

The structure of a paper

The types of article *The Bone & Joint Journal (BJJ)* publish

Editorial: An invited personal view on a general subject or issue.

Instructional review article: Extensive wide-ranging contemporary updated review of an important aspect of Orthopaedic surgery.

Annotation: A piece concentrated on a narrow aspect of Orthopaedics.

Specialty update: General update of aspects concerning a subspecialty, e.g. hands, oncology, sports medicine, etc.

Clinical: General paper dealing with a question or hypothesis related to daily clinical practice.

Research: A paper primarily dealing with an area of basic science (rather than clinical practice) in a specialist research area, e.g. engineering, stem cells, pathology, genetics, biomaterials, finite element analysis, etc.

General rules for writing your paper

All appropriate data should be presented as means with ranges, not with standard deviations (SDs). Medians should only be used when the data is skewed, accompanied by an interquartile range (IQR, presented as the upper and lower quartiles).

Present information in a consistent order throughout the text. If you are referring to Test, then Control groups, or THA patients, then TKA patients, then that order should be maintained throughout the entire text, not mixed up. Maintain this order in all tables and figures.

If you name any specific product, then it requires the name, city and state/country of the manufacturer.

Do not describe standard procedure for common operations. Only include new procedures or adaptations to standard procedure.

The structure of a paper for submission to *The Bone & Joint Journal (BJJ)*

Papers should be divided into sections. For most papers this will be: Abstract, Introduction, Patients (or Materials) and Methods, Results and Discussion, followed by a Reference list. All data presented in the abstract must be followed-up with a relevant sentence in the paper itself. All results should be presented in the abstract.

Title:

The title of a paper should clearly define the nature of the study.

Sub-title:

Should only be used when qualifying information about the title is required.

Abstract:

The abstract should be no more than 200 words summarising the most important points in the article. It is unnecessary to include an introductory paragraph in the abstract. It should be structured to include the following headings: Aims, Patients (or Materials) and Methods, Results and Conclusion. In addition, please add one or two bullet points which sum up the clinical relevance of the paper, i. e., where it fits into the literature.

Introduction:

The Introduction should explain the background to the study and why the study was undertaken, explaining the problem which is to be addressed, and outlining briefly its relevance to the current literature. The last sentence should outline the research question or hypothesis.

Patients (or Materials) and Methods:

In the Patients and Methods section the subjects of the study and the methods and outcome measures used in the investigation must be clearly described. The selection criteria should be stated and the number of patients included and excluded should be stated and the reasons given. Any group used as controls must be defined accurately. The Patients and Methods can be broken down into separate sections as needed: e.g. Selection criteria, Serum metal ion analysis, Histopathological examination, Study population, Comorbidity, Mortality, Outcome (e.g. what tests used and who undertook the measurements), etc.

A Statistical analysis section should be included at the end of the Patients and Methods section. This should detail which statistical tests have been used in the analysis of results, the reasons why, the statistical package used and what p-value was considered statistically significant.

Results:

The Results section should describe the relevant results which have been analysed and state the corresponding follow-up time, give the details of which patients made it to final follow-up and details of those that didn't and why. Sometimes follow-up information fits better in the Patients and Methods section, however, it is only needed once and should not be repeated. Tables or similar diagrams can be used but must not duplicate material already expressed in the text. The Results can be broken down into separate sections for different analysis, e.g. Details of operation, Functional outcome scores, Radiological outcomes, etc. Any complications should be included along with the number of patients who suffered them and the relevant outcomes.

All results must be backed-up with p-values or survivorship analysis. All Kaplan-Meier data should be presented with the confidence intervals. Always present exact absolute p-values, whether significant or not, unless $p < 0.001$.

Discussion:

The Discussion must be succinct, pointing out the relevance of the work described in the paper and its contribution to current knowledge. The results must be interpreted clearly and any deficiencies expressed. What can be deduced from the results and how will it affect clinical practice should be clearly stated. Discussion of pertinent references must be concise. The limitations of the study should be presented and suggest how the study could have been improved for a future study. The question or hypothesis stated at the end of the Introduction should be discussed and supported or rejected. Please do not repeat your introduction.

References:

The references should include only those that are important and have been studied in full by the authors. They should be presented using the Vancouver system by superscript numbers in the order of their appearance. Only use references which are as up-to-date as possible, unbiased and relevant. Only use the classic, original

references when needed. Otherwise try and keep references to within the last 10 years. References should only be used from published work. Personal communications are not acceptable as references. Proof of acceptance is required for references cited "in press".

The list of references at the end of the text should be formatted to the same style as these examples:

Journal Reference:

Allen GM, Wilson DJ. Ultrasound and the diagnosis of orthopaedic disorders. *Bone Joint J* 2012;95-B:1-50.

Book Reference:

Watson-Jones R. *Fractures and joint injuries*. Vol. 2. Fourth ed. Edinburgh: Churchill Livingstone, 1955:744-5.

Chapter in a book:

Winquist RA, Frankel VH. Complications of implant use. In: Epps CH Jr, ed. *Complications in orthopaedic surgery*. Vol. 1. Philadelphia: JB Lippincott Company, 1978:99-129.

Web Reference:

No authors listed. International commission on radiological protection. <http://www.icrp.org> (date last accessed 20 September 2009).

Abstract Reference:

Peterson L. Osteochondritis of the knee treated with autologous chondrocyte transplantation [abstract]. ISAKOS Congress, 2001.

Tables:

Tables must not duplicate data already given in the text. They should be used to present information in a clear and concise manner. All tables should be understandable without the main text and each table should have a short, descriptive heading. They should also be created using the Table tool in Word, rather than in an un-editable format such as an imported graphic.

Figures:

Figures should be clear and easily understandable, with a full descriptive legend stating any areas of interest and explaining any markings, letterings or notations. For radiographs please ensure you state view used and the time point at which it was taken, as well as the demographic details of the patient if applicable. All figures should be understandable without the main text.

Please note the following points when preparing your figures:

- Please ensure that any radiographs, photographs or histology are submitted as high quality (minimum 300 dpi (pixels/inch) resolution) originals (as a tiff/JPEG). Where possible, radiographs should be supplied unmarked except where explanation is necessary, i.e. without extraneous additions such as dates.
- Check that all figure captions are present and match the figure in question – they should be provided at the end of the paper.
- Please ensure decimal points are presented as points, rather than commas.
- Graphs should be presented in an editable format (i.e. EPS, excel or powerpoint) on a plain background, without gridlines (the background for flow charts should also be plain). Where editable versions cannot be provided, please ensure arial, or similar, font (8 point) has been used, where possible.
- Graphs with a single line should be provided in black and white, however colour can be used if this is more

appropriate.

- Both x and y axes should be captioned with a description of the data presented.
- If confidence intervals have been included in the paper, please could these be added to graphs.