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Submission guidelines



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Please read the guidelines in full before submitting your manuscript. Manuscripts not conforming to these guidelines may be returned.

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This Journal is a member of the [Committee on Publication Ethics](#).

The 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).

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 [author responsibilities section](#) on the Sage Journal Author Gateway.

We also encourage you to familiarize yourself with our [Editorial Policies](#) and our [Publication Ethics Policies](#).

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There are no fees payable to submit or publish in this journal. Open access options are available – see below.

Please read the guidelines below then [submit your manuscript here](#).

Key information

Foot & Ankle International (FAI) welcomes articles that contribute to orthopaedic science as it relates to the foot and ankle. Articles are welcome from all countries and all sources under the following conditions:

- Articles are accepted only for exclusive publication in *Foot & Ankle International*.
- Publication does NOT constitute official endorsement of opinions presented in articles.
- Published articles and illustrations become the property of *Foot & Ankle International*.
- Manuscripts not prepared according to the instructions below will be returned.

What We Publish

1. Clinical and Biomedical Scientific Manuscripts
2. Short Scientific Reports
3. Systematic Review/Meta-Analyses
4. Contemporary Reviews
5. Letters to the Editor

What We Do Not Publish

1. Case Reports
2. Technique Tips
3. Language/country specific translations of outcome instruments.
4. Bibliometric papers
5. Qualitative or mixed methods research
6. "Learning curve" Manuscripts
7. Large Language Models (LLM) evaluations

Before submitting your manuscript to be considered for publication in *FAI*, please read over and follow the instructions below carefully.

Access: Subscription

Accepts preprints? Yes

Identity transparency: Double anonymized

Publishing fees and open access

There are no fees payable to submit or publish in this journal.

Figures submitted in color will be published in color in the online version of the journal at no cost. If you wish to have color figures in the printed version, the following fees apply: \$800 for first image in print; \$200 for subsequent color print images.

Please see “Preparing Your Manuscript for Submission” section for more information on figures.

Optional open access publishing is available for a fee via the [Sage Choice program](#), and Open Access agreements, where authors can publish open access either discounted or free of charge depending on the agreement with Sage. Find out if your institution is participating by [visiting Open Access Agreements at Sage](#). Open Access agreement eligibility is determined by the corresponding author’s affiliation matching an agreement at acceptance. For more information on Open Access publishing options at Sage please [visit Sage Open Access](#).

For information on funding body compliance, and depositing your article in repositories, please [visit Sage’s Author Archiving and Re-Use Guidelines](#) and [Publishing Policies](#).

Open access fees do not cover color charges and are charged separately.

NIH and Wellcome Trust-Funded Submissions

Authors should check the box at submission if a manuscript was funded by NIH or Wellcome Trust. If the article is accepted to *FAI*, the article will be automatically deposited to PubMed Central (PMC). This service previously cost \$3,000 and was only available after the print publication of the article. It is now completely free and the article will be deposited automatically within 6 months for Wellcome Trust and 12 months for NIH.

Preparing your manuscript for submission

Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal’s [Aims and Scope](#) to see if your article is appropriate.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

Preparing Manuscript

Manuscript Body

Manuscripts should be organized in the following order: Title, Abstract, Level of Evidence (Clinical Research) / Clinical Relevance (Basic Science), Keywords, Introduction, Methods, Results, Discussion, Conclusion, References.

Introduction

Establish relevance of question

- Why is study important?
- Why is question interesting or controversial?
- What is the gap in the literature you're filling?
- Do not repeat the same in the Discussion

Methods

The Methods section must define the period during which the study was conducted, the specific criteria for inclusion and exclusion of patients, and the duration of follow-up. For retrospective studies, all patients who meet the inclusion/exclusion criteria in the specified time period should form the study population and the reasons for any additional exclusions should be reported (i.e. death, loss to follow-up, study withdrawal, etc.).

Provide enough details to replicate your procedures. In particular, surgical techniques must be described well enough so another surgeon can reproduce the procedure.

Considerations for the Statistical Analysis section

Please refer to the Author Guidelines at JAMA Network "Statistical Methods and Data Presentation" section at

<https://jamanetwork.com/journals/jamanetworkopen/pages/instructions-for-authors#Ref1> for a detailed set of specifications and principles that *FAI* and *FAO* are aiming to achieve in the submissions. Furthermore, *FAI* and *FAO* endorse the guidelines (as mentioned in the above JAMA Network link) in the publication 'Reporting statistical information in medical journal articles' by Cummings and Rivara (2003). [Cummings P, Rivara FP. Reporting statistical information in medical journal articles. *Arch Pediatr Adolesc Med.* 2003;157(4):321-324. [doi:10.1001/archpedi.157.4.321](https://doi.org/10.1001/archpedi.157.4.321).]

Briefly, the Statistical Analysis section must describe:

- Whether the analysis is framed as exploratory or hypothesis-testing (see JAMA source above for explanation)

- All analyses performed in the study including demographic and sample characteristics for the study population and any comparative groups (e.g. group means, standard deviations).
- How missing data was treated (e.g. imputation, excluded from analyses)
- If performed, correction for multiple hypothesis testing (e.g. Bonferroni) and how it is expressed in the Results
- The software used for analysis

STATISTICAL SAMPLE SIZE CALCULATION GUIDELINES

With regard to sample size for a study, we recommend:

1. Inclusion in methodology: In general, research submissions should detail their sample size calculation in the methods section and specify whether it was performed *a priori* or *post hoc*. In certain contexts, this may not be necessary, including exploratory or descriptive studies, pilot studies, quality improvement initiatives, and qualitative research studies. The study research question and objectives should be framed accordingly, and the sample size should be sufficient to provide meaningful insights. Please consult the JAMA Network source above for further detail regarding which types of studies require *a priori* and *post hoc* power analyses.
2. Acknowledging absence of an *a priori* calculation: If an *a priori* sample size calculation was not conducted, this omission should be highlighted in the discussion as a methodological weakness. As noted above, authors should supply in tables sufficient aggregated results (eg, group means and sample sizes) for readers to independently perform a post-hoc power analysis.
3. Addressing underpowered studies: If a sample size calculation indicates a study is underpowered, this should be mentioned in the study limitations along with details regarding the necessary number of subjects to ensure the research has adequate power.

These recommendations aim to enhance the transparency and reliability of research through careful consideration of sample size and power analysis.

We recommend that authors use the following UCSF "sample size and power calculation" web page: <https://data.ucsf.edu/research/sample-size>.

Reporting and Discussion of Results

- Ninety-five percent confidence intervals must be calculated for point estimates (e.g. hazard ratios, odds ratios) whenever the results of survivorship or logistic regression analysis are given in the text or in graphs. Authors are encouraged to use 95% confidence intervals in addition to or instead of standard deviations when reporting results. If presenting confidence intervals other than 95% (e.g., 90%), this decision must be justified.
- The statement that "no significant difference was found between two groups" cannot be made unless an *a priori* power analysis was performed and the value of alpha or beta is reported. In most cases, a sufficient number of patients (depending on the group differences in the main outcome, which can be expressed as an effect size) with the conventional alpha=0.05 with power=0.80, and often more, in each group is required to make such a

statement. If no such power study was done and sufficient sample is not present, the author must state: "With the numbers available, no significant difference could be detected."

- The term 'significant' should only be used to describe statistical significance and should be reported along with a *P* value.

The word "correlation" requires reporting of the Pearson correlation coefficient (*r*) or Spearman rank correlation (*r_s*) (when assumptions of parametric analysis are not met).

Results

Provide a detailed report on the data obtained during the study

General outline for clinical studies:

- Paragraph(s) 1
 - Demographics, baseline characteristics (Table(s) 1)
 - Participant flow (FIGURE 1)
- Paragraph(s) 2
 - What did you find in terms of Primary Objective? (Table/Figure 2)
- Paragraph(s) 3
 - What did you find in terms of secondary objectives?
- Paragraph(s) 4
 - Sensitivity analyses, exploratory aims

Tables and text should complement each other, not repeat each other.

- Summarize key point in text, then refer to table.
- If table can be summarized in 1 sentence, delete the table.

Discussion

Paragraph 1: General summary statement of primary aim. Do not paste in all results. Results should be in Results and not appear first in Discussion!

Paragraph(s) 2: How do results fit with current literature?

- What are differences between this study and others?
- Speculate on why your findings differ.
- Summarize directions of the literature, not each and every manuscript.
- Reference source documents when possible.
- Claims of priority ("This is the first...") must be backed up.

Paragraph(s) 3

- Balanced (humble) analysis of strengths and limitations
- If study is underpowered, the discussion should specify how many subjects needed to ensure the research has adequate power.

- Generalizability
- Subjects: All patients vs Women only, Men only
- Geography/Culture: Women in Rio vs Women in Alaska Setting: Tertiary Center/Expert Surgeon vs Generalist

Conclusion

Paragraph 4

- Implications of the Findings
- Possible mechanisms
- What is the meaning for:
 - Patients
 - Providers

Legends

All artwork (figures and tables) submitted must have text included here, listed in order. Explain what each illustration shows rather than simply defining it. Give the amount of magnification of all photomicrographs. Define all arrows and other such indicators appearing, when necessary. If an illustration is of a patient who is identified by a case number in the text or table, include that case number in the legend. If a piece of artwork has been published elsewhere prior to this article and permission to include it has been granted, include proper attribution in the figure legend here.

Reporting Guidelines Checklist

All full-length original clinical submissions require a checklist to be completed. The following checklists should be completed and submitted for these types of study:

- Randomized Control Trial: [CONSORT 2010](#)
- Observational Studies: [STROBE fillable form](#) (or [here](#))
- Systematic Reviews/Meta-analysis of Observational Studies: [MOOSE](#)
- Systematic Reviews/Meta-analysis of RCTs: [PRISMA 2020](#)

What We Publish

Type of Article	Number of Words: Manuscript	Number of Words: Abstract	Figures	Tables	References
Clinical or Biomedical Scientific Manuscript	3,000	300	8	4	No limit
Short Scientific Report	1,200	225	3 total figures &/or tables	3 total figures &/or tables	10
Systematic Review / Meta-Analysis	3,000	250	4	4	No limit
Contemporary Review	4,000	n/a	10	3	No limit
Letter to the Editor	400	n/a	1 total figure or table	1 total figure or table	5

Short Scientific Report

Short scientific reports are suitable for the presentation of research that presents preliminary data on novel treatments, extends previously published research including the reporting of additional controls, confirmatory results in other settings or even patients from the same cohort. Authors must clearly acknowledge any work upon which they are building, both published and unpublished. The Editor may ask authors to convert a full-length submission to a Short Scientific Report for the purposes of publication. Reviews, case reports, and technique tips are not considered for publication under this category.

Briefly summarize the results of original data. Each short scientific report is considered a scientific publication; authors must meet all requirements regarding responsible conduct of research (eg., appropriate IRB approval, data integrity, data retention).

Short scientific reports are limited to 1200 words with 3 figures and/or tables (not counting the title page, abstract, references, or legends). We allow a maximum of 10 highly relevant references. Online supplementary materials are permitted. Abstracts are limited to 225 words and include Background, Methods, Results, and Conclusion. The text body should include the following truncated sections: Introduction, Methods, Results, Discussion/Conclusion with enough detail or appropriate references to help others reproduce the investigation. Include Clinical Relevance for basic-science articles or Level of Evidence for clinical research articles. Keywords should describe the information contained in the paper, including any terms unique to the paper's subject.

Scientific Manuscripts

Maximum Limits:

Text Body: 3,000 words, Abstract: 300 words, 4 Tables, 8 Figures

Total Ankle Arthroplasty (TAA) Manuscripts

1. TAA manuscripts must have a minimum of two-year follow-up for all patients in the study. Complications or implant issues can be reported with shorter follow-up. All repeat surgeries must be documented for all time points from the time of the index TAA.
2. Repeat surgery can be reported individually or as a series of events. The authors should outline which method was used.
3. Non-surgical complications (such as DVT, pulmonary embolism or infection treated by antibiotics) should be documented.
4. The template below should be used as a **guide** for authors in reporting complications resulting in reoperation(s). This is based on the COFAS Ankle Arthritis Study Group coding system for reporting reoperations. Overlap will occur for some of these categories as individual patients may have had more than one re-operation. The intent is to distinguish between different types of complications resulting in reoperation (instead of simply reporting that a certain number of patients in a study had re-operations).
 1. No reoperation
 2. Hardware removal related to TAA (e.g. medial malleolus screw(s), fibular plate)
 3. Subsequent operative treatment related to TAA but not involving TAA components (e.g. osteotomy, fusion of other joint(s) of the foot, ligament repair/reconstruction)
 4. Operative treatment of periprosthetic fracture(s)
 1. At the time of the index procedure
 2. After the index procedure
 5. Debridement of gutter or heterotopic ossification with retention of components
 6. Polyethylene liner exchange for polyethylene wear or fracture
 7. Operative treatment of postoperative arthrofibrosis (e.g. joint debridement +/- capsulotomy, Achilles lengthening, PE liner exchange)
 8. Debridement +/- grafting of osteolytic cyst(s) (with retention of metal components +/- polyethylene exchange)
 9. Operative treatment of superficial infection or incision problem (e.g. I & D, secondary closure)
 10. Operative treatment of deep infection requiring debridement (+/- polyethylene liner exchange but NOT removal of metal components)
 11. Deep Infection requiring removal of ALL components
 1. One stage TAA revision to TAA
 2. Two stage TAA revision to TAA
 3. Conversion to "long term" cement spacer
 4. Conversion to arthrodesis
 12. Revision of metal components because of implant failure (e.g. aseptic loosening, subsidence, malposition, implant fracture----not for infection)
 1. Tibia
 2. Talus
 3. Both tibia and talus revised to TAA
 4. Removal of components and conversion to arthrodesis

13. Amputation related to complications from TAA

State reason(s): pain, infection, vascular compromise, failed prior treatments, patient choice, etc.

Randomized Controlled Trials (RCTs)

Randomized Controlled Trials (RCTs) must be prospectively registered in a publicly searchable clinical trials registry before considering review for publication from 1 January, 2020. RCTs, which started after the date of electronic publication of the editorial policy for *Foot & Ankle International (FAI)* in the transition period in 2019, as well as RCTs with satisfactory evidence of starting before electronic publication of the editorial policy for *FAI*, shall be allowed retrospective registration in a publicly searchable clinical trials registry prior to review and potential publication. The Editorial Board, however, will reserve the right to make rare exceptions in the event of unusual studies in extenuating circumstances following guidance from the Editor in Chief with an explanatory note from the authors regarding the reasons and an Editorial note for the exception, published as a foot note to the article.

Biomechanical Scientific Manuscripts

Submit biomechanical manuscripts under Basic Science and include a Clinical Relevance statement with abstract.

- Biomechanical Models: All biomedical science models should represent clinically relevant and realistic situations. With biomechanical studies, in particular, the editors strongly discourage the use of surrogate Bone models (e.g., Sawbones) except as detailed below:
 1. Method development for biomechanical testing using actual bone.
 2. Determining mechanical properties and/or mechanical performance of an implant that exclude the mechanical properties and/or mechanical performance of the implant-sawbones interface.
 3. Determining mechanical properties and/or mechanical performance of different implant-bone constructs with anatomically (geometrically) representative sawbones models that are validated for mechanical properties and implant-bone interface properties.
 4. Bone anatomy related geometric studies (e.g., osteotomy correction, surgical navigation registration, certain imaging investigations)

In addition, other biomechanical studies have been published periodically that have inaccurate models to represent clinical reality. For example, an Achilles transection model is very different from a clinical rupture with significant shredding of tissue at the rupture site. In this case, investigators try to simulate an Achilles tendon rupture more validly (i.e., some degree of shredding at the damaged tendon site) so the findings can mirror clinically relevant and realistic situations.

Meta-analysis / Systematic Review

Submit meta-analysis / systematic reviews under clinical research. Do not include Level of Evidence with the abstract.

Systematic reviews and meta-analysis techniques are used to review and pool data obtained from high quality studies usually with Level I or II evidence. These techniques require determination of a specific health care question, selection of studies which meet research methodology and quality standards, and then application of rigorous methodology to minimize error, bias, and inaccurate or misleading conclusions. It is recommended that authors have or obtain expertise in these types of studies and plan their methodology accordingly. Working with an experienced librarian and statistician with specialized skills is highly recommended. Studies which conclude that the quality of existing literature is not adequate (poor) and that more studies are needed, provide little useful information to the reader and will seldom be accepted for publication.

Contemporary Reviews

A Contemporary Review serves to educate the readership about conditions and/or procedures. Covered topics typically have a narrow focus or describe new procedures associated with limited clinical evidence. Word count is 4000 words excluding references. Do not include abstract or Level of Evidence.

Authors can contact the Senior Editor for Contemporary Reviews, Christopher P. Chiodo, MD, to find out if *FAI* or *FAO* have recently published a review article on that topic, if there is a similar submission in progress or if the subject matter is considered in scope for the journals. Email Dr. Chiodo at ContemporaryReviews@aofas.org (cc: FAIjournal@aofas.org) to inquire about your idea.

Submit completed papers directly to the journal at <https://mc.manuscriptcentral.com/fai>. All submitted Contemporary Review Articles will be considered by the Contemporary Review Editors

Format of a Contemporary Review

1. Introduction. Present a brief overview and purpose statement - Why is this condition worthy of a review?
2. Background of the condition(s). Summarize relevant background information. This may include a historical survey, basic science, pertinent clinical studies, and current controversies related to the condition.
3. Presentation. Briefly describe the typical clinical presentation of the condition(s).
 - a. history
 - b. physical examination

c. radiographic/imaging and laboratory findings

4. Treatment. Describe both non-operative and operative treatment options.
 - a. This section can be divided into subsections (e.g. addressing a treatment option or set of treatment options). Each subsection should then be comprised of one or more paragraphs. The introductory topic sentence(s) of each subsection should neatly frame the issue. When possible, this should be a specific, direct query that begs an affirmative or negative response. Sometimes the issue is framed with a broad, generalized question that is then broken with specific details in a succession of paragraphs.
5. Complications. If applicable, describe the relevant and most common complications associated with a surgical procedure or non-operative treatment.
6. Authors' preferred method of treatment (optional). If applicable, this section can include your preferred treatment for a described condition. Please make sure to include your rationale and include any technique tips that you feel may help the reader.
7. Summary of the Main Points. Include four to eight main points of your manuscript. These may include treatment options with a growing body of evidence in the literature. Significant, unresolved controversies may be included with a brief discussion of the opposing viewpoints.
8. References. Alphabetical and as formatted per *Foot & Ankle International* guidelines. Try to use only recent or essential references.
9. Figures and Legends: A key feature of the Contemporary Reviews is to illustrate anatomic pathology, key imaging findings and surgical technique.
 - a. Maximum Number of Tables: 3
 - b. Maximum Number of Figures: 10

Letter to the Editor

Letters may have no more than 3 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the email address for the corresponding author.

Letters discussing an article in this journal should be submitted within 4 months of publication of the article in print. Letters received after 4 months will rarely be considered. Letters should not exceed 400 words of text, one (1) figure or table and 5 references (including a required citation to the related article). All data presented must be fully citable and cited in the supporting reference list (unpublished data must not be described in the letter).

These submissions are subject to minor editorial alterations, may be shortened without the authors' approval, and are published both in print and on the journal

website.

The editor routinely invites the author(s) of the related article to respond in writing. Letters that include specific questions for the original article's authors are prioritized for publication. Published letters are accompanied by either a reply from the original authors or the statement "Reply declined."

Letter in Reply

Replies by authors should not exceed 400 words of text, one (1) figure, and 5 references (including a required citation to the related article). The text should include the full name, academic degrees, and a single institutional affiliation for each author and the email address for the corresponding author. Replies need to be submitted within 30 days, or the letter to the editor may be published without an author reply with the statement "Reply declined."

What We Do Not Publish

Case Reports

Case reports are not considered for publication in *Foot & Ankle International*. Please submit case reports directly to [Foot & Ankle Orthopaedics](#).

Technique Tips

Technique tips are not considered for publication in *Foot & Ankle International*. Please submit technique tips directly to [Foot & Ankle Orthopaedics](#).

Language/country specific translations of outcome instruments

The Editorial Board has decided not to publish any additional language/country specific translations of outcome instruments. While the methodology is important within the specific country or for the language of interest, it is not germane to the other countries of our international audience. Please submit directly to [Foot & Ankle Orthopaedics](#).

Bibliometric papers

Bibliometric methods are used to help estimate how much influence or impact a selected research article or individual researcher has had on the wider research community. It usually does this by counting the number of times an article is cited after it is published. These analyses can be used to track researcher output and impact related tenure, promotion and grant funding decisions. Their utility to the

readership of *Foot & Ankle International* is minimal at best. For this reason *FAI* and *FAO* will not publish bibliometric papers.

Qualitative or mixed methods research

Although qualitative or mixed methods research can influence the direction of research or trial design, the AOFAS journals are generally focused on nearer term impact. Neither our peer reviewer pool nor our restrictions on word count are aligned with publishing qualitative or mixed methods research at *FAI* or *FAO*.

“Learning curve” Manuscripts

Orthopaedic “learning curve” papers deal with the attainment of proficiency in new surgical techniques or implants. The development of psychomotor surgical skills is a complex educational process, poorly measured by surgical time or predefined benchmark skills as indirect measures of proficiency. The generalizability of such data is also poor, inadequately reflecting care by all surgeons in various settings. Learning curve papers thus offer little to the readership of *FAI* and *FAO* and therefore will not be considered for publication.

Large Language Models (LLM) evaluations

Submissions evaluating Large Language Models (LLMs) such as ChatGPT, Claude, or Perplexity and their ability to answer patient questions about orthopaedic conditions will only be considered for publication in *Foot & Ankle Orthopaedics (FAO)*, rather than *Foot & Ankle International (FAI)*, which prioritizes hypothesis-driven clinical research.

AOFAS Clinical Rating Systems – Do Not Use

We do not accept papers that rely primarily on the AOFAS Clinical Rating systems to assess patient outcomes from treatments. As stated in the 2011 AOFAS Position Statement Regarding the Future of the AOFAS Clinical Rating Systems and further emphasized in the 2014 AOFAS Position Statement Regarding Patient-Reported Outcome Measures, scores from the AOFAS Clinical Scoring Systems have not been found to be valid or reliable.

Pinsker E, Daniels TR. AOFAS Position Statement Regarding the Future of the AOFAS Clinical Rating Systems. *Foot & Ankle International*. 2011;32(9):841-842. doi:10.3113/FAI.2011.0841

Kitaoka HB, Meeker JE, Phisitkul P, Adams SB, Kaplan JR, Wagner E. AOFAS Position Statement Regarding Patient-Reported Outcome Measures. *Foot & Ankle International*. 2018;39(12):1389-1393. doi:10.1177/1071100718809066

Language to communicate specific regions and motions of the foot and ankle

[Updated Document on Standard Terminology for Foot and Ankle](#)

Formatting your manuscript

Accepted file types

The preferred format for your manuscript is Word. You do not need to follow a template, but please ensure your heading levels are clear, and the sections clearly defined.

Your article title, keywords, and abstract all contribute to its position in search engine results, directly affecting the number of people who see your work. For details of what you can do to influence this, visit [How to help readers find your article online](#).

Textual Formatting Guidelines

Preferred formats for the text of your manuscript are Word and Excel or Word for tables. All text is 12-point font double-spaced in a clean and legible font: either Arial, Times New Roman, or Calibri. Manuscript margins are 1.25 inches on the sides and 0.5 inch top and bottom.

MAIN HEADINGS are bold upper-case.

Subheadings are simply bold.

Manuscript titles are bold underlined.

All lines of manuscript must be consecutively numbered using your software's continuous line numbering feature. Do NOT number the lines manually.

Do not start each manuscript section on its own page.

Numbers

Numerals are used to express numbers except in the following circumstances:

1. At the beginning of a sentence, title, subtitle, or heading
2. Common fractions
3. Accepted usage (idiomatic expressions and numbers used as pronouns)
4. Other uses of "one" in running text
5. Ordinals first through ninth
6. Numbers spelled out in quotes or text

Percentages and Units

The numerator and denominator should be included for all percentages. Round off the percentages when the denominator is less than 100. Percentages should not be used when the value of n is less than 20.

All measurements should be given in SI units.

"Degrees" is always spelled out when measure angles; only use the degree symbol for temperature, followed by C or F or K.

Decimals

Place a zero before the decimal point in numbers less than 1, except when expressing probability values (P , α , and β). For example, 0.5 mg/kg, but $P = .16$. Commas are not to be used in decimals.

Except for P values, round decimals to the value consistent with measurement.

Ranges

Ranges in running text should not be expressed using hyphens; try "to" or "through" as necessary. Ranges can be used in parenthetical text or in tables (unless one of the numbers is a negative number). When giving an average and a range in parenthesis, only list the unit once after the parenthesis, unless doing so would be confusing (such as an average in years with a range in months). When giving ranges for average values, please format as follows:

The average age was 46 (range, 38-74) years.
(median age, 46 years; range, 38-74)


Word Usage

Words placed in quotation marks, indicating that they have a meaning other than the one found in a dictionary, should be defined.

The symbols $>$ and $<$ should only be used in equations, such as ($p < 0.005$). If used in a sentence, spell out: These studies showed less than 5% involvement.

Other

Use the term 'significant' only to describe statistical significance. Surgical procedures should be described in the past tense.

In-text figure callouts must be spelled out and included BEFORE punctuation: (Figure ).

Always list manufacturer, city, and USPS state abbreviation or country of origin for devices and brand names.

Power ranges and correlations should be italicized: $P = .05$, $r = 0.0003$.

Title

Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

Abstract

Please include a structured abstract between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions, with four labelled sections: Background, Methods, Results, and Conclusion. Abstracts should be included for all submissions except Contemporary Reviews and Letters to the Editor.

Level of Evidence

If your manuscript has an applicable Level of Evidence, please include it after the abstract. Level of Evidence is required only for Clinical Research and Short Scientific Reports.

Authors are encouraged to follow the *JBJS* guidelines found at:

J Bone Joint Surg Am, 2015 Jan 07; 97 (1): 1-2. https://journals.lww.com/jbjsjournal/fulltext/2015/01070/updating_the_assignment_of_levels_of_evidence.1.aspx

This journal includes visual abstracts.

Visual Abstracts

Authors are encouraged to submit visual abstracts after article acceptance. A visual abstract should be a clear, quick, and concise pictorial representation of an article. It is meant to support the written abstract and used to promote the study on social media.

- [Download the Visual Abstract PowerPoint Template.](#)
- Identify 3-4 key and objective points to use on the visual abstract that represent the manuscript. Example: Background, Methods, Outcomes. Avoid subjective interpretation of results not directly explained by your methods/results.

- Enter the title and key points onto the template and fill in the authors and year on the bottom.
- Add images to convey each key point. Be sure to use ONLY images and graphics used in your manuscript or that you have copyright clearance to use.
- Save your PowerPoint slide with the title “Visual Abstract” and send to FAIjournal@aofas.org. Do not send until after article acceptance.
- If accepted, the Visual Abstract will be published with the online version of your article.

AOFAS will use the Visual Abstract to promote your study on our social media channels.

Keywords

Please include a minimum of 3 keywords, listed after the abstract. Keywords should be as specific as possible to the research. Selecting appropriate keywords for a scientific paper is essential for effective indexing and discoverability. Use a mix of specific keywords that directly relate to your paper's topic and a few more general terms that provide context.

Artwork, figures, and other graphics

For guidance on the preparation of illustrations, pictures, and graphs in electronic format, please read Sage's [artwork guidelines](#).

Figures supplied in color will appear in color online regardless of whether or not these illustrations are reproduced in color in the printed version. The print version will run in black and white; color illustrations will not be printed unless the author or institution pays the expense of including the color in the print issue. If you have requested color reproduction in the print version, we will advise you of the costs on receipt of your accepted article. Please see “Publishing fees and open access” for the current cost of printing images in color.

Please 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 [Frequently Asked Questions page](#) on the Sage Journal Author Gateway.

All artwork figures must comply with HIPAA regulations and remove any identifiable information on the patient, author, or author institution.

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