REVISTA
ESPAÑOLA DE PODOLOGÍA

Publicación Oficial del Consejo General de Colegios Oficiales de Podólogos

Recommendations for Authors

GENERAL RECOMMENDATIONS

The following recommendations have been done to help authors that want to publish their work in the journal. These recommendations contain technical issues related to the different types of manuscripts. They contain all the aspects that ideally should appear in each section of each type of the manuscripts that the journal accepts for its publication. These recommendations will help expert and novel authors in preparing their manuscripts and will accelerate the editorial process of the manuscripts submitted to the journal.

The spanish journal of podiatry follows the recommendations of the ICMJE (*International Committee of Medical Journals Editors* – www.icmje.org/journals.HTML, last version - June 2010) for manuscript preparation and publication. The Editorial Board of the journal encourage authors to read these recommendations prior to submitting their manuscripts.

Authorship

Following ICMJE recommendations, authorship of a manuscript should be based on the following four criteria: "1) Substantial contributions to the conception or design of the work or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; 4) Agreement to be 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." All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should appear in the acknowledgements section of the manuscript.

It is the authors' responsibility (not the journal), to determine that all people named as authors meet all four criteria; it is not the role of the journal editors to determine who qualifies or does not qualify for authorship or to arbitrate authorship conflicts of the manuscripts.

Reporting Guidelines for Different Types of Studies

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), 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/). Following these guidelines help 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/) and the NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html).

SPECIFIC RECOMMENDATIONS FOR THE DIFFERENT SEGMENTS OF THE MANUSCRIPTS

Title

The title should contain a formal description of the manuscript explaining clearly the type of study and important aspects of it such us randomization, interventions, variables and results. It is desirable to avoid conclusions in the title that could be not totally supported by the paper content. For example, instead of: "Sclerosing alcohol injections are not valid for the conservative treatment of Morton's Neuroma", an adequate title would be: "Short Term Effect of sclerosing alcohol injections for the symptomatic treatment of Morton's Neuroma: Prospective Case Series".

Abstract

Several electronic databases index only the abstract of the paper as the only substantial part of the paper and for many

readers that is the only part they are going to read of the whole paper. For these reasons, authors should be sure that the abstract contain the most important parts of the content of their manuscript in their abstracts. Original papers and systematic reviews (with or without meta-analysis) required a structured abstract with subheadings of Objectives, Materials & Methods or Patients & Methods, Results and Conclusions. The abstract should contain the purpose of the study, objectives, basic procedures such us participant selection, equipment, study variables, measurements taken and statistical methods. It should also contain the main outcomes (with statistical significance or not) and main conclusions. Authors should also point out the most important or new findings of the study trying not to "overestimate" their results.

Introduction

The introduction must put the content of the study and the actual state of knowledge about the specific issue of the study trying to explain the problem and its significance. The last paragraph of introduction should contain the specific purpose of the study and the hypothesis that are going to be tested. Avoid any type of result of the investigation in the introduction.

Material & Methods or Patients & Methods

All studies made on humans should use the subheading Patients & Methods and it should be stated if the study was approved by an Ethics Committee (local or national). If no formal Ethics Committee approval is available, it should be indicated that the study was performed in accordance with the Helsinki Declaration as revised in 2013. Absence of observation of these requirements will be a major reason for rejection of the manuscript. When the study was performed on animals, specimens, simulators, computer models or any other type of *in vitro* methods, the subheading Material & Methods will be used.

The key feature of this section is clarity about how the study was performed. Ideally, every process of the study should be so clearly detailed that any person could repeat it just after reading this section. In general, this section should describe the following elements of the research: a) Study population, b) Research or researchers that performed the study, c) Interventions, d) Variables and measurements of the study, and, e) Statistical methods used for interpretation of results.

Study Population: Manuscript should describe clearly which were the inclusion and exclusion criteria of the study population and the period time in which the study was performed, giving the date of the first enrollment and the last case of the study (dd/mm/aaaa – dd/mm/aaaa). For cohort prospective studies, case control studies and case series, specify if the patients were consecutively admitted to the study.

Researchers: Describe the members of the research team and its participation in the different aspects of the study (for example: which research/researchers performed interventions on patients, which only made measurements of the data or which extract data from medical records in retrospective studies.)

It should be noted if researchers that made measurements were also involved in the treatment or the intervention of the patients of the study (principal surgeon, physician that prescribe conservative treatments such us braces or insoles, etc.). In randomized clinical trials specify if researchers where blinded to intervention.

Intervention: The intervention used in the study should be clearly specify. If the study has different treatment branches, it should be clearly noted if randomization where made of the different intervention groups and the method of randomization. Avoid detailed description of standard procedures or techniques that has been previously described. In those cases, it is useful to use a reference for the description of the procedure. However, if new procedures or substantial variations in the technique have been employed, they should be described entirely. In cases of drug interventions, doses, administration routes, and lengths of treatments should be detailed.

Variables Measurements: The manuscript should have a detailed description of the variables used in the study, specially how it was measured, when measurements where taken and who made the measurements. It should be clearly stated if variables where based on physical exams, radiographic angular measurements, interviews, questionnaires (AOFAS scale, Bristol Foot Score, Foot Function Index, etc.) or any other method of measurement.

The use of "hard" or "solid" endpoints such us laboratory analytical variables, microbiology laboratory results, radiology angles and other specific measurements are preferred. If "soft" endpoints are used, health measurement instruments that have been previously shown to be reliable and provide valid information, are preferred.

Statistical Methods: Describe the statistical analysis plan including all descriptive and inferential statistics used. Statistical tests should be based on the type and distribution of the data.

Regarding the descriptive statistical analysis, the central tendency parameters (mean or median average) should be described as well as the measures of dispersion (standard deviation or range). Continuous numeric data that are normally distributed may be analyzed using mean-based statistical tests such us Student's t-test. Categorical data and data that are non-normally distributed may be analyzed using median-based (nonparametric) methods such us the

Wilcoxon matched-pairs signed-ranks test, sign test, Wilcoxon rank-sum test, and the Kruskal Wallis rank test.

Authors should choose between signification test or hypothesis testing for the description and interpretation of their results and it should be noted in this part of the manuscript. Both, signification test and hypothesis testing are two different conceptual entities that had been wrongly used as interchangeably terms. If authors choose a signification test for interpretation of their results, they will report a *p* value, assessing how that result is compatible with the null hypothesis. In contrast, if the authors choose a hypothesis testing for interpretation of their results, they will choose a limit values of error type I and II (a y b) *prior* to analysis of the results from which null hypothesis will be accepted or rejected. Authors will choose the a value from which null hypothesis will be rejected, although it is recommended that value to be less than 5% (p<0,05). b value is recommended between 0,2 or 0,1. The term *"statistical significance"* will be used only in the case of hypothesis testing in which a p value has been calculated. Because of the problems derived with the hypothesis testing approach the journal encourages authors not to describe *p*-value as the only value to report their results. Ninety-five percent confidence intervals are recommended and values of effect size are also recommended for reporting of results. For clarity purpose, the terms "correlation" or "is correlated with" should only be used when a correlation coefficient is calculated and reported.

Additional references that explain more clearly the methods for the statistical plan of manuscripts include:

- Prieto Valiente L, Herranz Tejedor I. ¿Qué significa "estadísticamente significativo"? La falacia del criterio del 5% en la investigación científica. Madrid: Ediciones Díaz de Santos; 2005.
- Biau DJ, Jolles BM, Porcher R. P Value and the Theory of Hypothesis Testing. Clin Orthop Relat Res. 2010;468:885-892.
- Rebasa P. Entendiendo la "p<0,001". Cir Esp. 2003;73:361-5.

The Methods section should not include any result of the data taken during the research process. External help for manuscript development such us equipment cession, or help with the analysis and interpretation of the results should be detailed in the acknowledgements of the manuscript.

Results

Results should be presented clearly and following a logic sequence of the steps taken to data analysis. All results pointed as objectives in the methods section should be described in this section. Look for consistency of data throughout the manuscript. Relevant information about study population should include demographic data of each of the groups of the study (treatment vs. control) as well as exclusions and missing data. Appropriate inferential statistical analysis is recommended to test group heterogeneity at the beginning of the study based on the type of variables, sample size and data distribution. It is important in this section to clearly specify the number of patients vs. the numbers of feet or lower limbs used in the study.

It is recommended to summarized the quantitative information data in the text. For more detailed information of the data, readers will be referred to appropriate tables. As a general rule for the results section, three result tables are recommended for presentation of data. Table 1 usually represents demographic characteristics of study population, showing if it exists any difference between the groups of the study. Table 2 usually indicate the results of univariate analysis and Table 3 the results of multiple variable analysis.

As a general rule, use two decimals for results presentation and use more than two when it is absolute essential for manuscript comprehension. Use de symbol ± when referring to mean and standard deviation (ej: 4,28º ± 1,12º). For median and range, use [ ] brackets (for example: 7,25 [4,35–9,83]). When the text if referring to a number of concrete case it should be also referred with the percentage of the sample, for example: "Only 5 cases (2,12%) developed serious complications from the intervention". If you are referring to a probability as a *p* value, it should appear cursive. By convention use two decimals for the *p* value if this is bigger than 0.01, three decimals if it is between 0,01 and 0,001, and for values less than 0,001 use *p*<0,001. Do not use *p*=0,000.

For randomized clinical trials, a flow chart will appear in the result section as the first figure of this section. (See http://www.consort-statement.org/). It is recommended the same for systematic reviews. In cases of meta-analysis of systematic reviews, a Forest Plot should be presented in the results section.

Discussion

The discussion part offers a unique opportunity for the authors to discuss the results of their work. The authors themselves have the best position to critically discuss their work pointing the strengths and limitations of their study. Authors are encouraged to note important or new aspects of their study in the context of the best evidence available at the moment of its publication. For original articles a useful guide for the discussion include the following points: a) a brief sum up of the objectives of the study, b) a brief summary of the main findings of the study, c) possible explanations to explain the findings, d) comparison of the findings with the results of other studies, e) limitations, f) implications of the findings for clinical practice, and, g) planning of future investigations for future studies. Detailed description of the results of the investigation or any other information detailed in previous parts of the manuscript should not be repeated in the discussion.

Do not include a final subheading with Conclusions. Conclusions should be detailed in the last paragraph of the discussion. It is useful to start with: "In conclusion, the finding of this study show…" or "As a conclusion, this study has found…". It is important for the authors to remember that conclusions found in a single study are usually not applicable to the whole population and authors should be cautious about their conclusions in this sense.

Acknowledgements

People that made a special contribution to the study should be ackowledged while trying to avoid acknowledgements to those people who contributed to the manuscript while doing the regular duties of their work. For clarity about authorship, please see the authorship section in this text.