



# 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.

The journal accepts english written and spanish written manuscripts for their publication. All manuscripts will be reviewed by two independent peers designated by the Editorial Board with a double blinded system (neither the reviewers nor the authors will know each other).

*Revista Española de Podología* does not charge any fees to the authors for its publication in the journal nor for suscription to readers. The Council of Professional Colleges of Podiatry of Spain takes care of all fees and charges associated with the management, edition and publication of the manuscripts in the journal. The Council will also handle the advertising within the journal.

*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) ([https://www.revesppod.com/authors-eng\\_recomendation-for-authors-eng](https://www.revesppod.com/authors-eng_recomendation-for-authors-eng)) where the principal parts of each type of paper are discussed as well as general recommendations.

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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 to Authors Recommendations.

## ETHICAL ISSUES

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### *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 or 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/>). If the study did not require the review of an ethics committee (retrospective studies, non invasive observational studies...) this aspect should be stated in the manuscript. Papers could be rejected if editors consider that the study has not been carried out within an appropriate ethical framework.

For original papers of clinical trials in which some type of intervention on patients has been carried out, it will be mandatory for the authors to upload the letter of approval of the study by the ethics committee. That file should be uploaded during the manuscript submission process. 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*

All research involving human participants need to obtained an informed consent to participate in the study from the participants (or their parents or legal guardian in cases of children under 18). The use of medical information related to patients without its consent is considered an ethical misconduct. A statement to this effect should appear in the manuscript. The editor can ask to the authors a white model paper of the informed consent used in the study during the review of the manuscript. In clinical cases type of manuscripts, the informed consent of the patient could also be required to the authors.

At the same time, nonessential identifying information details of the subjects of the study should be omitted. Pictures and identifiable information of subjects (such as 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 or guardian) have given written informed consent for publication.

In cases of research in which vulnerable persons have been enrolled (minors, nonconscious patients or patients with cognitive deficien-

cies) where there exists potential for coercion or the consent can not be fully explained, they will be considered as exceptional papers with the editors criteria and would be referred to an oversight group of the editorial board to study the consents of those studies separately.

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The editorial board of the journal will investigate any action considered an ethical misconduct and will take effective actions to solve them. Actions will always be proportionally given and investigation centers and universities of the authors and reviewers could be also implicated in cases needed. The most common misconduct practices that will be investigated are:

- Redundant publication (duplicate publication): it occurs when then content of a manuscript coincides substantially with other manuscript written for the same author(s). This could be by sending the manuscript to several journal for its publication at the same time.
- Plagiarism: it occurs when an author copy substantially the content of a published manuscript of other authors and it is intended to pass as its own work.
- Data fabrication or falsification: the fabrication, falsification or omission of data deliberately with the aim of varyate the results and conclusions of the study are considered misconduct. This include manipulation and edition of pictures.
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- Funding or conflicts of interests non reported: it is the omission of conflicts of interests or funding of the study that could influence the readers perception of the conclusions reported of the authors.

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1) Conception and design of the paper; 2) Data collection; 3) Analysis and interpretation of the results; 4) Creation, drafting and initial preparation of the manuscript; 5) Final review and acceptance of the manuscript. One author can appear in multiple roles and each author should appear in at least one of the roles. All authors should appear in the last category (final review and acceptance of the manuscript).

For papers with just one author, it is recommended the statement: The author confirms the only responsibility in the following aspects of the paper: Paper conception and design, data collection, results analysis and interpretation and drafting the manuscript.

Relative contribution of authors will be required during the manuscript submission process.

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Submission of manuscripts to its publication to *Revista Española de Podología* implies that the submitted work is original and has never been published previously in a written format (except for abstracts of scientific meetings). In cases that this requirement is not met, the paper will be discarded for publication in the journal. If the paper has been previously exposed orally in a seminar or congress, that information should be noted in the moment of its submission.

At the same time, submission of a manuscript implies that its publication is authorized by all authors and also by the authorities of the institutions where the study was carried out, and in case of acceptance of the paper it will not be published in any other place with the same format and in any other language. For reasons of verification, the manuscript could be checked by the [Crossref Similarity Check](#).

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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

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## 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/ictcp/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 will be submitted electronically in the platform of journal with a text processor such as Word or similar. For the edi-

torial process and review of the manuscript, authors should submit the manuscript in 2 different documents. The first document will be the first page or presentation page. The second document will be the manuscript itself.

### First Page

1. Complete Title Title (less than 40 characters).
2. Full name of all authors.
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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)).

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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) Objectives, b) Material and Methods or Patient and Methods (when the study was performed on patients), 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 Recommendations for Authors 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
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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)

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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.
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5. References.
6. Figures (optional).
7. Text of the Figures (optional).
8. Tables (optional).

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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.
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3. References.
4. Figures (optional).
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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 keywords 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 abbreviations 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 continuing 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 communication" with the name of the investigator or investigators and the date of the communication. For example: "(Kevin Kirby, DPM, personal communication, 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 Committee 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. Journals names should appear abbreviated following the List of Title Word Abbreviations: <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*:

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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;32:425-7.

##### 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 frovatriptan 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-Martínez 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.

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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.

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Tables will be sent as a editable text and not 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.

## Multimedia materials

Visual effective archives can give a message or an idea in a very effective and powerful way for readers. This type of communication is relevant in some types of manuscripts such as clinical cases in which it can be shown the result of a treatment or in the methods of original papers to explain some devices or explorations used in the study.

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Archives should be uploaded as particular archives at the moment of submission of the manuscript. They should be correctly referenced in the written manuscript.

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Sometimes the editor could suggest to the authors some information of the manuscript to be sent as supplementary material if it is so big o extensive.

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