



## Instructions to Author

The *Annals of Joint* publishes Invited Articles and Submitted Papers on clinical, translational, and basic aspects of bone and joint. Besides regular issues of the Journal, articles in defined areas will be collected and published in Themed Collections.

The aim of AOJ is to promote the development of orthopaedic surgery and research around the world by providing a professional platform for the sharing of experience in clinical, translational, and basic aspects of bone and joint between peers so that all patients may benefit. AOJ strongly emphasizes the multi-disciplinary nature and requests that articles highlight the roles of each member of the multi-disciplinary surgical team (including surgeon, trainees, anesthetists, physicians of all specialties, nurses, physiotherapists, other allied health professionals, and so on as appropriate).

All submissions are reviewed by the Editor-in-Chief, Associate Editors and Editorial Board Members, as well as invited referees and a statistician when appropriate.

Permission to reproduce any kind of existing material, whether online or in print, must be obtained from the Publisher prior to submission.

**Conflict of interest:** The Editor requires authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All sources of funding for work should be acknowledged in a footnote on the title page, as should all institutional affiliations of the authors (including corporate appointments). Other kinds of associations, such as consultancies, stock ownership or other equity interests or patent licensing arrangements should be disclosed to the Editor in the covering letter at the time of submission. If no conflict of interest exists, please state this on the title page and in the covering letter. The Editor reserves the right to reject manuscripts that do not comply with the above-mentioned requirements.

Editor-in-Chief:

Qing Jiang, MD, PhD

Freddie Fu, MD

Shiro Ikegawa, MD, PhD

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### 1. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE

Articles in this category are not solicited by AOJ, 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:

#### (a) New Technique

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)

\* AOJ 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.

### **(b) 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.

Authors: 7 (max)

Structured Abstract: \*No limited

Text: 4000 words (max)

References: 20 (max)

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.

### **(c) Review Article**

Such an article is to address relevant clinical issues in any field of Bone and Joint through the use of literature review. AOJ 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.

Authors: 5 (max)

Unstructured Abstract: \*No limited

Text: 4000 words (max)

References: 50 (max)

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.

\* 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.

### **(d) Perspective**

Perspective can be more personal, forward-looking or speculative, compared with reviews of a scientific topic. A paper representing controversial positions or papers of the same topic advocate opposite sides will be published as Perspective. Most of Perspective will be solicited by the editors; however, we also welcome timely, unsolicited Perspective. Proposals for Perspective may be submitted; however, in this case authors should send an outline of the proposed article prior to submission.

Authors: 5 (max)

Abstract: Not required

Text: 3000 words (max)

References: 5 (max)

Figures and tables (combined): No limited

Video: \*2 (max)

\*Playback time of all videos should be no more than 10 min - to be distributed amongst the videos as authors see fit.

### **(e) Commentary**

Commentary, upon Editors' invitation, discusses a paper or report or event or event within the past few months or so, or in the near future. It should set the problems addressed by the paper/report/event in the wider context of the field. Proposals for Commentary may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

Authors: 5 (max)

Abstract: Not required

Text: 1500 words (max)

References: 5 (max)

Figures and Tables (combined): No limited

### **(f) 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)

Figures and Tables (combined): No limited

### **(g) Imaging in Clinical Medicine**

Videos which are unique or highly illustrative of specific occurrence in orthopaedic surgery. They must be accompanied by a brief one paragraph description of relevant information. There is no legend for the figures or videos.

Authors: 3 (max)  
Abstract: Not required  
Text: 1000 words (max)  
References: 10 (max)  
Figures and Tables (combined): No limited  
Video: 2 (max)

### **(h) Case Report**

Only cases of exceptional interest and novelty are considered.

Unstructured Abstract: 300 words (max)

References: 20 (max)

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 from 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 provide consent, then consent must be sought for the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly.

### **(i) Viewpoint**

Viewpoints may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not limited to a specific article. Viewpoints should be well focused, scholarly, and clearly presented.

Authors: 3 (max)

Abstract: Not required

Text: 1200 words (max)

References: 10 (max)

Figures and Tables: No limited

### **(j) Correspondence**

Correspondence 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. Correspondence is also referred to as Letter to the Editor.

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; References; 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) Acknowledgements (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 use the following subheadings to divide the

sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Conclusion. Plus, authors should follow the same structures in systematic review and meta-analysis. However, review, perspective, commentary 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:

### Journals

[1] Angeli E, Gerelli S, Beyler C, et al. Bicuspid pulmonary valve in transposition of the great arteries: impact on outcome. *Eur J Cardiothorac Surg* 2012; 41:248-255.

### Books

[2] Kouchoukos N, Blackstone E, Doty D, Hanley F, Karp R. *Cardiac Surgery*, WB Saunders, 2003:11-17.

### Multi-author books

[3] Laine GA, Melhorn U, Davis KL, Allen SJ. Myocardial interstitium lymphatics: pathophysiology and effects on cardiac function. In: Reed RK, McHale NH, Bert JL, Winlowe CP, Laine GA, editors. *Interstitial, connective tissue and lymphatics*, London: Portland Press, 1995:271-282.

### Online publications

[4] Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children. *Multimed Man Cardiothorac Surg* doi: 10.1510/mmcts.2008.003160.

or

[5] Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. *CTSNet* [published 12 May 2008, accessed 30 November 2011]. Available from: <http://www.ctsnet.org/sections/clinicalresources/adultcardiac/>

## 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.

### Videos

AOJ will accept digital files in mp4, flash video (flv.), MPEG (MPEG video file), DVD video format, mov., avi., and mwm. 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://aoj.amegroups.com/pages/view/submit-multimedia-files>.

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

*Quality:* Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280x720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

*Text in video:* All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the

screen. Plus, the information of patients should be erased from the video.

**Video legends:** Legends for the video files should be provided. The video files should be number consecutively in the order of reference in the text.

#### 4. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS

Permission to reproduce copyright material, for print and online publication in perpetuity, must be cleared and if necessary paid for by the author; this includes applications and payments to DACS, ARS and similar licensing agencies where appropriate. Evidence in writing that such permissions have been secured from the rights-holder must be made available to the editors. It is also the author's responsibility to include acknowledgements as stipulated by the particular institutions. Please note that obtaining copyright permission could take some time.

For a copyright prose work, it is recommended that permission is obtained for the use of extracts longer than 400 words; a series of extracts totalling more than 800 words, of which any one extract is more than 300 words; or an extract or series of extracts comprising one-quarter of the work or more.

#### 5. ELECTRONIC SUBMISSIONS

All articles are now submitted electronically, and the total review process is electronic. The electronic format is through OJS system. Accordingly, the system is well designed and functions very well with minimal difficulties.

New users will find it friendly, but if problems arise, there is a web link to the managing editor. Just contact us (aoj@amegroups.com), and we will help solve the problem.

Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

Submit via: <http://aoj.amegroups.com/login>

Complete the online submission form carefully and upload the following items as specified:

**1. Cover letter:** a submission letter to the Editor must be included in the 'cover letter box'.

**2. Text:** (including title page, main text and tables (tables must be typed; tables should not be inserted as images) plus any embedded artwork - optional) combined into ONE word processor file (.doc) - upload as '**Manuscript file**' (filename eg. text.doc).

**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.

**4. Videos:** Uploading large files (up to 200 MB) is possible if you have a good reliable internet connection, but it will take time - upload as '**Multimedia file**' at: <http://www.amepc.org/index/author/submitMultimediaFiles>. Alternatively send the video sequences on a DVD to the Editorial Office or transfer them via a transfer service.

#### 6. COPYRIGHT

All rights of the submitted article is to be transferred and assigned to AME Publishing Company, for sole right to print, publish, distribute and sell in all languages and media internationally. The transfer of copyright is deemed in effect if and when the submitted article is accepted for publication. If the submitted article contains any material already protected by prior copyright, the corresponding author will deliver to the AME Publishing Company written permission from the copyright holder, for the reproduction of the material in this article.

Permission from AME Publishing Company (permissions@amegroups.com) is required if one would like to reuse any materials published and copyrighted. Royalty fee is exempted in case of the authors asking permission to reuse the materials (figure, tables) for non-commercial purposes.

#### 7. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>. Author name: Each author's given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word. Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam—Webster's Collegiate Dictionary. Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>. Abbreviations: Must be

used sparingly—only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

## 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.

- For studies in this category, 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 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.

### **Systematic review and meta-analysis, review, opinion, hypothesis, and editorial**

- 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.

- For studies in this category, 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.
- 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.

If the study is based on a previously available specimen bank, the authors must:

- 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.

- The authors need to state whether the previous studies had been approved by the local medical ethics

committee(s)

- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

## 9. INFORMED CONSENT

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).

## 10. AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST

### (1) Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere; 2) they took a significant part in the work and approved the final version of the manuscript; 3) they have complied with ethical standards; 4) they agree AME publishing company to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript.

### (2) Conflict of Interest

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are

the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>).

### **1) Participants**

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

#### ***a. Authors***

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

#### ***b. Peer Reviewers***

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

#### ***c. Editors and Journal Staff***

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

### **2) Reporting Conflicts of Interest**

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest;

- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement;
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: The author has no conflicts of interest to declare or The authors have no conflicts of interest to declare.

## **11. ACKNOWLEDGEMENTS**

All contributors who do not meet the criteria for authorship should be listed in an acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provide only general support. Financial and material support should also be acknowledged.

AOJ policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article; 2) Any financial interest in or arrangement with a competing company; 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic completion. Statements related to study design such as provider of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

When there is no one to be acknowledged, authors should also indicate Acknowledgements as "None".



## **12. AUTHORS' CONTRIBUTIONS**

This section is required for Original Article and Review. 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.

The "Author's Contributions" section should be completed as following format:

The Author's Contributions:

(I) Conception and design:

(II) Administrative support:

(III) Provision of study materials or patients:

(IV) Collection and assembly of data:

(V) Data analysis and interpretation:

(VI) Manuscript writing: All authors

(VII) Final approval of manuscript: All authors

Note: 1) Manuscript writing part and Final approval of manuscript part are required to be included while other parts are based on actual applicability; 2) Contributions section is not required when there is only one author.

## **13. PROOFS**

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the essential correction of errors are unacceptable at PDF

proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: <http://www.adobe.com/products/acrobat/readstep2.html>. This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof. Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

## **14. TRACKING MANUSCRIPTS**

### **(1) BEFORE ACCEPTANCE**

Authors can track your manuscript's progress through the review process at: <http://aoj.amegroups.com/>

### **(2) AFTER ACCEPTANCE**

Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production so they do not need to contact the production editor to check on progress.

## **15. NO PUBLICATION FEES**

There is no fee involved throughout the publication process. The acceptance of the article is based on the merit of quality of the manuscripts.

## **16. AOJ ONLINE**

For more information, please visit the journal home page at: <http://aoj.amegroups.com/>