

## Journal of Children's Orthopaedics

Impact Factor: 1.6

5-Year Impact Factor: 1.7

### Submission guidelines

#### **Manuscript Submission Guidelines: *Journal of Children's Orthopaedics***

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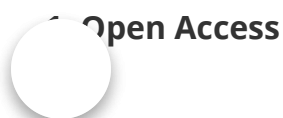
This Journal recommends that authors follow the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) formulated by the International Committee of Medical Journal Editors (ICMJE).

Please read the guidelines below then visit the journal's submission site <https://mc04.manuscriptcentral.com/jco> to upload your manuscript. Please note that manuscripts not conforming to these guidelines may be returned. Remember you can log in to the submission site at any time to check on the progress of your paper through the peer review process.

Sage Publishing disseminates high-quality research and engaged scholarship globally, and we are committed to diversity and inclusion in publishing. We encourage submissions from a diverse range of authors from across all countries and backgrounds.

Only manuscripts of sufficient quality that meet the aims and scope of the *Journal of Children's Orthopaedics* will be reviewed. As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

The *Journal of Children's Orthopaedics* does not accept submissions of papers that have been posted on pre-print servers.



The *Journal of Children's Orthopaedics* is an open access, peer-reviewed journal. Each article accepted by peer review is made freely available online immediately upon publication, is published under a Creative Commons license and will be hosted online in perpetuity. Publication costs of the journal are covered by the collection of article processing charges which are paid by the funder, institution or author of each manuscript upon acceptance. There is no charge for submitting a paper to the journal.

For general information on open access at Sage please visit the [Open Access page](#) or view our [Open Access FAQs](#).

## 2. Article processing charge (APC)

If, after peer review, your manuscript is accepted for publication, a one-time article processing charge (APC) is payable. This APC covers the cost of publication and ensures that your article will be freely available online in perpetuity under a Creative Commons license.

An article processing charge (APC) is in place for the following article types: Original Clinical Article, Technical Note, Basic Science, Perspective and Systematic Review. The article processing charge for EPOS members or Editorial Board members is \$1,000. The cost for non-members is \$2,000. This is equivalent to €900 or €1,800 respectively, at the current exchange rate (subject to change). Please note bill payers will be charged in GBP or USD only. Reviewers will receive a 20% discount off their next submission upon completing a thorough review.

The article processing charge (APC) is payable when a manuscript is accepted after peer review, before it is published. The APC is subject to taxes where applicable. Please see further details [here](#).

Your article may be eligible for a full or partial waiver due to Sage's participation in initiatives aimed at increasing accessibility to publication from lower- income countries. Check here for further information about discounts and to see whether you may be eligible:

<https://uk.sagepub.com/gold-open-access-article-processing-charge-waivers>.

\*If the paying party is based in the European Union, to comply with European law, value added tax (VAT) must be added to the APC. Providing a VAT registration number will allow an institution to be exempt from paying this tax, except for UK institutions.

## 3. What do we publish?

### 3.1 Aims & Scope

Before submitting your manuscript to the *Journal of Children's Orthopaedics*, please ensure you have read the [Aims & Scope](#).

## 3.2 Article Types

Articles are accepted for exclusive publication in the *Journal of Children's Orthopaedics* and must not be previously published or under consideration elsewhere.

The *Journal of Children's Orthopaedics* does not accept and will withdraw from consideration any manuscript submissions that have been posted to Preprint Servers prior to submission.

The *Journal of Children's Orthopaedics* considers the following article types:

- **Original Clinical Article**: The abstract should be structured into *Purpose, Methods, Results, Conclusions* and *Significance of Study* and be limited to a maximum of 250 words. The Significance of Study section should ideally be limited to one sentence, and in exceptional cases, may extend to two sentences. Abstracts without these sections will be returned to the author. As a rule, the full article should be no more than 4,000 words. For very detailed studies, a longer text is acceptable. Authors should keep the use of abbreviations to a minimum to improve readability.
- **Technical Note**
- **Basic Science**
- **Perspective** (by invitation only)
- **Systematic Review**: See 3.2.2. The abstract should be structured into *Purpose, Methods, Results, Conclusions* and *Significance of Study* and be limited to a maximum of 250 words. The Significance of Study section should ideally be limited to one sentence, and in exceptional cases, may extend to two sentences. Abstracts without these sections will be returned to the author. As a rule, the full article should be no more than 4,000 words. For a very detailed review, a longer text is acceptable. Authors should keep the use of abbreviations to a minimum to improve readability.
- Editorial (by invitation only)
- **Letter to the Editor**: Correspondence to the Editor unrelated to a specific article should not exceed 500 words or have more than 3 references. Correspondence pertaining to a recently published article or to be published concurrently with an article within the journal should not exceed 800 words or have more than 5 references.
- **Response to Letter to the Editor**
- **Book Review**
- **Current Concepts Review** (by Editor-in-Chief invitation only)
- **What's New In...** (by invitation only)

Guidelines for writing a "What's New In" article type:

The article should focus on the open unsolved questions in the subject area concerned. The unsolved problems should be named and described. The article should begin with a list of unsolved problems. Ideally the article should refer to a recently published CCR. It then can be based on current knowledge (without repeating the full content of the

CCR).

The article should report on the current research that can contribute to solving these problems.

New diagnostic or therapeutic methods should be reported, which only show preliminary results, but which are promising and can contribute to solving these problems.

It is also feasible to report on research that has not yet fulfilled the hope of solving such problems with critical consideration, why the approach was not expedient.

The article can also report on established methods that (in contrast to reports in the literature) have not met expectations in the medium or long term.

The relevant publications of the past three years in the subject area should be reported.

The article reflects the expert opinion of a very competent group of scientists and does not claim to be evidence-based.

It is important to differentiate from a Current Concepts Review (CCR) The CCR reports on established knowledge, on the contrary, "What's New?"-articles report on open questions and ongoing research directions, although they must be based on current CCRs.

The paper should be structured with subtitles. The choice of subtitles is free. At the end there should be a section with the subtitle "*Conclusions*". As a rule, the full article should be no more than 4,000 words. For a very detailed review, a longer text is acceptable. Authors should keep the use of abbreviations to a minimum to improve readability. The article should also include an abstract.

If possible, illustrations should also be added.

What's New In article types are usually commissioned by the Editors, however if you wish to submit a proposal for this article type, please contact the Editors-in-Chief of JCO with a brief synopsis of your suggested article.

### **3.2.1 Level of Evidence**

Level of Evidence must be stated for all Original Clinical Articles, Systematic Reviews and Technical Notes. It is optional for all other article types. Select the Level of Evidence appropriate for your work from the chart below and list this underneath the abstract.



Types of Studies				
	Therapeutic Studies – Investigating the Results of Treatment	Prognostic Studies – Investigating the Effect of a Patient Characteristic on the Outcome of Disease	Diagnostic Studies – Investigating a Diagnostic Test	Economic and Decision Analysis - Developing an Economic or Decision Model
Level I	High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals  Systematic review <sup>2</sup> of Level-I randomized controlled trials (and study results were homogenous <sup>3</sup> )	High-quality prospective study <sup>4</sup> (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients)  Systematic review <sup>2</sup> of Level-I studies	Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference “gold” standard)  Systematic review <sup>2</sup> of Level-I studies	Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses  Systematic review <sup>2</sup> of Level-I studies
Level II	Lesser-quality randomized controlled trial (e.g., <80% follow-up, no blinding, or improper randomization)  Prospective <sup>4</sup> comparative study <sup>3</sup>  Systematic review <sup>2</sup> of Level-II studies or Level-I studies with inconsistent results	Retrospective <sup>6</sup> study  Untreated controls from a randomized controlled trial  Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or <80% follow-up)  Systematic review <sup>2</sup> of Level-II studies	Development of diagnostic criteria on basis of consecutive patients (with universally applied reference “gold” standard)  Systematic review <sup>2</sup> of Level-II studies	Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses  Systematic review <sup>2</sup> of Level-II studies
Level III	Case-control study <sup>7</sup>  Retrospective <sup>6</sup> comparative study <sup>3</sup>  Systematic review <sup>2</sup> of Level-III studies	Case-control study <sup>7</sup>	Study of non-consecutive patients (without consistently applied reference “gold” standard)  Systematic review <sup>2</sup> of Level-III studies	Analysis based on limited alternatives and costs; poor estimates  Systematic review <sup>2</sup> of Level-III studies
Level IV	Case series <sup>8</sup>	Case series <sup>8</sup>	Case-control study  Poor reference standard	No sensitivity analyses
Level V	Expert Opinion	Expert Opinion	Expert Opinion	Expert Opinion

1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design
2. A combination of results from two or more prior studies
3. Studies provided consistent results
4. Study was started before the first patient enrolled
5. Patients treated one way (e.g. with cemented hip arthroplasty) compared with patients treated another way (e.g. with cementless hip arthroplasty) at the same institution
6. Study was started after the first patient enrolled

7. Patient identified for the study on the basis of their outcome (e.g., failed total hip arthroplasty), called “cases” are compared with those who did not have the outcome (e.g., had a successful total hip arthroplasty), called “controls”
8. Patients treated one way with no comparison group of patients treated another way.

This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information please see [www.cebm.net](http://www.cebm.net)

### **3.2.2 Systematic reviews**

Systematic Reviews must meet the requirements of the [PRISMA](#) guidelines for systematic reviews and meta-analyses. Authors are required to complete the PRISMA checklist and submit this with their manuscript. You can find the checklist [here](#). Authors should include a statement such as below in the abstract and the 'Materials & Methods' section of their manuscript:

‘The review process was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.’

Although not an obligatory requirement, the journal encourages registration of Systematic Reviews with [PROSPERO](#) (International Prospective Register of Systematic Reviews). If registered, authors should include the registration number in the abstract and the 'Materials & Methods' section of their manuscript.

The **maximum lag time** between the end of the systematic review search period and submission of the manuscript is **12 months**. Manuscripts exceeding this time limit will be **returned without peer-review**. Exceptions are made for manuscripts reporting on rare diseases where the most recent literature might already be several years old. In such a case, authors should mention the end date of their search period in their manuscript.

## **3.3 Writing your paper**

The Sage Author Gateway has some general advice and on [how to get published](#), plus links to further resources.

### **3.3.1 Make your article discoverable**

For information and guidance on how to make your article more discoverable, visit our Gateway page on: [How to Help Readers Find Your Article Online](#).

### **3.3.2 Chat GPT and Generative AI tools**



If using chatbox tools such as ChatGPT or other generative AI tools, authors are required to:

1. **Clearly indicate the use of language models in the manuscript**, including which model was used and for what purpose, in both the methods and acknowledgements sections.
2. **Verify the accuracy, validity, and appropriateness of the content** and any citations generated by language models and correct any errors or inconsistencies.
3. **Provide a list of sources used to generate content** and citations, including those generated by language models. Double-check citations to ensure they are accurate, and are properly referenced.
4. **Be conscious of the potential for plagiarism** where the LLM may have reproduced substantial text from other sources. Check the original sources to be sure you are not plagiarising someone else's work.
5. **Acknowledge the limitations of language models in the manuscript**, including the potential for bias, errors, and gaps in knowledge.
6. Please note that AI bots such as ChatGPT **should not be listed as an author** on your submission.

We will take appropriate corrective action where we identify published articles with undisclosed use of such tools. For more information see the [policy on Use of ChatGPT and generative AI tools](#).

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## 4. Editorial policies

### 4.1 Peer review policy

Following a preliminary triage to eliminate submissions unsuitable for the *Journal of Children's Orthopaedics* all papers are sent out for review. The covering letter is important. To help the Editor in their preliminary evaluation, please indicate why you think the paper suitable for publication. If your paper should be considered for fast-track publication, please explain why.

Sage does not permit the use of author-suggested (recommended) reviewers at any stage of the submission process, be that through the web-based submission system or other communication.



Reviewers should be experts in their fields and should be able to provide an objective assessment of the manuscript. Our policy is that reviewers **should not** be assigned to a paper if:

- The reviewer is based at the same institution as any of the co-authors.
- The reviewer is based at the funding body of the paper.
- The author has recommended the reviewer.
- The reviewer has provided a personal (e.g. Gmail/Yahoo/Hotmail) email account and an institutional email account cannot be found after performing a basic Google search (name, department and institution).

The journal's policy is to have manuscripts reviewed by at least two expert reviewers. The *Journal of Children's Orthopaedics* utilizes a double-anonymize peer review process in which the reviewer and authors' names and information are withheld from the other. Reviewers may at their own discretion opt to reveal their names to the author in their review, but our standard policy practice is for their identities to remain concealed. All manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers make comments to the author and recommendations to the Editors-in-Chief who then makes the final decision.

The Editor or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in the journal. In these cases, the peer review process will be managed by alternative members of the Board and the submitting Editor / Board member will have no involvement in the decision-making process.

*The Journal of Children's Orthopaedics* is committed to delivering high quality, fast peer-review for your paper, and as such has partnered with Publons. Publons is a third party service that seeks to track, verify and give credit for peer review. Reviewers for *Journal of Children's Orthopaedics* can opt in to Publons in order to claim their reviews or have them automatically verified and added to their reviewer profile. Reviewers claiming credit for their review will be associated with the relevant journal, but the article name, reviewer's decision and the content of their review is not published on the site. For more information visit the [Publons](#) website.

## 4.2 Authorship

We only accept papers with a **maximum of 8 authors** (except for multicenter studies with more than 4 centers). Papers should only be submitted for consideration once consent is given by all contributing authors. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors.



The list of authors should include all those who can legitimately claim authorship. This is all those who:

1. Made a substantial contribution to the concept or design of the work; or acquisition, analysis or interpretation of data,
2. Drafted the article or revised it critically for important intellectual content,
3. Approved the version to be published,
4. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Authors should meet the conditions of all of the points above. When a large, multicentre group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the Acknowledgments section. Please refer to the [International Committee of Medical Journal Editors \(ICMJE\) authorship guidelines](#) for more information on authorship.

Please note that AI chatbots, for example ChatGPT, should not be listed as authors. For more [information see the policy on Use of ChatGPT and generative AI tools](#).

### **4.3 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, or a department chair who provided only general support.

Please supply any personal acknowledgements separately to the main text to facilitate anonymous peer review.

Per [ICMJE recommendations](#), it is best practice to obtain consent from non-author contributors who you are acknowledging in your paper.

#### **4.3.1 Third party submissions**

Where an individual who is not listed as an author submits a manuscript on behalf of the author(s), a statement must be included in the Acknowledgements section of the manuscript **and** in the accompanying cover letter. The statements must:



- Disclose this type of editorial assistance – including the individual’s name, company and level of input
- Identify any entities that paid for this assistance
- Confirm that the listed authors have authorized the submission of their manuscript via third party and approved

Where appropriate, Sage reserves the right to deny consideration to manuscripts submitted by a third party rather than by the authors themselves.

#### **4.3.2 Writing Assistance**

Individuals who provided writing assistance, e.g. from a specialist communications company, do not qualify as authors and so should be included in the Acknowledgements section. Authors must disclose any writing assistance – including the individual’s name, company and level of input – and identify the entity that paid for this assistance. It is not necessary to disclose use of language polishing services.

#### **4.4 Funding**

The *Journal of Children’s Orthopaedics* requires all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit the [Funding Acknowledgements](#) page on the Sage Journal Author Gateway to confirm the format of the acknowledgment text in the event of funding, or state that: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

#### **4.5 Declaration of conflicting interests**

It is the policy of the *Journal of Children’s Orthopaedics* to require a declaration of conflicting interests from all authors enabling a statement to be carried within the paginated pages of all published articles.

Please ensure that a ‘Declaration of Conflicting Interests’ statement is included at the end of your manuscript, after any acknowledgements and prior to the references. If no conflict exists, please state that ‘The Author(s) declare(s) that there is no conflict of interest’.

For guidance on conflict of interest statements, please see the [ICMJE recommendations](#).

#### **4.6 Research ethics and patient consent**

Medical research involving human subjects must be conducted according to the [World Medical Association Declaration of Helsinki](#).

Submitted manuscripts should conform to the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number.

For research articles, authors are also required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal.

Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information and images to be published was provided by the patient(s) or a legally authorized representative. Please do not submit the patient's actual written informed consent with your article, as this in itself breaches the patient's confidentiality. The Journal requests that you confirm to us, in writing, that you have obtained written informed consent but the written consent itself should be held by the authors/investigators themselves, for example in a patient's hospital record. The confirmatory letter may be uploaded with your submission as a separate file.

Please also refer to the [ICMJE Recommendations for the Protection of Research Participants](#)

#### **4.7 Clinical trials**

The *Journal of Children's Orthopaedics* conforms to the [ICMJE requirement](#) that clinical trials are registered in a WHO-approved public trials registry at or before the time of first patient enrolment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

Randomised Controlled Trials (RCTs) must adhere to the CONSORT statement, (CONsolidated Standards Of Reporting Trials) and submissions must be accompanied by a completed CONSORT checklist (uploaded as a Supplemental File for Review). Further information can be found at [www.consort-statement.org](http://www.consort-statement.org).

#### **4.8 Reporting guidelines**

The relevant [EQUATOR Network](#) reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed [CONSORT flow chart](#) as a cited figure and the completed [CONSORT checklist](#) should be uploaded with your submission as a supplementary file. Systematic reviews and meta-analyses should include the completed [PRISMA](#) flow chart as a cited figure

and the completed PRISMA checklist should be uploaded with your submission as a supplementary file. The [EQUATOR wizard](#) can help you identify the appropriate guideline.

Other resources can be found at [NLM's Research Reporting Guidelines and Initiatives](#).

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## 5. Publishing Policies

### 5.1 Publication ethics

Sage is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' [International Standards for Authors](#) and view the Publication Ethics page on the [Sage Author Gateway](#).

#### 5.1.1 Plagiarism

*Journal of Children's Orthopaedics* and Sage take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles may be checked with duplication-checking software. Where an article, for example, is found to have plagiarised other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; or taking appropriate legal action.

#### 5.1.2 Prior publication

If material has been previously published it is not generally acceptable for publication in a Sage journal. However, there are certain circumstances where previously published material can be considered for publication. Please refer to the guidance on the [Sage Author Gateway](#) or if in doubt, contact the Editor at the address given below.

### 5.2 Contributor's publishing agreement

Before publication Sage requires the author as the rights holder to sign a Journal Contributor's Publishing Agreement. The *Journal of Children's Orthopaedics* publishes manuscripts under [Creative Commons licenses](#). The standard license for the journal is Creative Commons by Attribution Non-Commercial (CC BY-NC), which allows others to re-use the work without permission as long as the work is properly referenced and the

use is non-commercial. For more information, you are advised to visit [Sage's OA licenses page](#). Alternative license arrangements are available, for example, to meet particular funder mandates, made at the author's request.

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## 6. Preparing your manuscript

### 6.1 Formatting

The preferred format for your manuscript is Word. LaTeX files are also accepted. Word and (La)TeX templates are available on the [Manuscript Submission Guidelines](#) page of our Author Gateway.

### 6.2 Artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit Sage's [Manuscript Submission Guidelines](#)

Figures supplied in color will appear in color online.

### 6.3 Identifiable information

Where a journal uses double-anonymize peer review, authors are required to submit:

1. A **version of the manuscript** which has had any information that compromises the anonymity of the author(s) removed or anonymised. This version **will** be sent to the peer reviewers.
2. A **separate title page** which includes any removed or anonymised material. This **will not** be sent to the peer reviewers.

See <https://sagepub.com/Manuscript-preparation-for-double-anonymize-journal> for detailed guidance on making an anonymous submission.

### 6.4 Supplemental material

This journal is able to host additional materials online (e.g. datasets, podcasts, videos, images etc) alongside the full-text of the article. For more information please refer to our [guidelines on submitting supplementary files](#).

### 6.5 Reference style

The *Journal of Children's Orthopaedics* adheres to the Sage Vancouver reference style. View the [Sage Vancouver](#) guidelines to ensure your manuscript conforms to this reference style.

If you use [EndNote](#) to manage references, you can download the [Sage Vancouver EndNote output file](#).

## 6.6 English language editing services

Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal's specifications should consider using Sage Language Services. Visit [Sage Language Services](#) on our Journal Author Gateway for further information.

## 6.7 Accessibility Guidelines

Authors should familiarize themselves with [Sage's Accessibility Guidelines](#) to ensure their manuscripts meet recognized accessibility standards.

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## 7. Submitting your manuscript

### 7.1 How to submit your manuscript

The *Journal of Children's Orthopaedics* is hosted on Sage Track, a web based online submission and peer review system powered by ScholarOne™ Manuscripts. Visit <https://mc04.manuscriptcentral.com/jco> to login and submit your article online.

**IMPORTANT:** Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne [Online Help](#).

### 7.2 Title, keywords and abstracts

Please supply a title, short title, an abstract and keywords to accompany your article. The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting the Sage Journal Author Gateway for guidelines on [How to Help Readers Find Your Article Online](#).

### 7.3 Information required for completing your submission

You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on your manuscript. The affiliation listed in the manuscript should be the institution where the research was conducted. If an author has

moved to a new institution since completing the research, the new affiliation can be included in a manuscript note at the end of the paper. At this stage please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

Upload a separate “Title Page” at step 6 of the online file upload procedure, that includes the paper title, author name(s), abstract, key words, affiliation(s), professional biography (less than 100 words), acknowledgements (and any other identifying information) as you would like them to appear in the final, published article.

## 7.4 ORCID

As part of our commitment to ensuring an ethical, transparent and fair peer review process Sage is a supporting member of [ORCID, the Open Researcher and Contributor ID](#). ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCID iDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID iD you will be asked to associate that to your submission during the online submission process. We also strongly encourage all co-authors to link their ORCID ID to their accounts in our online peer review platforms. It takes seconds to do: click the link when prompted, sign into your ORCID account and our systems are automatically updated. Your ORCID iD will become part of your accepted publication’s metadata, making your work attributable to you and only you. Your ORCID iD is published with your article so that fellow researchers reading your work can link to your ORCID profile and from there link to your other publications.

If you do not already have an ORCID iD please follow this [link](#) to create one or visit our [ORCID homepage](#) to learn more.

## 7.5 Permissions

**Please also ensure that you have obtained any necessary permission** from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the Copyright and Permissions page on the [Sage Author Gateway](#).

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## 8. On acceptance and publication

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### 8.1 Sage Production

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## 9. Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the *Journal of Children's Orthopaedics* editorial office:

[jco@sagepub.com](mailto:jco@sagepub.com)

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