SUBMISSION GUIDELINES

*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 pending compliance.

- Basic Science Models: All basic science models should represent clinically relevant and realistic situations. In general, there are three legitimate uses of surrogate bone models in clinically oriented foot and ankle biomechanical research studies:
  1. Working out technical details of the testing model before switching to cadaver specimens.
  2. Evaluating intrinsic mechanical properties of an implant or device exclusive of its method of attachment to bone. For example, quantifying the bending fatigue resistance of the plate that is contoured for attachment to a specific bone and for which attachment of simple bars or cylindrical rods for testing would result in inaccurate test results.
  3. Geometrical studies designed to demonstrate the amount of correction, angulation, etc., resulting from different surgical procedures.

In addition, other biomechanical studies have been published periodically that have inaccurate models. One area that has had numerous publications over the last few years has been that of Achilles tendon rupture using an Achilles transection model which is very different from a clinical rupture with significant shredding of tissue at the rupture site. These types of studies should try to simulate an Achilles tendon rupture more accurately (i.e., some degree of shredding at the damaged tendon site).

MANUSCRIPT PREPARATION

Manuscripts must be submitted electronically at [http://mc.manuscriptcentral.com/fai](http://mc.manuscriptcentral.com/fai), where authors will be required to set up an online account in the SAGE Track system powered by ScholarOne.

GETTING HELP: If you need additional help while in the SAGE Track site, you can click on the ‘Online Help’ link in the upper right hand corner of any page. This will take you directly to ScholarOne Support.
Before submitting your manuscript to be considered for publication in FAI using this system, please read over and follow the instructions below carefully. It is imperative that your submission be properly prepared and formatted. Failure to do so will result in your submission being returned to you for correction.

**FORMATTING**
The majority of the following formatting settings are standard on most word processing software.

**TEXT**
All text is 12-point font double-spaced in a clean and legible font (Times New Roman, Arial, etc). Margins are 1.25” on the sides and 0.5” 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 Line Number feature. Do NOT number the lines manually.

Do not start each manuscript section on its own page.

**Numbers**
When not being used as part of a percentage, degree, decimal, or unit of time or measure, write out numbers of 10 or less, or any numbers that begin a sentence. When spelling out numbers with measurements, make sure to spell out the measurement as well:
The retention rate of 8% was considered very low.
Eight percent of those contacted returned for followup.
Out of 27 patients, 14 had the flu, nine the measles, and four had the mumps.

When placing two numbers side-by-side, spell out one of them:
Next, use seven 2-mm Kirschner wires.

**Percentages & 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
All decimals must include a number to the left of the decimal point; in cases where the number is less than one, use 0.123 instead of .123.

Commas are not to be used in decimals.

Except for \( p \) values, round decimals to the third decimal point.

Ranges
Ranges should not be expressed using hyphens; try “to” or “through” as necessary. 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 to 74) years.
(median age, 46 years; range, 38 to 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.

Use:
'Operative' instead of 'surgical' whenever possible for consistency.
'Medical history' instead of 'past medical history.'
'Tibialis posterior' instead of 'posterior tibial.'
'Tibialis anterior' instead of 'anterior tibial.'
No. 2 suture instead of number 2 suture.

Use the following words without hyphens as shown:
nonoperative
followup
weightbearing
nonweightbearing
intraobserver
interobserver
preoperative
postoperative
Hyphenate after double letters:
Post-treatment
Pre-evaluation
Other
Use the term 'significant' only to describe statistical significance. A \( p \) value is required when this word is used.

Surgical procedures should be described in the past tense.

In-text figure callouts must be spelled out and included BEFORE punctuation: (Figure 1).

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

Power ranges and correlations should be italicized: \( p = 0.05 \; r = 0.0003 \).

Student T-test should have Student capitalized because it is a proper noun (but the phrase is not italicized).

Do not capitalize 'scarf osteotomy' or 'chevron osteotomy' unless they begin a sentence.

COVER LETTER
All submissions to *FAI* must include a cover letter containing the manuscript title and the full names, academic status, and affiliation of all authors (corresponding AND contributing) attributed to the manuscript. A corresponding author must be clearly designated, with a full mailing and e-mail address for correspondence with that author included. Please make sure all cover letter information is as correct as possible; it will be used to set how the authors are listed in the printed article.

Authors may list up to 2 academic degrees after their names, but no initials for organizations.

MANUSCRIPT BODY
Manuscripts should be organized in the following order:

*Title*
The manuscript title does not need to be on its own page or included in header.

*Abstract*
Abstracts are not required for case reports or clinical tips.

When required, an abstract should be approximately 250 to 300 words long and broken into four sections: Background, Methods, Results, and Conclusion. A fifth section (Clinical Relevance) should be added for basic-science articles.

NOTE: The SAGE Track site has a 250-word limit on the text of abstracts entered into the system. Therefore, a SAGE Track version of a manuscript's abstract may be abridged to fit this requirement. However, the complete abstract must be included in the body of the manuscript.
Level of Evidence
If your manuscript has an applicable Level of Evidence, please include it here.

Case Reports and Clinical Tips should be assigned Level V.

Keywords
Keywords should describe the information contained in the paper, including any terms unique to the paper’s subject. All keywords should have the first letter of each word capitalized and listed using semicolons.

Introduction
State the problem that led to the study and the specific purpose of the study. It can include a brief review of the literature that is dealt with in the Discussion section.

Materials and Methods
Provide demographic data on the study population and define the period during which the study was conducted, the specific criteria for inclusion and exclusion of patients, the indications for the operative procedure, and the duration of followup. The section must also describe the statistical methods used in the study:
• The statement that "no significant difference was found between two groups" cannot be made unless a power study was done and the value of alpha or beta is reported. A large number of patients (at least 60, and often more, in each group or subgroup) is required to make such a statement. If no such power study was done, the author must state: "With the numbers available, no significant difference could be detected."
• Ninety-five percent confidence in intervals is required whenever the results of survivorship analysis are given in the text or in graphs.
• Use of the word "correlation" requires reporting of the Pearson product-moment correlation coefficient r.

Results
Provide a detailed report on the data obtained during the study. Results obtained after less than two years of followup are rarely accepted. It is essential that all data in the text be consistent with data both in the Abstract and in any illustrations, legends, or tables included.

Discussion
Include a review of the literature, with emphasis on previous findings that agree with those of the present study. The Discussion should also state both the strengths and the weaknesses of the study.
References

References MUST be listed alphabetically and consecutively numbered in the Reference section, and that numbering must be used in the reference citations in the preceding sections.

A journal article reference listing breaks down into the following sections:

[Authors]: [Title]. [Journal abbreviation]. [Volume(issue)]:[pages], [Publication year]. [DOI link]

The bibliography must be titled "REFERENCES" and be an alphabetical listing of references made in the preceding text. Titles of foreign-language articles and books should appear in their published language. When citing a book, give the specific pages used unless the entire book was used. If an article has a DOI link associated with it, include it after the reference.

In cases where there are more than five authors for a given article, list the first three authors with an "et al." after them.

Reference examples:

Journal article:

Book:

All references must be cited in the text. Citations must be superscript and come directly AFTER punctuation, not before it. For example:
The foot is connected to the ankle.\textsuperscript{15}
The foot is connected to the ankle.\textsuperscript{4,6-9,22} The knee,\textsuperscript{4} thigh,\textsuperscript{10} and ankle\textsuperscript{54} are all parts of the leg.\textsuperscript{89,101}

We no longer accept references of papers given at meetings, personal communications, doctoral theses, or obscure references that cannot be verified.

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.
**Artwork**

Only electronic black and white photographs, radiographs, drawings, graphs, and charts may be used free of charge; color illustrations cannot be used unless the author or institution pays the expense of including the color in the print issue (contact the publisher for cost).

Resolution on artwork files provided **must be at least 300 dpi or higher** to ensure best-quality reproduction in the printed article.

Please label each illustration (i.e. Fig. 1, Fig. 2A, etc.) in the order they are to appear in print before uploading them to SAGE Track. When uploading, please upload each figure or table individually.

Although **FAI** discourages submission of artwork previously published elsewhere, when such artwork is deemed essential, the author MUST include a letter from the original holder of the copyright, granting permission for their use. Give full information about the previous publication, including the specific page on which the illustration appeared.

**CASE REPORTS**

**VERY FEW CASE REPORTS ARE ACCEPTED FOR PUBLICATION.**

Case reports must either offer new information that has been previously unpublished, offer completely new information or information that will change the current practice patterns of our readers. Entities that are unique in and of themselves, bizarre, or common will **NOT** be accepted as case reports.

Case reports must contain the following sections: Introduction, Case Report, Discussion, and Summary/Conclusion.

**CLINICAL TIPS**

Clinical tips must offer a tip for, or a modification of, a pre-existing, documented procedure or clinical application. Entirely new procedures are **NOT** considered clinical tips and MUST be prepared and submitted according to the instructions for manuscript submissions outlined above. In general, a clinical tip should consist of the following:

- An Introduction/Discussion section consisting of a clinical discussion about the process, procedure, or the actual diagnosis. It should state the problem that led to the use of the process, procedure or diagnosis as well as the reason(s) it is more useful than another process, procedure, or diagnosis.
- A Technique section in which the technique or exam itself is described in detail. This section should contain illustrations.
STATISTICAL SAMPLE SIZE CALCULATION

With regard to sample size for a study we would make the following suggestions:

1. It would be optimal if all applicable submitted research to address in the methods section consideration for sample size calculation. This means a post-hoc calculation for retrospective research, and ideally an a priori calculation for prospective research (or a post-hoc calculation when an a priori calculation was not completed).

2. If an a priori sample size calculation was not done at all, then this should be addressed in the discussion as a weakness in the design and should warn the reader of this shortfall. Furthermore, in this circumstance, the authors should discreetly provide the reader with the data necessary to be able to calculate a post hoc power analysis on their own.

3. If a sample size calculation was done and the study was found to be underpowered, then, in the discussion exactly how many subjects would be required for the research to be completed with adequate power should be provided.

We recommend that authors use the following UCSF "sample size and power calculation" web page: http://www.epibiostat.ucsf.edu/biostat/sampsize.html

MANUSCRIPT CLEARANCES

AUTHORSHIP
It is to be clearly understood that each author has participated in the design of the study, has contributed to the collection of the data, has participated in the writing of the manuscript, and assumes full responsibility for the content of the manuscript. Normally, no more than six authors should be listed. Individuals who have contributed to only one segment of the manuscript or have contributed only cases should be credited in a footnote. (FAI does not allow use of such footnotes to thank individuals who made secretarial, technical, or other contributions that were part of their normal jobs, for which they were compensated.) If extenuating circumstances prevail, the cover letter should detail why the authors have taken exception to these recommendations and should state how each author has contributed to the manuscript.

CONFLICT OF INTEREST
For each manuscript accepted for publication, authors are responsible for recognizing and disclosing any conflict of interest that could be perceived to bias their work, acknowledging all financial support and any other personal connections. If necessary, authors will be required to submit one of the following statements:
1. One or more of the authors has received or will receive benefits for personal or professional use from a commercial party related directly or indirectly to the subject of this article.
2. One or more of the authors has received or will receive benefits for personal or professional use from a commercial party related directly or indirectly to the subject of this article. In
addition, benefits have been or will be directed to a research fund, foundation, educational institution, or other nonprofit organization with which one or more of the authors is associated.
3. Although none of the authors has received or will receive benefits for personal or professional use from a commercial party related directly or indirectly to the subject of this article, benefits have been or will be received but are directed solely to a research fund, foundation, educational institution, or other nonprofit organization with which one or more of the authors is associated.
4. No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

In addition to the above, authors will also be asked to submit one of the following two statements:
1. The author(s) received no financial support for the research, authorship, and/or publication of this article.
2. The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: ________.

The statements selected by the author or authors will be printed on the first page of the published article.

COPYRIGHT
Material appearing in FAI is covered by copyright. As a general rule, permission will be given to recognized medical journals to reprint anything in these pages if permission is first obtained from FAI and if the material used is properly credited to FAI.

INFORMED CONSENT
All manuscripts dealing with a study of human subjects must include a statement that the subjects have given informed consent, and that the study has been approved by an institutional review board or similar committee. All studies should be carried out in accordance with the World Medical Association Declaration of Helsinki [Journal of Bone and Joint Surgery, 79-A 1089-1098, July 1997].

MANUSCRIPT SUBMISSION

UPLOADING
Before submitting a manuscript, please gather the following information:
• Author information: first and last names, institutions, degrees, and active e-mail addresses.
• Manuscript title.
• Manuscript abstract, where applicable (Can be cut and pasted from your manuscript).
• Manuscript files in Word, WordPerfect, EPS, LaTeX, text, Postscript, or RTF format.
• Figures/Images in TIFF, JPG, or Postscript.

The manuscript submission process starts by pressing the "click here to submit a manuscript" link on your "Author Dashboard" page. The manuscript submission process is broken into
several screens that gather detailed information about your manuscript and allow you to upload the manuscript files. The sequence of screens is as follows:

- SCREEN 1: General manuscript information. Please be as complete and accurate as possible.
- SCREEN 2: Selection of the manuscript keywords.
- SCREEN 3: Completion of author information.
- SCREEN 4: The Details & Comments step collects additional manuscript details and includes conflict of interest and disclosure questions.
- SCREEN 5: File Upload. Supply all relevant files here using the appropriate file designations.
- Screen 6: Review and Submit. Here you are required to view the proof of your submission.

After the manuscript is submitted, you will be taken to a confirmation page where you receive your manuscript ID.

**CHECKING MANUSCRIPT STATUS**
After you submit your manuscript, you will receive an email confirmation with instructions on how you can view the status at any time. In your ‘My Manuscripts’ list on your Author Dashboard, you can view the details for submitted manuscripts.

**POST-SUBMISSION**

**REVIEW**
Manuscripts are evaluated by the FAI editorial staff and sent to outside reviewers for blind peer review. A decision on a manuscript that has been rejected is returned as quickly as possible. It usually takes more time to make a decision regarding a paper being considered for publication.

**REVISION**
The editorial staff may require revisions be made to accepted manuscripts before publication. In this case, authors must follow the instructions for revisions included with the revision request. All changes to the text must be highlighted in the submitted revision to aid in the review process. Revised manuscripts will be evaluated by the editorial staff and further requests for revision may be made. All communication regarding revisions will be made with the corresponding author. Revisions should be made within 60 days of receiving the revision request. Revisions taking longer will be deleted from our files unless we are contacted by the author.

**PUBLICATION**
Once the final revised manuscript has been accepted, all authors (corresponding and contributing) will receive a letter stating that the manuscript is ready for publication.