

## Hong Kong Journal of Occupational Therapy

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### Article types

#### Review articles

The journal accepts systematic reviews or meta-analyses of new and updated assessments and interventions in occupational therapy. These should aim to provide the reader with a balanced overview of an important and topical subject in the field, and should be systematic, critical assessments of literature and data sources. They

should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources should be selected systematically for inclusion in the review and critically evaluated.

Typical length: not more than 4000 words (including abstract), there should be no more than 5 tables or figures and not more than 50 references.

### **Research papers**

The journal welcomes studies about occupational therapy instrument development and testing, surveillances of occupational dysfunction, occupational science, occupational therapy theory and professional model development, occupational therapy education, efficacy and effectiveness of occupational therapy interventions in the form of preliminary single group studies to multicentre randomized controlled trials, as well as translational science research in rehabilitation.

In general, section headings should be: Abstract, Introduction, Methods, Results, Discussion, , Conclusion, Declarations, References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Methods section should describe the study design and methods (including the study setting and dates, patient samples or animal specimens used, with inclusion and exclusion criteria, ethical approval and issue, the laboratory methods followed, or data sources and how these were selected for the study, the essential features of any interventions, the main outcome measures), and state the statistical procedures employed in the research.

The Results section should comprise the study results presented in a logical sequence, supplemented with tables and/or figures. Take care that the text does not repeat data that are presented in the tables and/or figures.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, limitations of the study, and the conclusions that follow from the study results.

Typical length: not more than 4000 words (including abstract), and not more than 40 references. There should be no more than 6 tables or figures.

### **Case reports**

The journal accepts creative designs of assistive devices to innovative and new treatments of rare dysfunctions with detailed documentation in the form of a clinical note, as well as short discussions of a case study or case series in clinical practice with unique features not previously described that make an important teaching point or scientific observation.

In general, section headings should be: Abstract, Introduction, Case Report, Discussion, Conclusion or Clinical Message, Declarations, References.

The Introduction should describe the purpose of the report, the significance of the condition and its specificity, and briefly review the relevant literature.

The Case Report should, in the case of devices, describe the specifications, mechanical or technological aspects and evaluation of the device(s) used in assessment, treatment, management or education, or, in the case of a typical case report, include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome.

The Discussion should compare, analyze and discuss the similarities and differences between the reported device or case and existing devices or similar previously reported cases. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis and possibility of prevention. The conclusion or clinical message to summarize the clinical findings.

A case report should always include patient consent to publish where an individual's personal information is included and where the patient is identifiable.

Typical length: not more than 1500 words, not more than 15 references.

## **Commentary**

The journal welcomes Commentary papers that comment on contemporary professional and research issues in occupational therapy, new concepts, theories and models of occupational therapy frameworks, and cultural dialogue on the applications of occupational therapy particularly in the Asian-Pacific context. Papers in this category may also include discussions of professional, political, ethical or social issues that impact clients' welfare, and the role and practice of occupational therapy in Hong Kong, Mainland China and other countries in Asia-Pacific. The journal also accepts brief discussions focusing on 1 or 2 key points about a single study—strengths, weaknesses, controversies, how it should or should not change clinical practice, or how it illustrates some important principle of science or methodology. These are usually written by editors or reviewers involved in the evaluation of a submitted manuscript, and published concurrently with that manuscript.

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These include brief constructive comments concerning previously published articles in the HKJOT, interesting cases that do not meet the requirement of being truly exceptional, short letters on significant preliminary clinical data and other communications of general interest.

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## **Book reviews**

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