilistic sensitivity analyses	Computer simulation model (Markov model) with inputs derived from Level-II studies, relevant time horizon, less than lifetime, outcomes expressed in dollars per QALYs and stochastic multilevel sensitivity analyses	Decision tree over the short time horizon with input data from original Level-II and III studies and uncertainty is examined by univariate sensitivity analyses	Decision tree over the short time horizon with input data informed by prior economic evaluation and uncertainty is examined by univariate sensitivity analyses

<sup>1</sup> Taken from: <https://journals.lww.com/jbjsjournal/Pages/Journals-Level-of-Evidence.aspx>