

# REVISTA ESPAÑOLA DE PODOLOGÍA

Publicación Oficial del Consejo General de Colegios Oficiales de Podólogos

## Instructions for Authors

The *Revista Española de Podología* (spanish podiatry journal) is the official journal of the *Consejo General de Colegios Oficiales de Podólogos* (Council of Colleges of Podiatry in Spain). It is an online scientific journal published biannually, each six months, in Open Access format and peer reviewed. It encompasses all aspects of research and clinical practice related to the assessment, diagnoses, prevention and treatment of foot and ankle disorders. It also includes political, ethical and organizational issues of the Podiatry profession.

Manuscripts accepted for publication in *Revista Española de Podología* are under a Creative Commons licence (CC BY-NC-ND), which allows for reading, printing, downloading the article, extracting and reusing different segments in other articles (conveniently cited), as well as distribution in Open Access repositories and translation for personal use. During the submission process, the corresponding author will be asked to sign a "publication agreement of the journal".

The journal accepts english written and spanish written manuscripts for their publication. All manuscripts will be reviewed by two independent peers designated by de Editorial Board with a double blinded system (neither the reviewers nor the authors will know each other). Manuscripts submitted for publication to the journal implies that the work submitted is original and has never been published previously and is not being evaluated for publication in another journal. If the work was previously presented as an oral presentation in a Congress or Seminar, it should be stated as such at the moment of submission.

*Revista Española de Podología* considers the following papers for its publication:

**Original Papers:** Clinical or laboratory original works including randomized clinical trials, crossover trials, meta-analysis of systematic reviews, prospective cohort observational studies, retrospective case-control studies, prevalence studies, case series, concordance studies, ecological studies and descriptive studies.

**Reviews:** systematic review without meta-analysis and comprehensive or narrative reviews about a particular issue of a topic covered by the journal.

**Clinical Cases and Clinical Notes:** Short type papers focused on clinical aspects of an interesting or an unusual case in which relevant or original conclusions can be extracted. This section also encompasses detailed diagnostic, clinical or surgical descriptions of a new or a helpful technique for use with good and detailed pictures of the maneuver.

**Updates:** Papers focused on a concrete issue of the scope of the journal, that are accompanied by personal opinions or comments by the authors. Those papers are requested from the editorial office of the journal to selected authors that are considered leaders of opinion on a particular subject.

**Letters to Editor:** Short type of manuscripts that can fall into one of these three forms: 1) substantial analysis of a previously published paper in the journal with opinions, comments or critiques about the paper; 2) an answer of the authors of a paper to a letter discussing their work; 3) any other type of manuscript that do not cover any previous detailed types of papers accepted in the journal.

Before submitting the manuscript, authors are encouraged to read the Recommendation for Authors section "[Authors Recommendations](#)"

where the principal parts of each type of paper are discussed as well as general recommendations.

### MANUSCRIPT SUBMISSION

Manuscripts will be sent online in the web page of the journal <http://plataforma.revesppod.com>. Authors should go to the web page for submission of manuscripts of the journal and follow the instructions for manuscript submission. The system allows authors to follow the state of their manuscripts. The main text of the manuscript (without the names of the authors) along with the abstract, keywords, references, tables and figures will be uploaded in the same document. Each of the figures will be upload as different archives. These documents will be uploaded in the "Attach Files" section.

The manuscript will be sent by one of the authors who will be the corresponding author during the editorial process of the manuscript. All notifications to the corresponding author will be sent by e-mail. It is assumed that all authors have participated in the work and are in agreement with the final content of the manuscript as the standards of the International Committee of Medical Journal Editors (ICMJE). For more information about authorship, go "[Authors Recommendations](#)".

### ETHICAL ISSUES

Authors accept ethical responsibilities defined by the ICMJE in [www.icmje.org](http://www.icmje.org).

### Human and Animal Rights

When the study was performed on human persons, authors should clearly indicate if the procedures performed had previously been assessed by the responsible review ethics committee (institutional, regional o national). If no formal ethics committee is available, authors should clearly state if procedures were in accordance with the Helsinki Declaration of WHO, revised in 2013 (<http://www.wma.net/es/30publications/10policies/b3/>).

In cases animal studies in a laboratory, authors should declare if they follow the animal ethics-based criteria for manuscript consideration adopted by the *International Association Guidelines of Veterinary Editors' Consensus Authors Guidelines on Animal Ethics and Welfare* (<http://www.veteditors.org/consensus-author-guidelines-on-animal-ethics-and-welfare-for-editors>).

### Informed Consent

Nonessential identifying information details of the subjects of the study should be omitted. Pictures and identifiable information of subjects (such us names, initials, history numbers...) should not be published unless the information is absolutely essential for scientific purposes of the paper and the patient (or parent o guardian) have given written informed consent for publication. The informed consent should be sent to the journal at the time of submission.

## Permissions

It is the responsibility of the authors to obtain a written consent from copyright owners and mention the original font to reproduce materials (text, tables or figures) that had been previously published.

## Conflicts of Interest

The ICMJE states that: "A conflict of interest exists when a professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain)." Financial relationships are the most easily identifiable conflicts of interest and include employment, consultancies, stock ownership and options, honoraria, patents and paid expert testimony. Authors should declare any financial conflict of interest at the moment of manuscript submission. The ICMJE form is available at (<http://www.icmje.org/conflicts-of-interest/>) and should be used for declaration of conflicts of interest at the time of manuscript submission. However, conflicts of interests can also occur for other reasons such as personal relationships, academic competition, rivalries and intellectual beliefs. In this context, authors should also declare any kind of non-financial relationship (personal, academic, ideological, intellectual, political or religious) that could cause a conflict of interest for the author. In case authors do not declare conflicts of interest, it should be stated: "authors declare they do not have any conflict of interest". Each author must fill the conflict of interest form and the Corresponding author will submit all together at the time of manuscript submission.

For this, all authors should fill the Conflict of Interest Form available in the ICMJE web page (<http://www.icmje.org/conflicts-of-interest/>) before manuscript submission. In case that authors do not have any conflicts of interest, they should declare: "I declare that there is no relevant conflicts of interest".

## FINANCIAL DISCLOSURE

At the moment of manuscript submission authors should declare the origin and nature of all funds (public or private) used to accomplish their work, including data collection and analysis, or even manuscript preparation. Donations of technical equipment such as radiology and sonography equipment, pressure platforms, etc., for the accomplishment of the study will not be considered financial aid. In that case, donations of deliveries should be cited in the acknowledgements of the manuscript.

## CLINICAL TRIALS REGISTRATION

Reports of clinical trials that want to be published in the journal should be previously registered in a registry which is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP) such as [www.clinicaltrials.gov](http://www.clinicaltrials.gov), Current Controlled Trials (<http://www.isrctn.com>), or the ICTRP itself (<http://www.who.int/ictpr/es/>) as many others. Registration of clinical trials in which exists intervention on humans is a scientific and ethical responsibility of authors and is considered the first step of transparency of the investigation and the trial. The ICMJE strongly recommends registration of clinical trials in a public trial registry before the start of the study in which any kind of intervention have been done on humans. The ICMJE defines a clinical trial as "any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome". Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes. Health outcomes are any biomedical or health related

measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

## Manuscripts Form

All manuscripts submitted will be transformed into a PDF archive for the editorial process and review. To allow double blinded assessment of the manuscripts, at the time of submission they will be formed by two different parts: First Page and Manuscript.

### First Page

1. Complete Title (less than 40 characters).
2. Full name of all authors.
3. Affiliation of all authors (department, institution, city and country).
4. Conflict of Interest form of all authors.
5. Financial Disclosure.
6. Postal and electronic mail of the authors indicating the corresponding author during the editorial process. Telephone number of the corresponding author should also be given.
7. Total number pages of the Manuscript (excluding Tables).
8. It should be stated if the work has been presented in previously in Congress or Seminars as oral presentation.
9. For those studies in which an intervention or treatment has been prospectively studied, the trial registration trial of the public registry (ej: International Clinical Trials Registry Platform – NCT0197585).
10. Authors declaration: This is for exclusive assessment of Editorial Board in which authors state why their manuscript is important and why it should be published in the journal. Maximum extension of 300 words.

## Manuscript

### Specific Norms for Manuscripts

The following norms are referred to the different types of manuscripts that the Journal considers for publication. These are general recommendations. For more specific recommendations of each type of manuscript, please, go to "[Authors Recommendations](#)" at the end of this text.

### Reporting Guidelines for Different Study Types

Presently, several guidelines have been developed for the report of different study designs. Authors are encouraged to follow these reporting guidelines because they help authors to describe the study in enough detail to be evaluated by the Editorial Board, reviewers and readers in general. Examples include CONSORT for clinical trials ([www.consort-statement.org](http://www.consort-statement.org)), PRISMA for systematic reviews and meta-analysis (<http://prisma-statement.org/>), STROBE for observational studies (<http://strobe-statement.org/>) and STARD for studies of diagnostic accuracy ([www.stard-statement.org/](http://www.stard-statement.org/)). Following these guidelines helps authors to report all important data of the investigation in the manuscript. Good sources for reporting guidelines are the EQUATOR ([www.equator-network.org/home/](http://www.equator-network.org/home/)) and the NLM's Research Reporting Guidelines and Initiatives ([www.nlm.nih.gov/services/research\\_report\\_guide.html](http://www.nlm.nih.gov/services/research_report_guide.html)).

### Original Manuscripts

The manuscript should be double-spaced, left margin justified and numbered consecutively in the bottom right corner. It should have a maxi-

maximum extension of 4500 words, counting from the Title page to the end excluding tables. The content of the original manuscripts will have the following order:

1. Title: It should be concise and informative and should include the study design, for example: "Use of XXX and YYY in the Treatment of ZZZ: a randomized controlled trial." Avoid abbreviations.
2. Structured abstract: the abstract of the manuscript should not exceed 250 words and must be structured in separate sections: a) Introduction, b) Methods, c) Results, y d) Conclusions. The abstract should include all relevant information of the study with no references.
3. Key Words.
4. Main text. It should include the following parts: a) Introduction; b) Material and Methods or Patients and Methods (when the study was performed on patients); c) Results; and d) Discussion. Conclusions should be included as a separate and last paragraph of the discussion. Each part of the main text should have adequate subheadings. Use these subheadings as much they are needed for clarity reasons specially in the Material and Methods or Patients and Methods section. Acknowledgments will appear at the end of the main text.
5. References.
6. Figures (optional).
7. Text of the Figures (optional).
8. Tables (optional).

Go to the "[Authors Recommendations](#)" section for a more detailed description of the parts of the original paper.

## Reviews

Double-spaced, left margin justified and numbered consecutively in the bottom right corner. There are no word limits for review manuscripts, although it is desirable that authors should be as concise as possible. In case of systematic reviews that do not contain a meta-analysis, manuscripts will have the following order:

1. Title.
2. Structured abstract: the abstract of the manuscript should not exceed 250 words and must be structured in separate sections: a) Introduction, b) Methods, c) Results, y d) Conclusions. The abstract should include all relevant information of the study with no references.
3. Key Words.
4. Main text. It should include the following parts: a) Introduction; b) Material and Methods; c) Results; and d) Discussion. Conclusions should be included as a separate and last paragraph of the discussion. Each part of the main text should have adequate subheadings. Acknowledgments will appear at the end of the main text.
5. References.
6. Figures (optional).
7. Text of the Figures (optional).
8. Tables (optional).

Go to the "[Authors Recommendations](#)" section for a more detailed description of the parts of the systematic review manuscripts.

In case of narrative of comprehensive reviews (non systematic) the manuscript will have the following order:

1. Title
2. Non-structured abstract with a maximum of 250 words. The abstract should include all relevant information of the study with no references.

3. Key Words.
4. Main text. The main text of narrative reviews can have different parts depending on authors criteria. Each part should have adequate subheadings. Acknowledgments will appear at the end of the main text.
5. References.
6. Figures (optional).
7. Text of the Figures (optional).
8. Tables (optional).

## Clinical Cases and Clinical Notes

Double-spaced, left margin justified and numbered consecutively in the bottom right corner. It should have a maximum extension of 2500 words, counting from the title page to the end excluding tables. The content of the clinical cases and clinical notes manuscripts will follow the following order:

1. Title.
2. Non-structured abstract: the abstract of the manuscript should not exceed 250 words and should contain the information about the specific clinical situation or condition. In the case of clinical notes, it should be specified the novelty of the technique, modifications over previous standards and the advantages of the new approach proposed.
3. Key Words.
4. Main text. It should include the following parts: a) Introduction; b) Clinical Case/Technique; c) Discussion. Acknowledgments will appear at the end of the main text.
5. References.
6. Figures
7. Text of the Figures.
8. Tables (optional)

## Letters to the Editor

Double-spaced, left margin justified and numbered consecutively in the bottom right corner. It should have a maximum extension of 1000 words, counting from the title page to the end excluding tables. The content of the letters to the editor manuscripts will have the following order:

1. Title.
2. Text without subheadings.
3. References.
4. Figures (optional).
5. Text of the Figures (optional).
6. Tables (optional).

## General Rules for Manuscripts

As a general rule, past tense should be used to describe the activities performed during the investigation process, as well as the observed outcomes. Present tense is reserved for discussions of states of knowledge, which are considered ongoing (for example: "...conservative measures are the initial choice of treatment for plantar fasciitis..."). In case of doubt, regarding to style or format, authors are encouraged to follow the "AMA Manual of Style: A Guide for Authors and Editors, 10th Edition". Main parts of the manuscripts, such as Introduction, Material and Methods..., will be identified by bold, capitalized, left-margin subheadings. In case of need of subheadings inside the main segments of the manuscript, these will appear by bold, capitalized first letter and left-margin. Notes at the bottom are not allowed.

## Keywords

Authors should provide 4 to 10 keywords of the manuscript. This key- words should preferably be selected from the list published of Medical Subject Headings (MeSH) of the National Library of Medicine, available in: [www.nlm.nih.gov/mesh/meshhome.html](http://www.nlm.nih.gov/mesh/meshhome.html).

## Abbreviations

The use of abbreviations should be limited as much as possible in the text of the manuscript. Avoid abbreviations in the title of the manuscript. Abbreviations must be defined at their first mention (for example, "... tibial posterior tendon (TPT)") and should be consistent throughout the manuscript. For reasons of clarity, try not to use more than 6 abbrevia- tions per manuscript.

## Trade Names

As a general rule, authors are encouraged to use generic names rather than trade names, especially in the title of the manuscript. In the case that a trade name owned for a drug, software or any other appliances, it is recommended to use the mark ® or ™ (according to the owner's preference) to indicate that there is a trademark of that substance or device. Trade Names should be followed by the name of the company and the country in brackets. (for example: Ibuprofen Cinfa ® 600 mg [Laboratorios Cinfa SA, España]).

## References

References should be cited in sequential numeric order following the order of appearance in the text beginning with the number "1" and con- tinuing in order the first time that a particular reference is cited, until the last citation is noted. Citation numbers will appear in brackets [ ]. References cited in a table or figure should be numbered according to the sequence in which the table or figure in question appear in the text. Personal communications, manuscripts or any unpublished data should not be included in the reference list, although they may be included in brackets in the text of the paper or manuscript as "personal communi- cation" with the name of the investigator or investigators and the date of the communication. For example: "(Kevin Kirby, DPM, personal communi- cation, dd / mm / yyyy)". All references cited in the text should appear in the literature of the Reference List and vice versa.

References style and format will follow the *NLM's International Com- mittee of Medical Journal Editors Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References* (available in [https://www.nlm.nih.gov/bsd/uniform\\_ requirements.html](https://www.nlm.nih.gov/bsd/uniform_requirements.html)) and *NLM's Citing Medicine, 2nd edition* ([www.ncbi.nlm.nih.gov/books/NBK7256](http://www.ncbi.nlm.nih.gov/books/NBK7256)). No more than 6 authors will be cited for each manuscript. In case of more than 6 authors, list the first 6 authors followed by the term "et al." Manuscripts accepted for publication but not published yet will appear as "In Press" at the end of the reference. Jour- nals names should appear abbreviated following the List of Title Word Abbreviations: [http://www.issn.org/services/online-services/access-to- the-ltwa/](http://www.issn.org/services/online-services/access-to-the-ltwa/). It is the authors' responsibility (not the journal's responsibility) for the accuracy of citations. Authors should ensure absence of errors in the reference list before submission. To minimize that bias, authors are encouraged to review their reference list with electronic database such as PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>).

Examples of citations in *Revista Española de Podología*:

Paper in a Journal:

Martínez-Nova A, Sánchez-Rodríguez R, Pérez-Soriano P, Llana-Belloch S, Leal-Muro A, Pedrera-Zamorano JD. Plantar pressures determinants

in mild Hallux Valgus. *Gait Posture* 2010 Jul;32(3):425-7.

If the journal has continual numbers in a volume (most of medical journals do) month and number can be omitted.

Martínez-Nova A, Sánchez-Rodríguez R, Pérez-Soriano P, Llana-Belloch S, Leal-Muro A, Pedrera-Zamorano JD. Plantar pressures determinants in mild Hallux Valgus. *Gait Posture* 2010;32(2):425-7.

Paper in a Journal with DOI:

Landorf KB, Menz HB, Armstrong DG, Herbert RD. Methodological quality of randomized trials published in the *Journal of the American Podiatric Medical Association*, 1999-2013. *J Am Podiatr Med Assoc* 2015 Jul;105(4):320-9. DOI: 10.7547/14-014.1.

Paper in a Supplement of a Journal:

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frova- triptan with short and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002;42 Suppl 2:S93-9.

Book Chapter:

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

Book:

Munuera-Martinez PV. *El Primer Radio. Biomecánica y Ortopodología*. Santander: Exa Editores; 2009.

Document in electronic format:

Foley KM, Gelband H, editors. *Improving palliative care for cancer* [Internet]. Washington: National Academy Press; 2001 [cited 2015 Dic 12]. Available from: <http://www.nap.edu/books/0309074029/html/>.

Web Pages:

Clinical Practice Guideline Heel Pain Panel. *Diagnosis and Treatment of Heel Pain*. American College of Foot and Ankle Surgeons. Available at: <http://www.acfas.org/Research-and-Publications/Clinical-Consensus-Documents/Clinical-Consensus-Documents/>. Accessed December 2015.

## Figures

Figures corresponding to pictures, graphics or drawings will be sent as separate archives (not included in the main text). They should be sent in TIFF or JPEG format, with a resolution not inferior to 300 dpi and using black and white color for lines and text inside the figure. Figures will be published in color in the electronic version of the journal and in black and white in the printed version of the journal. They will be numbered in Arabic numerals sequential order as they appear in the text, cited in brackets (figure 1).

Graphics, symbols and letters inside the figure will be big enough to be clearly identified. Special details of the figures will be marked with arrows using the best contrast available for this arrows and also any other symbol. As previously noted, pictures will not contain identifiable details of patients. Otherwise, informed consent of the patient will be submitted with the manuscript submission.

It is the authors' responsibility to obtain permissions from the copy- right owner for reproduction of the figures that has been previously pub- lished. When the figure has been given by other physician, these should be acknowledged at the end of the figure of the text ("Image courtesy of...") and not in the acknowledgements section.

## Tables

Tables will be sent as a editable text and nor as a figure. They will be numbered in Arabic numerals sequential order as they appear in the text,

cited in brackets (figure 1). Each table will be doubled spaced including a title in its superior part and in the inferior part of the table the abbreviations should be described in alphabetic order. The content should be self explanatory and what is included in the tables should not figure in the text of the manuscript avoiding duplicity of the results cited in the main text.

### **Units**

International System of Units is preferred. In case of using other systems, it is recommended to provide also their equivalence to the International System of Units.

### **Use of Digital Object Identifier**

The Digital Object Identifier (DOI) can be used to cite and link to electronic documents. The DOI consists of a unique sequence of alpha-numeric characters assigned by the publisher upon the initial electronic publication. The assigned DOI is never modified and for that reason is a perfect way of electronic citation of documents, especially "in press"

manuscripts, as they do not contain full bibliographic information yet. When a DOI is used for linking documents in the web, it is guarantee that it will never change.

### **Authors Proofs**

Once a manuscript has been accepted for publication, one set of page proofs (as PDF files) will be sent by e-mail to the corresponding author which will make any last corrections previous to the final publication of the manuscript. If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return then to Elsevier in an e-mail. Please, use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.