**Instructions to Author**

The *Bone & Joint Investigation* (BJI, Bone Joint Investig) is an open-access, peer-reviewed online journal, dedicated to the field of bone and joint surgery, science and clinical outcomes. It aims to provide an interdisciplinary forum for the rapid publication of original articles, editorials, technical notes, case reports and reviews on clinical, translational and basic aspects of bone and joint, including but not limited to, knee injuries, hip replacement, spine surgery, hand surgery, elbow arthroscopy, shoulder instability, osteoarthritis, trauma, osteosarcoma and etc.

**Submission Turnaround Time:**
In-house review: 1-3 weeks
External peer review: 2-3 months
Revision time: 2-4 weeks
Formal publication: within 2-4 weeks after being accepted. Original Articles are listed as priority.

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**1. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE**

Articles in this category are not solicited by BJI, but are instead submitted by the authors. All Submitted Articles are subject to peer-review, but unsuitable submissions may be rejected outright by the Editors. The requirements for each submission category are as follows:

**(1) Original Article**
Such an article is to present original basic science or clinical research findings by the authors in any field of Visualized Surgery. The authors should use traditional ‘Introduction, Method, Results, Discussion’ sections. Meta-analysis will be categorized into this type.
Structured Abstract: 300 words (max)
Text: 5000 words (max)
References: No limited
Figures and Tables (combined): No limited
Videos: *3 (max)
* Playback time of all videos should be no more than 10 min - to be distributed amongst the videos as authors see fit.
* Subheadings of structured abstract should be: background, methods, results and conclusions.

**(2) Review Article**
Such an article is to address relevant clinical issues in any field of Bone and Joint through the use of literature review. BJI emphasizes that an acceptable Review should not be a ‘book chapter’ generally covering a topic, but should be a focused application of literature to address a relevant clinical issue.
Unstructured Abstract: 300 words (max)
Text: 6000 words (max)
References: No limited
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Videos:* 3 (max)
* A comprehensive, scholarly, balanced, systematic review of evidence-based literature including all findings. All meta-analyses of randomized trials must adhere to the guidelines outline in PRISMA statement, designed to improve manuscript quality. A structured abstract is needed for these reviews.

**(3) Editorial Commentary**
The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the
paper/report/event in the wider context of the field.
Authors: 5 (max)
Abstract: Not required
Text: 2,500 words (max)
References: 25 (max)
Figures/Table: 2 (max)

(4) Editorial
Editorials are written by recognised leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief.
Authors: 5 (max)
Abstract: Not required
Text: 2500 words (max)
References: 25 (max)
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(5) Case Report
Only cases of exceptional interest and novelty are considered.
Unstructured Abstract: 300 words (max)
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Figures and Tables (combined): No limited
Note: The authors should provide a statement at the end of the main text that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained form the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”
If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to be provide consent, then consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly.

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Such an article is focused on introducing an original surgery procedure or idea, and should aim at teaching others how to perform that procedure. The sections should be: Introduction; Patient selection and workup; Pre-operative preparation; Equipment preference card; Procedure; Role of team members; Post-operative management; Tips, Tricks and Pitfalls.
Authors: + 10 (max) – but no more than 7 per specialty/discipline
Unstructured Abstract: No limited
Text: 2000 words (max)
References: 20 (max)
Figures and Tables (combined): No limited
Videos: * 5 (max)
+ BJ sports strongly recommends that authors include at least one member of each specialty/discipline in the multi-disciplinary team (e.g. surgeon, trainees, anesthetists, physicians of all specialties, nurses, physiotherapists, other allied health professionals, etc)
* Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.

(7) Letter to the Editor
Letter to the Editor on content published in the Journal or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.
Abstract: Not required
Text: 1000 words (max)
References: 10 (max)
Figures and tables: No limited

2. PREPARATION OF THE TEXT
Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows: Title page; Abstract; Keywords; Text (see Content Specifications section above); Tables; Legends; Figures.
The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated.

Title page
The title page should include:
1) A brief and descriptive title of the article (no abbreviations allowed);
2) The full first name and last name of the author(s) (but no qualifications), and the name and location of the establishment where the work was carried out (in English);
3) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author should be
given;
4) The contribution made by each author should be briefly stated in the Authors’ Contributions section (See “Authors’ Contributions” in detail);
5) Footnote section: Conflicts of Interest (See specific statement in following Policy of Conflict of Interest) or Informed Consent according the article type;
6) Acknowledgments (All sources of funding for the work should be acknowledged in this section).

Abstract
The Abstract should conform to the requirements noted in the Content Specifications section above. It should not contain any abbreviations or reference citations.

Keywords
Following the Abstract, 3-5 keywords should be given.

Text
Authors must used the following subheadings to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Conclusion. However, review, case report and others do not have those clear sections, they can be written in several sections with their own headings according to the topic.

Tables
Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the Tables should be defined at the bottom. Each Table should be on a separate page.

Legends
Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

Reference
A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years. Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in the order in which they appear consecutively [e.g., “cancer-related mortality (19)”, “denocarcinoma (29, 30)”). If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

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**Books**


**Multi-author books**


**Online publications**


or


3. PREPARATION OF FIGURES AND VIDEOS

**Figures**

Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of
professional quality.

**Specifications:** .tiff or.jpg files; resolution: at least 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

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BJI will accept digital files in mp4, flash video (flv.), MPEG (MPEG video file), DVD video format, mov., avi., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: http://bji.amegroups.com/pages/view/submit-multimedia-files.

**Duration:** Video files should be limited to 20 minutes.

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3. **Artwork:** .jpg or .tif files prepared according to the afore-mentioned specifications. One file per figure - upload as ‘Image files’ (filename eg. Figure 1). Figures with composite parts A,B,C... should be mounted into one image/one electronic file.

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8. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/%20index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

For studies in the following categories:

Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

For other categories:

Retrospective and ambispective cohort studies: In these studies, the patients’ exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

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- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient’s personal data have been secured.

Review, editorial and editorial commentary
- No statement on medical ethics is required.

Case report and visualized surgery:
- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.
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- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.
- If the study has a prospective design:
  - Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
  - Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
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- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.
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For more information on statement of ethics, please feel free to consult our editorial staff.

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Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for Case report, original/research articles and visualized surgery. The statement should be included in the footnote. It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

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Footnote
a. Conflicts of Interest: See section “Conflict of interest” for details.

b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period”. When there is no financial disclose, authors should also indicate “Financial Disclose” section as “None”.

c. Ethical statement: the authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

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This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

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