
Academy of Orthopaedic Physical Therapy, APTA, Inc.
Independent Study Course

Instructions for Authors

*Be careful about reading health books. You may die of a misprint.
--Mark Twain*

ACADEMY OF
ORTHOPAEDIC
PHYSICAL THERAPY



**APTA**
American Physical Therapy Association
The Science of Healing. The Art of Caring.

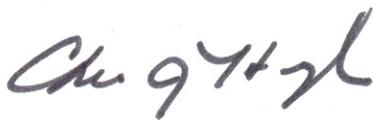
THANK YOU for your interest in writing a monograph for the Academy of Orthopaedic Physical Therapy Independent Study Course Series! The Academy of Orthopaedic Physical Therapy published its first independent study course in 1991 and have been offering courses yearly since that time.

We take great pride in producing peer-reviewed courses that provide registrants with current and evidence-based clinical information in a convenient self-paced study format. This set of documents will allow you to prepare your monograph in a manner that will conform to our specific requirements. Not only will preparing the monograph according to our instructions expedite the publication process for us, but it will also save you many unnecessary hours of revisions.

“Instructions for Authors” is organized topically; the Table of Contents will direct you to the information you need. Please note that we use the American Medical Association (AMA) style, 10th ed. This format may be different from styles you have used in the past, so please review this section carefully.

Our goal is to produce independent study courses of the highest quality. Whether you are an experienced author or a novice, adhering to the “Instructions for Authors” will enable you to complete this goal successfully with confidence.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Hughes". The signature is written in a cursive, slightly slanted style.

Christopher Hughes, PT, PhD, OCS, CSCS, Editor

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RESPONSIBILITIES

Author

- Submit an original, complete, professional-quality monograph prepared in accordance with the *Instructions for Authors*.
- Adhere to the production schedule established for your monograph.
- Communicate with the Independent Study Course Editor and the Managing Editor as required.
- Complete monograph revisions as requested.
- Obtain written permission for all copyrighted materials you wish to reprint.
- If necessary, assist the Section in responding to registrant requests for clarification of the text—or of review of examination questions.

Coauthor

The Managing Editor will send all correspondence to the primary author only. It is the primary author's responsibility to secure coauthor signatures and to determine the honorarium amount to be paid to the coauthor(s). Instructions for author honorarium payment will be indicated on the Authorization Statement mailed to primary author after approval of the pdf proof.

Are you eligible to receive an honorarium for authoring a monograph?

If you are employed by a facility or agency that does not permit you to receive an honorarium for authoring a monograph (ie, government agencies) you may choose one of the following: (1) obtain a maximum of 3 complimentary independent study courses and earn contact hours for successful completion or (2) the Section will donate \$500 on your behalf to the non-profit organization of your choice.

Independent Study Course Editor

- In conjunction with the author, establish the monograph topic, scope, and a deadline for submission.
- Review the outline and learning objectives submitted by the author and offer suggestions and guidance regarding refinement of the scope and content of the proposed monograph.
- Respond to questions from authors regarding monograph content.
- Edit the monograph for clarity, accuracy, content, currency, and overall quality.
- Final approval of the monograph rests with the discretion of the Independent Study Course Editor.

Managing Editor

- Obtain Work Made for Hire Agreement, outline, learning objectives, abstract and key words, completed monograph, and all required forms from the author.
- Maintain communication with the author regarding approaching deadlines.*
- Respond to questions from authors regarding style and format issues.

- Upon request, the Managing Editor will provide reasonable assistance to the author in completing necessary revisions.
- Keep the author apprised of the status of the monograph as required.
- Arrange for payment of honorarium and expense reimbursement after the monograph's final approval.
- Arrange for the author and editor to receive a complimentary copy of the entire course; and for coauthors to receive the individual monograph in which they coauthored.
- Ensure that the Independent Study Course Copy Editor edits the monograph for adherence to the American Medical Association Style Guide, 10th edition, and the independent study course style.
- Send page proofs to the author and editor for revision and final approval.
- Arrange for production of the monograph.
- Ensure that the monograph pdfs are supplied timely for print-on-demand production.
- Ensure that the monographs mail timely.

*Note: Unless otherwise agreed upon, all correspondence will be sent to only the primary author. The primary author is expected to communicate as required with the coauthor(s).

DEADLINES

It is important to adhere to the production schedule established for your monograph. The sequential timeliness of our tasks demands that each of us do our jobs well and on time. Not doing so has a “domino effect” on the production schedule and inconveniences everyone.

Submit the following materials to the Managing Editor, Orthopaedic Section, APTA, Inc., at sklinski@orthopt.org. If the monograph with figures and tables are too big, DropBox can be used to submit files. Please keep a copy of all materials for your records.

- I. Signed Work Made for Hire Agreement **due within 2 weeks of receipt of the contract.**
- II. Learning Objectives and Monograph Outline, due within 4 weeks of receipt of the contract.
- III. Expanded Learning Objectives, Abstract, Key Words, and Monograph Outline (to include references and subsections included in the monograph), **due within 4 months of receipt of the contract.**
- IV. Complete monograph, due on or before the date specified in your contract. The following components comprise a complete monograph:
 - Completed Author Checklist
 - Digital copy of monograph
 - Title Page
 - Table of Contents
 - Learning Objectives
 - 60+ pages of text; the text will include Abstract, Key Words, Learning Objectives and 3 to 4 case studies (if applicable)
 - Reference List
 - Tables with Table legends
 - Figures with Figure legends
 - 10 multiple-choice review questions with answers referenced in the text
 - 4 multiple-choice final examination questions with answers referenced in the text
 - Documentation of all items you wish to reproduce or reprint, showing page numbers and figure or table numbers as they appeared in the original source AND the figure or table numbers as they appear in your monograph
 - Copyright or title page from original source for each of the items you wish to reproduce or reprint
 - Completed Permissions Documentation form
 - Photocopies of Request for Permission to Reprint Copyrighted Materials forms you have submitted to copyright holders
 - Originals of any letters or forms that you have received granting permission to reprint or reproduce

- Signed Photo/Table/Figure Copyright Release form
 - Signed Subject Consent for Photo Publication form, if required
 - CV or resume (1-2 page summary) along with a bio sketch to be included in the Editor's introduction letter
 - Original artwork, if any
- V. Revised monograph (a revised digital file copy due within 2-3 weeks of your receipt of request for revisions.
- VI. At the page-proof stage, you will receive a copy of your formatted monograph for review and approval. Please return the monograph, along with your comments, to the Managing Editor within 3 days. Author honorarium will be paid once the signed Authorization Statement is received.
- VII. Request for Reimbursement form, along with receipts, are due within 60 days of your page-proof monograph review and final approval to print.

If, at any point, you find it necessary to request a deadline extension, contact the Managing Editor. Early and honest communication will help us avoid a delay in production.



Work Made for Hire Agreement – SAMPLE ONLY

This Work for Hire Agreement is made on ____ [date] _____, between the Academy of Orthopaedic Physical Therapy, APTA, Inc. (“Academy”) and _____ (“Author”). Author will write a monograph titled, _____, for the Academy of Orthopaedic Physical Therapy’s Independent Study Course _____.

Therefore, the Section and Section, intending to be legally bound thereby, agree as follows:

<i>Delivery of Work</i>	<p>1. (a) The Author shall deliver to the Section a monograph outline and list of learning objectives within 4 weeks of receipt of this Agreement. An expanded outline to include subsections and references used in the text will be submitted 3 months after receipt of this Agreement. Prior to [mutually deadline date], a completed monograph and finalized examination questions as per the Instructions to Authors (known hereafter as the “Work”) consisting of form and content deemed satisfactory to the Section.</p> <p>(b) The Author shall be given proper recognition of Author’s Contribution to the Work, in accordance with normal and usual publishing industry practices.</p>
<i>Description of Work</i>	<p>2. (a) The Author will create materials to accompany ISC _____ [title of course] _____ complying with the details of the Instructions to Authors (provided under separate cover).</p> <p>(b) The Author will also be responsible for reviewing copyedited monograph for accuracy and style.</p>
<i>Grants of Rights</i>	<p>3. (a) The Work submitted by the Author is intended by the Academy and the Author to constitute Work Made for Hire. The Author acknowledges and agrees that the Work (and all rights to the Work, including, without limitation, copyright) belongs to and shall be the sole and exclusive property of the Academy. The Author assigns and grants exclusively to the Academy, the manuscript of the Work, and all rights throughout the world in the Work and all revisions thereof, including, but not limited to, the rights to secure copyrights for the Work and all revisions thereof.</p> <p>(b) If for any reason the Work would not be considered a Work Made for Hire under applicable law, the Author does hereby sell, assign, and transfer to the Academy, and its successors and assigns, the entire right, title and interest in and to the copyright in the Work and any registrations and copyright applications relating thereto, and any renewals and extensions thereof, and in and to all works based upon, derived from, or incorporating the Work throughout the world.</p> <p>(c) If the Work is to be used for the subsequent editions, either partially or in its entirety, the Author will be listed as an Author to the Work. The Academy, however, reserves the right to revise the Work in future editions, and appropriate credit will be given to the Author.</p> <p>(d) If the Academy does not publish the Work, all rights in the Contribution will revert to the Author.</p>
<i>Payments</i>	<p>4. An honorarium of \$1,500 shall be paid for Author’s services spent in creating and revising the Work. This honorarium will be payable after approval of the pdf proof and the signed Authorization Statement is received.</p>

	The Academy will reimburse Author’s expenses, up to \$250, for monograph preparation upon receiving the reimbursement form. Receipts are necessary for reimbursement. Expenses may include the cost of illustrations, photographs, MEDLINE searches, and permission to reprint or reproduce. No other expenses will be reimbursed without prior approval. It is assumed Author will furnish their own standard office supplied. If expenses paid by Section exceed \$250, the balance will be deducted from the Author’s honorarium.
<i>Warranties</i>	5. The Author warrants to the Academy that: (i) the Author is the sole and original author of the Work and the sole owner without encumbrances, of all rights in the Work; (ii) the Author covenants and agrees that during the time Author is providing services under this Agreement, Author shall not contractually agree to provide any services to another company or individual that exclusively replicates or substantially duplicates the topic or materials being written by Author under this Agreement if the company or individual uses such information to compete with the Academy; and (iii) the Work contains no matter which is libelous, unlawful, an infringement of any copyright, or violative of any other rights of any person.
<i>Right to Terminate</i>	6. Academy reserves the right to terminate this Agreement if initial drafts, revisions, and final copy edits to the monograph are not received on time to the extent that substantial delays are caused in publication, or if the content and form are not satisfactory. Author will submit revisions of the monograph, as suggested by the Editors within 3 weeks of receiving them; the pdf page proof must be reviewed and returned within 72 hours of receipt.
<i>Work for Hire</i>	7. The Author is understood to be an independent contractor in connection with the services rendered hereunder and shall render services on a Work Made for Hire basis as an independent contractor and not as an agent, servant, or employee of the Academy of Orthopaedic Physical Therapy, APTA, Inc.
<i>Confidentiality</i>	8. The Author agrees to keep all information obtained during the development of the Work, including developmental strategies, business plans, and financial information of any kind strictly confidential.

This letter contains all the terms of our understanding. If you agree to these terms, please sign and return to the undersigned.

Intending to be legally bound hereby as a fee for services rendered, the parties have executed this agreement on the date first written above.

 Author Date

 Coauthor Date

 Coauthor Date

 Terri DeFlorian, Executive Director
 Academy of Orthopaedic Physical Therapy, APTA

 Sharon Klinski, Managing Editor
 Academy of Orthopaedic Physical Therapy, APTA

AUTHOR CHECKLIST

- _____ Please complete and return this Checklist.
- _____ Title Page (monograph title, author name and credentials, affiliations, city, state)
- _____ Table of Contents
- _____ Abstract and 3-4 Key Words (words not repeated in the monograph title)
- _____ Learning Objectives
- _____ 60+ pages of text
- _____ 4 case studies
- _____ Reference List (max of 250 references)
- _____ Tables with Table legends
- _____ Figures with Figure legends
- _____ 10 multiple-choice review questions with answers (include location of correct answers)
- _____ 4 multiple-choice final examination questions with answers (include location of correct answers)

- _____ **Completed Permissions Documentation form.** Include all figures and/or tables that you have requested permission to reproduce. Indicate the page numbers as they appear in the original source, the figure or table numbers as they appear in the original source, the figure or table numbers as they appear in your monograph, and the proper orientation of each (ie, “top”).
- _____ Completed Table/Figure Identification form.
- _____ Originals of any letters or forms that you have received from publishers granting permission to reprint or reproduce.
- _____ Completed Request for Permission to Reprint Copyrighted Materials forms you have submitted to copyright holders. Please make sure you have a copy of the original figure to send to the copyright holders and the Managing Editor for submission to the printer.
- _____ Copyright pages or title pages from original sources of copyrighted materials for which permission to reproduce have been requested.
- _____ Figures suitable for printing, which can include original photographs, camera-ready artwork, or professional-quality computer image files. Identify the figures as originals for submission to the printer.
- _____ Signed Work Made for Hire Agreement (all authors).*
- _____ Signed Photo/Table/Figure Copyright Release form (all authors).*
- _____ Signed Subject Consent for Photo Publication form (if applicable).
- _____ Resume or CV (1-2 page summary)

*You may have returned these forms along with your contract; if so, please indicate.

PERMISSIONS DOCUMENTATION

Complete and submit this form with your first draft. Make additional copies if necessary. *Permission MUST be obtained in both print and electronic/digital format.*

Author(s): _____

Monograph Title: _____

Publisher's Figure/Table No.	Corresponding ISC Figure/Table No.	Date Permission Requested	Date Permission Received Print Format	Date Permission Received Electronic/Digital Format	Publisher	Fee

REQUEST FOR PERMISSION TO REPRINT COPYRIGHTED MATERIALS

Date: _____

To: _____

Dear Permissions Coordinator:

I am writing a monograph for publication by the Academy of Orthopaedic Physical Therapy, APTA, Inc. in the Academy of Orthopaedic Physical Therapy's Independent Study Course: _____

The monograph title is: _____

Projected date of publication: _____

I am requesting permission to reprint the material described below in **both print and electronic/digital format**. Credit to the original source of publication will be included in the legend. If author permission is necessary, please provide me with the author's address, or waive this stipulation.

Author: _____

Journal or book title: _____

If Journal, article title: _____

Volume, publisher, year of copyright: _____

Illustration(s) or selection, page, figure number: _____

Please respond as soon as possible. You may mail your response to: Managing Editor, Academy of Orthopaedic Physical Therapy, APTA, Inc., 2920 East Avenue South, Suite 200, La Crosse, WI 54601, e-mail it to sklinski@orthopt.org or fax it to 608/788-3965.

Thank you in advance for your consideration of this request.

Requestor: _____

Please use the Release Form below

Permission is granted as requested in: print format electronic/digital format

Permission is not granted in: print format electronic/digital format

Date _____

By _____

PHOTO/TABLE/FIGURE COPYRIGHT RELEASE

Author:

As an author of the monograph “_____” I warrant that all tables, figures, and photographs published with this monograph are original, that I have full power to make this grant, and that the tables, figures, and photographs have not been previously published. If portions have been previously published, written permission to publish this material in the Academy of Orthopaedic Physical Therapy’s Independent Study Course has been granted by the appropriate certifying body, and the original form or letter granting permission to reprint from this source has been submitted to the Academy of Orthopaedic Physical Therapy’s office.

I also grant that for all tables, figures, and photographs republished with permission from another source, an appropriate credit line identifying the certifying body has been provided in the monograph.

In publication of the tables, figures, and photographs for this monograph, I grant and assign to the Academy of Orthopaedic Physical Therapy, APTA, Inc. or its successors all rights of whatsoever kind or nature, including those now or hereafter protected by the copyright laws of the United States and all foreign countries, as well as any renewal, extension, or reversion of copyright, now or hereinafter provided, in any country.

In turn, Academy of Orthopaedic Physical Therapy, APTA, Inc. grants to me the royalty-free right of republication of my original material in any written or electronic format of which I am the author or editor, subject to the express condition that lawful notice of copyright be given. I understand that I will receive no royalty or other monetary compensation for the assignment set forth in this agreement.

Please indicate your acceptance of the terms of copyright by signing and dating this agreement and returning this original signed form to Managing Editor, Academy of Orthopaedic Physical Therapy, APTA, Inc., 2920 East Avenue South, Suite 200, La Crosse, WI 54601.

Author _____ Date _____

Coauthor _____ Date _____

SUBJECT CONSENT FOR PHOTO PUBLICATION

I hereby grant to the Academy of Orthopaedic Physical Therapy, APTA, Inc., the royalty-free right to publish photographs of me for its Independent Study Course Series in which I appear as a subject, patient, or model.

I understand that any figure in which I appear may be modified.

Author Date

Signature of person photographed Date

Print name of above signatory

.....
Please fill in for minors:

Print name of minor photographed

Signature of parent or guardian Date

REQUEST FOR REIMBURSEMENT

Return to: Managing Editor, Academy of Orthopaedic Physical Therapy, APTA, Inc., 2920 East Avenue South, Suite 200, La Crosse, WI 54601

Name & Address _____

Independent Study Course Title _____

Date	Permissions (List publisher and figure/table number)	Illustration Fees	Postage	MEDLINE Searches	Photocopies	Other (Please specify)	TOTALS
TOTALS							

The Academy of Orthopaedic Physical Therapy will reimburse for the above expenses not to exceed \$500. **Original receipts are required for reimbursement.** All reimbursements for expenses need to be submitted within 60 days of approval of your final monograph! Requests for reimbursements beyond 60 days will need approval of the Academy of Orthopaedic Physical Therapy Board of Directors.

I certify that this expense report is correct.

Signature _____

Date _____

ROYALTY-FREE RIGHT TO REPRINT

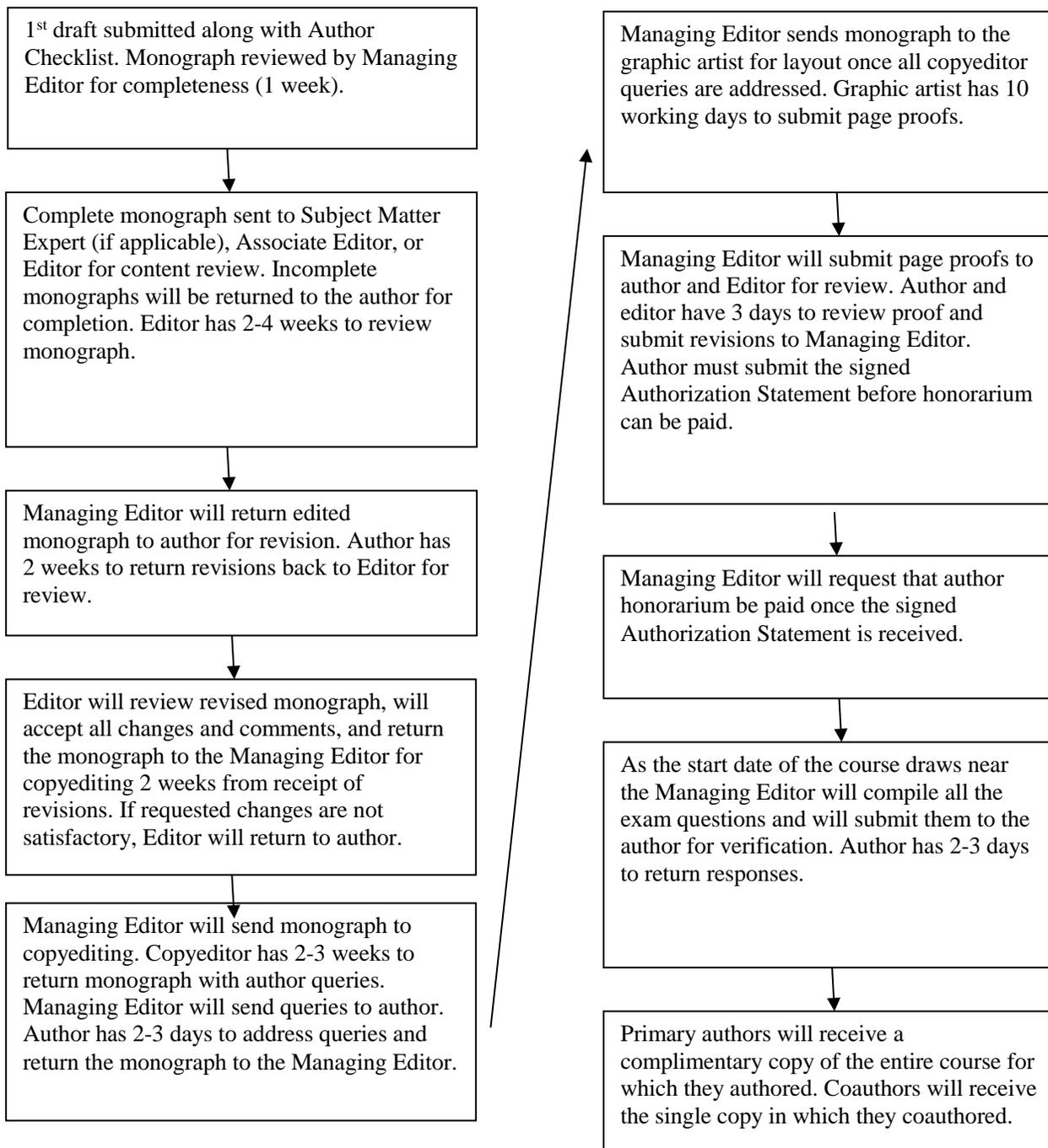
Independent Study Course authors are allowed to reprint their original monograph in any books or articles, of which they are authors or editors, without having to pay any fees to the Section (Royalty-free Right to Reprint). All that needs to be provided is an appropriate credit line given to the Academy of Orthopaedic Physical Therapy Independent Study Course Series in the publication.

1. Authors *are not permitted* to:
 - a. Photocopy or reproduce their monograph in its entirety in any manner for a presentation in which a fee is charged;
 - b. Reprint or reproduce their monograph in any type of electronic format, including Web-based courses.

2. Authors *are permitted* to use:
 - a. Portions of their original monograph or a modification of a portion of their original monograph for a presentation in which a fee is charged as long as the portion or modification used by the authors does not diminish the value of the original work copyrighted by the Academy of Orthopaedic Physical Therapy, APTA, Inc.
 - b. Concepts, findings, and assimilation from their monograph as part of a teaching syllabus as long as the material is rewritten and presented in a format that is unique and different from the original Independent Study Course monograph.

3. Authors wishing to use a portion of or their entire monograph as part of a teaching syllabus for either academic teaching or continuing education courses should contact the Academy of Orthopaedic Physical Therapy office.

FLOWCHART FOR REVIEW AND PRODUCTION OF AN ISC MONOGRAPH



MONOGRAPH PREPARATION GUIDELINES

Format

- Text should be 60+ pages double-spaced.
- Use a 12-point Times New Roman font.
- Use 1 space between sentences.
- Margins should be 1 inch on each side.
- Leave the right margin unjustified (ragged).
- Number the pages of your monograph (we prefer page numbers centered and at the bottom of the page).
- Format headings in the text and the Table of Contents as follows:

MAIN HEADING

 Secondary Heading

 Tertiary heading

**Note: Fourth headings are not included in the Table of Contents.*

- All headings in the body of the monograph should be left justified and bold. In the Table of Contents, MAIN HEADINGS are flush left. Indent subsequent subheadings.
- Format the first page according to this example:

Psychological Screening and Management of the Patient with Low Back Pain

Steven Z. George, PT, PhD
University of Florida
Gainesville, Florida

LEARNING OBJECTIVES

Upon completion of this monograph, the course participant will be able to:

1. Understand the importance of early recognition of psychological factors when managing patients with low back pain.
2. Discuss the theoretical structure of the fear-avoidance model of musculoskeletal pain.
3. Discuss the clinical implication of the fear-avoidance model for patients with low back pain.
4. Identify psychological factors that should be screen for when managing patients with low back pain.
5. Identify situations when referral to a mental health specialist is appropriate following depression screening.

INTRODUCTION

Lower back pain (LBP) is one of the most commonly seen problems in physical therapy clinics.¹ Most patients with complaints of back pain will recover within a few weeks. Epidemiologic data tend to support the contention that LBP is a ubiquitous problem. The prevalence, or lifetime incidence rate, of LBP ranges from 60% to 80%.²

Case Studies

Include 3 to 4 case studies illustrating the management of the disorder you discussed or the concepts you presented. Each case should follow the format of the *Guide to Physical Therapist Practice*.

Order of Monograph Elements

- Title Page (monograph title, author name(s), credentials, affiliation, city, state)
- Table of Contents
- Heading (monograph title, author name(s), credentials, affiliation, city, state)
- Abstract and 3-4 Key Words
- Learning Objectives (include on first page of text)
- Body of Monograph
- Case Studies
- Reference List (as a guideline, we suggest a minimum of 60 and a maximum of 250 sources; list only those sources you cite in the text; use the most current sources available). Inappropriate referencing is one of the most common errors made by authors and can be time intensive for authors to correct. **The Managing Editor will check for formatting but is NOT responsible for making corrections within the monograph.**
- Figures and Tables (suggest a maximum of 20), one per page (following the instructions provided in the section “Preparing Figures and Tables,” include appropriate credit lines for adapted, reprinted, or reproduced material)
- Multiple-choice Review Questions (10, with answers, and where to locate the answers in the text)
- Multiple-choice Final Examination Questions (4, with answers, and where to locate the answers in the text)

Submission

- Save your monograph in digital format in Microsoft® Word or plain text format and email to the Managing Editor (sklinski@orthopt.org). Include all photographs and tables clearly marked. If the number of photographs and tables make the document too large to send via regular email, then consider using DropBox.

PREPARING A LIST OF LEARNING OBJECTIVES

Writing clear objectives benefits author and reader alike. The author who writes clear objectives will have a monograph that is purposeful, focused, and defines the content of the work. Well-written objectives enable the reader to follow a clear path to fulfilling the author's expectations and will assist in learning the material. Objectives should be specific, concise, and, most importantly, observable or measurable. Objectives are also used by us to support the content of the course through advertising and obtaining continuing education credits with various agencies. Taking time to write appropriate objectives is an essential step in the development of a professionally written body of work.

Some helpful resources include:

- Gronlund NE. *How to Write and Use Instructional Objectives*. 6th ed. Upper Saddle River, NJ: Prentice-Hall; 2000.
- The Center for Teaching and Learning: Division of Academic Affairs, University of North Carolina Charlotte: Writing Objectives Using Bloom's Taxonomy Available at: <http://teaching.uncc.edu/learning-resources/articles-books/best-practice/goals-objectives/writing-objectives>. Accessed December 15, 2014

PREPARING THE ABSTRACT & KEY WORDS

Abstracts should be ~250 words. Key Words should not be repeated words from the monograph's title. Please see sample below:

HIP ABSTRACT

24.2.1: Functional Performance Testing of the Hip

AUTHOR(S):

Benjamin R. Kivlan, PT, OCS, SCS¹, RobRoy L. Martin, PT, PhD, CSCS²

AFFILIATIONS

¹Duquesne University, Pittsburgh, Pennsylvania; Tri-State Physical Therapy, Seven Fields, Pennsylvania

²Duquesne University, Pittsburgh, Pennsylvania, UPMC Center for Sports Medicine, Pittsburgh, Pennsylvania

CONTENT: This monograph discusses functional performance tests and their reliability and validity for patients with hip dysfunction. The assessments cover the categories of movement, balance and postural control, hop/jump, and field agility tests. Selection and interpretation of each functional performance test support the detection of hip dysfunction and aid in determining treatment progression. The monograph also addresses the use of cutting edge functional performance tests to assist in differential diagnosis of hip-related pathology.

CASE ANALYSES: Three intriguing case studies are presented. Each case highlights strong clinical reasoning and proper care. The first case involves a 19-year-old female Broadway dancer complaining of pain and a sense of instability in her right hip. The second case describes a 44-year-old female who is referred to physical therapy for ongoing complaints of posterior-lateral hip pain that radiates into the buttock. The third case clearly details a pre-participation screening exam of a 22-year-old male collegiate hockey player.

Key Words: reliability, validity, dysfunction

PREPARING A REFERENCE LIST

Before you begin your literature search, choose a method of documenting your sources. Select a method that suits your research technique. You might choose a high-tech method such as one of the new bibliographic database programs or a low-tech method like index cards. Either way, be sure to note all pertinent publication information and the page numbers of the materials you might wish to cite. This includes electronic sources, *for which you should cite the complete URL or internet address and the date accessed*, in addition to author, document title, and other publication information. Systematic source documentation will save you the time and frustration of duplicating your research efforts when you attempt to retrieve the source later. **When writing your monograph do not use any form of footnotes, endnotes, or reference manager software;** if you do so, all formatting is lost when we transfer the word file into the layout program.

Examples of the most common citation types are provided below. For more complex citations, please consult the *American Medical Association Manual of Style*, 10th ed. <http://www.amamanualofstyle.com/>

The Basics

- Always consult the primary source and never cite a reference that you have not read yourself.
- References should be numbered sequentially as they appear in the text and should correspond to the superscript number in the text. Do not repeat the same reference using a different number in the reference list.
- Take care to submit accurate and complete publication data.
- For any source (book, journal article, proceedings, etc), the author and editor names should be formatted as follows: Lastname INITIALS.
- If 6 or fewer authors, list each:

14. Westmoreland BF, Benarroch EE, Daube JR, Reagan TJ, Sandok BA. *Medical Neurosciences: An Approach to Anatomy, Pathology, and Physiology by Systems and Levels*. 3rd ed. Boston, MA: Little Brown and Company Inc; 1994:167–207.

- If more than 6 authors, list the first 3 and use “et al”:
15. Bradley JD, Brandt KD, Katz BP, et al. Comparison of anti-inflammatory dose of ibuprofen, an analgesic dose of ibuprofen and acetaminophen in the treatment of patients with osteoarthritis of the knee. *New Engl J Med*. 1991;32:87–91.
- References to material not yet accepted for publication or to personal communication are not acceptable as references.

Journal Articles

- Capitalize only the first letter of the first word of an article title. All other words—including the first word of a subtitle—should be lowercase. Proper nouns are the exception to this rule:
16. Ferguson GT, Cherniack RM. Current concepts: management of COPD. *N Engl J Med*. 1993;328:1017–1022.
- If a journal is listed in the current *Index Medicus*, abbreviate accordingly*:

17. Rueben DB, Siu AL. An objective measure of physical function of elderly outpatients (The Physical Performance Test). *J Am Geriatr Soc.* 1990;38:1105–1112.

*An alphabetized list of journals indexed in *Index Medicus* and their abbreviations are available electronically at the following internet address:

<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>

Books

- Italicize book titles and format in title case.
- Reference to an entire book:

18. Steindler A. *Kinesiology of the Human Body Under Normal and Pathological Conditions*. Springfield, IL: Charles C Thomas; 1955.

- Reference to a chapter in a book:

20. Goodman CC. The endocrine and metabolic systems. In: Goodman CC, Boissonault WG, eds. *Pathology: Implications for the Physical Therapist*. Philadelphia, PA: WB Saunders; 1997:41–49.

- Editor(s) as author:

19. Scully RM, Barnes ML, eds. *Physical Therapy*. Philadelphia, PA: JB Lippincott Co; 1989:83–98.

Web Site

- Use the URL that will take the reader directly to the page of the article you are referencing.
- Web sites are updated frequently so it is important to provide the date the site was accessed.

21. Health on the Net Foundation. Health on the Net Foundation code of conduct (HON code) for medical and health web sites. <http://www.hon.ch/conduct.html>. Accessed June 26, 1997.
22. Rosenthal S, Cheri R, Hadler S. The safety of acellular pertussis vaccine vs whole cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457–460. http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm. Accessed November 10, 1996.

Items Presented at a Meeting, but not Published

98. Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC.

Personal Communication

- Do not include personal communication in the reference list but include it within the text.

In a conversation with M. K. Smith (June 2008)....

Material Accepted for Publication but Not Yet Published

42. Smith JK, Jones LP, Richards GT. The diabetic patient. *Diab Care*. In press.

Material Submitted for Publication but Not Yet Accepted

- Do not include material that has not been accepted for publication, but include reference to it in the text.

The report showed an increase in heart rate (J. F. Jones, unpublished data, September 2008).

NOTATION OF REFERENCES IN THE TEXT

- Notation of references should be superscripted and in numerical order within the text. After first mention, do not renumber the source and repeat it in your reference list; instead, repeat the first numerical notation assigned to the reference. Thus, the superscripted reference notations in your text could appear in a sequence like 1,2,3,1,4,5,3, which would indicate that the fourth notation refers to the same source as your first, and your seventh notation to the same source as your third. In this case, if your next notation (your eighth) refers to a previously un-referred-to source, you would assign it the notation number “6,” and the source would be numbered as such in your reference list.
- Each reference should be cited in the text, tables, or figures in consecutive numerical order. A reference may be cited *only* in a table or a figure legend and not in the text if it is in sequence with references cited in the text. For example, if Table 2 contains reference 13 which does not appear in the text, this is acceptable as long as the last reference cited (for the first time) before text citation of Table 2 is reference 12.
- Use Arabic superscript numerals outside periods and commas, inside colons and semicolons. When 2 or more references are cited at a given place, use a hyphen to join the first and last numbers of a closed series; use commas without space to separate other parts of a multiple citation.

As stated earlier,^{1,3,8-12}

The data were as follows³⁻⁵:

PREPARING TABLES AND FIGURES

We strongly encourage the use of ORIGINAL figures and tables. Tables can provide a great deal of information in a minimum of space, and figures allow registrants to visualize concepts or techniques you describe in your text and can make difficult material easier to understand. While it is sometimes necessary or prudent to use previously published tables and figures, we recommend that you use them sparingly.

Submission

When submitting artwork please follow the guidelines below:

- Photographs or continuous tone artwork
 - Minimum of 300 dpi for resolution is required.
 - If possible, scan as "grayscale" for publications that will be black and white.

Use the following formats for saving and submitting artwork:

- For line art (vector files): save as EPS.
- For photo or continuous tone photographs or images: save as TIFF, EPS, PDF (if saving as PDF, select "press quality" for the quality setting), or JPEG (if saving as JPEG, select the highest quality, usually 12 is the highest quality with the least compression).

Tables

- Provide tables to present information more clearly and concisely than if presented in the text.
- A table presents information arranged in columns and rows and is typically used to present numerical data.
- Avoid presenting a single list of words as a table or presenting columns without column or field headings.
- If you have only one table, omit the word "Table" in the table legend (the title will stand alone). If you have more than one table, number them in the order in which they are referred to in the text.
- Include each table double-spaced on a separate sheet of paper. Place all tables in the monograph after the references.
- Double-check the factual accuracy of the table data with the original data and with any discussion of the data that you provide within your text.
- Text must include a reference to each table, numbered in sequence. There is no need to indicate the placement of tables for layout purposes. For example:

Table 1 presents the schedule for administration of immunizations for infants and children.

The schedule for administration of immunizations for infants and children is shown in Table 1.

The American Academy of Pediatrics and ACIP have developed a schedule for administration of immunizations for infants and children (Table 1).

- Obtain written permission (for both print and electronic/digital format) from the copyright holder (usually the publisher) to reprint or adapt previously published tables. **For a borrowed table, acknowledge the source in a footnote immediately below the table.** If

the copyright holder requires a specific wording, use what is indicated. If no wording is specified, format the footnote as in the examples on page 20.

- Tables contain 5 major elements
 - Title
 - Place the table title directly above the table, flush left.
 - Write table titles as phrases.
 - Capitalize the table title in title case.
 - Do not include terminal punctuation.

Table 1. Symptoms of Chronic Fatigue Syndrome

- Column headings
 - Identifies and applies to all items listed in the column.
 - Units of measure should be included.
 - Capitalize column headings in title case.
 - Bold column headings.
- Stubs (row headings)
 - Capitalize according to style for sentences, not titles.
- Body (data field)
 - Use an ellipsis (...) or NA (not applicable) to indicate that no data are available for a cell instead of leaving a blank space in the table field.
- Footnotes
 - May contain information about the entire table or a portion of the table.
 - Order of footnotes determined by placement in table of item to which it refers (ie, entire table, after title; 1-2 columns, after column or row headings to which it refers; end of individual entry).
 - For both table and figures, footnotes are indicated with superscript lowercase letters in alphabetical order (a-z).
 - Footnotes should be listed at the bottom of the table, each on its own line.
 - Footnotes may be phrases or complete sentences and should end with a period.

Several of the most common uses of footnotes include the following:

- To expand abbreviations. Abbreviations should be expanded in alphabetical order.

Abbreviations: ADL, activities of daily living; ROM, range of motion.

- To cite references for information used in the table. References are given as in the text and are designated with superscript Arabic numbers.

^a International Classification of Health Problems in Primary Care.⁴⁵

- To acknowledge that data in the tables were taken from or are based on data from another source:

^a Data from Smith and Jones.²³

- To acknowledge credit for reproduction of a table. If the table has been reprinted with permission from another source, credit should be given in a table footnote.

^a Reprinted with permission from Johnston.⁴⁶

- Include 1 table for evidence-based studies presented in the text as a summary for ease of comparing and contrasting evidence for practice (Table 1). Headings should include authors or investigators, journal, subjects (N), independent variables, dependent variables, statistical significance, method or study design, findings, and clinical importance. *Remember that references listed in a table should be in consecutive order in the text.*

Table 1. Randomized Clinical Trials and Other Experimental Studies Related to Foot Orthotics and Patellofemoral Pain Syndrome^a

Author and Journal	Variables – Independent	Variables - Dependent	N =	Statistical Significance	Clinical Importance	Study Design
Eng JJ, Pierrynowski MR ⁵⁵	Exercise Group (isometric quad set, straight leg raise, stretching) Soft Orthotic Group	Maximum Pain (VAS) with Activities (walking, running, stairs ascent, stairs decent, sitting 1 hour, squatting)	20 females with patellofemoral pain (Comparison group N=10) (Experimental group N=10)	Statistically significant (p<.05) at week 4, 6, and 8 weeks	Clinically important as compared to the comparison group.	Randomized Clinical Trial
Eng JJ, Pierrynowski MR ⁵⁴	Walking and running with and without orthotics	Knee, talocrural and subtalar joints range-of-motion (ROM) for each plane of motion	10 females with PFPS and forefoot varus and/or calcaneal valgus > 6°	No significant difference at the knee except transverse and frontal plane ROM	Could not determine	Repeated Measures Analysis
Hung Y, Gross MT ⁹⁷	Three foot positions (supinated, pronated, neutral)	VMO:VL EMG ratio: 1) isometric quad sets, 2) 1 leg squats (0°-50°)	16 healthy subjects (20 subjects started the study)	No significant difference	Not clinically important	Repeated Measures Analysis
Tomaro J, Burdett RG ²¹⁴	Walking with and without orthotics	EMG: Tibialis anterior (TA), peroneus longus, gastrocnemius	10 subjects with a history of leg pathology (3 males and 7 females)	Average muscle EMG no significant difference. Duration TA/stance X 100% p<.05	Not clinically important	Repeated Measures with randomization
Nawoczinski DA, Cook TM, Saltzman ¹⁸⁶	Running with orthotics	Tibial internal rotation	20 recreational runners with lower limb pain	A decrease of 2.1° in tibial rotation	Clinically important	Repeated Measures Analysis

^a Reprinted with permission from Lohman EB and Harp T. Patellofemoral Pain: A Critical Appraisal of the Literature. *HSC 13.2.1, Evidence-based Practice for the Upper and Lower Quarter*. Copyright 2003, Orthopaedic Section, APTA.

- Include an additional table for applicable diagnostic tests and maneuvers or interventions with supporting or refuting evidence for use (Table 2). Headings should include diagnostic test or maneuver or intervention, reference, study population, sensitivity, specificity, positive likelihood ratio, and negative likelihood ratio. *Remember that references listed in a table should be in consecutive order in the text.*

(continued on page 30)

Table 2. Diagnostic Test Properties for Labral Injuries^a

Diagnostic test or maneuver	Reference	Study population	Sensitivity	Specificity	Positive likelihood ratio	Negative likelihood ratio
Superior labrum anterior and posterior (SLAP) prehension test	173	66 consecutive arthroscopically confirmed SLAP lesions (no ages given)	0.88	—	—	—
Magnetic resonance imaging (MRI) versus clinical tests/physical examination (PE) (apprehension, relocation, load and shift, sulcus, crank)	164	54 patients with shoulder pain that was refractory to 6 months conservative management. Ages 17 to 57, mean age of 34 years	MRI 0.59 PE 0.90	MRI 0.85 PE 0.85	MRI 3.93 PE 6.00	MRI 0.48 PE 0.12
Crank test	243	62 patients with shoulder pain that was refractory to 3 months conservative management. Ages 18 to 57, mean age of 28 years	0.91	0.93	13.00	0.10
Biceps load test for SLAP lesions in dislocators	244	75 patients with history of anterior dislocation. Ages 16 to 41 years, mean age of 24.8 years	0.91	0.97	30.00	0.09
Biceps load test II	245	127 patients with shoulder pain. Ages 15 to 52, mean age of 30.6 years	0.90	0.97	30.00	0.10
Anterior slide test	246	Athletes with isolated superior labral tears, rotator cuff tears and instabilities, as well as asymptomatic athletes with rotational deficits. Ages 18 to 32 years, mean age of 24.6 years	0.78	0.92	9.75	0.24
Active compression test	247	318 patients, 50 controls. No ages reported	1.00	0.985	66.70	0.00
New provocation test for superior labrum	248	32 patients with throwing injuries. Ages 17 to 29 years, mean age of 20.9 years	1.00	0.90	10.00	0.00
Speed test for biceps or SLAP	249	45 patients with shoulder pain. Age range of 16 to 80 years	0.90	0.14	1.05	0.11

^aReprinted from Deyle G, et al. Evidence-based Practice for the Shoulder. *HSC 13.2.6, Evidence-based Practice for the Upper and Lower Quarter*. Copyright 2003, Orthopaedic Section, APTA.

Figures

- We recommend a maximum of 20 figures. Publication of additional figures becomes costly. We budget for 20 and ask that you request permission if you expect to exceed this number.
- Provide figures for material that cannot be set in type, such as clinical photographs, photographs of radiographs, line drawings, graphs, or recorded graph tracings.
- Cite the figures in numerical sequence in the text. (Do not indicate placement of figures for layout purposes.) References in the text to figures should include their respective numbers. For example:

Patient participation and progress through the study is shown in Figure 2.

Figure 2 shows patient participation and progress through the study.

Patient participation and progress through the study were monitored by the investigators (Figure 2).

- Images taken from Web sites are low resolution and do not reproduce well.
- Prepare a separate legend sheet(s) with all of the figure legends listed together. Do not repeat the legend on the face of the figure. Type double-spaced and place in the monograph after the tables.
- Each major word in a figure title is capitalized and does not employ terminal punctuation.

Figure 2. Kinesthetic Testing Using an Electronic Inclinometer

- For composite figures with 2 or more panels, capital letters (A, B, C, D, etc) should be used to label the parts of the figure. The figure legend should refer to and give an explanation of each of the figure components.
- Obtain written permission (for both print and electronic/digital format) from original sources to reproduce their illustrations. **Acknowledge permission to reprint in a credit line immediately following the figure legend.** Some copyright holders will specify the exact wording required for the credit line. If not otherwise specified by the copyright holder and the source is included in your reference list, format the credit line for a figure according to the example below.

Reprinted with permission from the American Academy of Pediatrics.⁵

- The following Web site will help you to locate publisher contact information. Using e-mail addresses and fax numbers speeds up the permission request process. Please send contact information to the Section with a completed Permissions Documentation form.

<http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=search&DB=PubMed>

- Obtain written permission to publish photographs from all subjects who are recognizable. In the past, a bar obscuring the eyes of subjects was considered an acceptable alternative to written permission, but today most publishers—including the Orthopaedic Section—require written permission to publish such materials. A Subject Consent for Photo Publication form must be signed by the subject, parent, or guardian and submitted to the Managing Editor along with your monograph.
- Many publishers are using Copyright.com for permission requests.

Boxes

- A textual table or box contains words, phrases, or sentences, often in list form. Boxes are used to emphasize key points, summarize information, or reduce the narrative text.

Appendixes

- Appendixes are cited in the text as a table or figure would be and are placed at the end of the text before the references.

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It is your responsibility as author to obtain permission for any figures, tables, or lengthy quotations you borrow to use in your monograph. **Permission must be obtained in both print and electronic/digital format.** We suggest a maximum of 5 borrowed figures and tables. We strongly encourage you to provide ORIGINAL figures and tables.

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- Permission forms or letters you have received from publishers.
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- If the illustration, table, or textual material has been published previously.
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- If the material is original to your monograph.
- If a figure is a purely anatomical drawing and the style of the artist in the original has not been duplicated. Anatomy cannot be copyrighted.
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- If the illustration, table, or textual material will be modified so much that the information conveyed is completely different from the original. Use your best judgment, and when in doubt, request permission.
- If the text or illustration is in the public domain (ie, US government, NIH).

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- **Make a photocopy of the entire page on which the original figure or table appears and also the title and copyright pages (if it is a book) or the first page of an article.** Most publishers will request this information. Write your table or figure number as it will appear in the monograph next to the selection on the photocopy.

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- **Subject Consent For Photo Publication form**—if you arrange for original photographs, anyone who can be recognized from the photograph must grant consent; without a signed consent form, we cannot publish the photograph. In order to publish the photograph of a minor, you must obtain the signed consent of the minor’s parent or guardian.

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Including a person’s name in your monograph (ie, acknowledgement) or citing personal communication in the text may imply endorsement of content. We require that permission be obtained from the person mentioned for personal communication whether obtained through phone, e-mail, or fax.

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GUIDELINES FOR WRITING MULTIPLE-CHOICE QUESTIONS

Along with your completed monograph, you are required to provide 10 to 12 multiple-choice review questions, which will be printed at the end of the monograph,. Answers are included on the back page. You must also submit 4 multiple-choice questions, which will be used in a comprehensive final examination at the conclusion of the course. The guidelines that follow will assist you in writing multiple-choice questions. Be sure to include the location of where the answers can be found within your monograph.

The National Board of Medical Examiners (NBME) has established guidelines for writing multiple-choice questions. You can visit their Web site at:

<http://www.nbme.org/publications/item-writing-manual-download.html> to download the Item-Writing Guide for review of “The One-Best-Answer Family” of questions. The guidelines listed below incorporate the NBME and Independent Study Course procedures for question writing.

What Should Be Tested?

- Exam content should match course/clerkship objectives
- Important topics should be weighted more heavily than less important topics
- The testing time devoted to each topic should reflect the relative importance of the topic
- The sample of items should be representative of the instructional goals

Reprinted with permission from Case and Swanson. *Constructing Written Test Questions for the Basic and Clinical Sciences*. 3rd ed. Philadelphia, PA: National Board of Medical Examiners (NBME); 2001:10.

General

- Provide 4 alternative responses (a-d) for each question, 1 correct answer and 3 distractors.
- Start each response with a lowercase letter and end each response with a period.
- Create an answer key for both the review and final examination questions. Next to the correct answer place in parenthesis the specific location (ie, page number, paragraph number, line number) where the correct answer can be located in the text.
- Avoid “all of the above” and “none of the above” alternatives. The former permits a correct response with only partial information; the latter tests only recognition of incorrect data.
- In the stem, state 1 problem and state it clearly. The reader should be able to determine the answer without looking at the alternatives.
- Use simple language in the stem, avoiding unnecessary or obscure words.
- Phrase positive questions. Negative wording asks people to remember incorrect information and does not necessarily test ability to choose the correct response. Avoid “Each of the following is correct EXCEPT” or “Which of the following statements is NOT correct?”
- Make certain that the intended answer clearly is the best. Note that the incorrect options may not be necessarily totally wrong, but may be less correct than the “keyed answer.”
- Make all responses plausible and attractive. Responses should be roughly equal in length and complexity of thought.
- Make sure that information included in 1 question does not provide clues for answering another question. Questions should be completely independent of one another.
- Questions should center around relevant information that is of a more general nature and not on very specific issues that could be considered as extraneous information.

- If course registrants have questions regarding your review or final exam questions, we will contact you for clarification. Sometimes it is necessary to revise the question after the conclusion of the course.

Format

Write multiple-choice questions using 1 of the 2 formats that follow.

Incomplete sentence format

When using this format, please observe the following guidelines:

1. Place the missing word(s) at the end of the sentence.

NO: When the air temperature falls below _____, the system no longer functions.

YES: The system no longer functions when the air temperature falls below:

- a. _____.
- b. _____.

2. Put as much of the wording as possible in the stem, or lead-in, of the sentence. When the same words are repeated in every response, emphasis is taken away from the question.

NO: In a normal long bone, the cortex, when compared with the center of the shaft:

- a. appears to have less density.
- b. appears to have the same density.
- c. . . .

YES: In a normal long bone, the cortex, when compared with the center of the shaft,
appears to have:

- a. less density.
- b. the same density.
- c. . . .

3. Make the responses grammatically consistent with the stem of the sentence and make them parallel in form to each other. One way to prevent problems is to avoid leaving an article at the end of the stem.

NO: Bilateral destruction of the nerve usually produces a:

- a. permanent nystagmus.
- b. temporary disturbance of the equilibrium.
- c. temporary episodes of vertigo.
- d. tendency to motion sickness.

YES: Bilateral destruction of the nerve usually produces:

- a. a temporary disturbance of the equilibrium.
- b. a tendency to motion sickness.
- c. permanent nystagmus.
- d. temporary episodes of vertigo.

Question format

Write a complete question in the stem and conclude with a question mark.

YES: What does a decreased response to cold and warm water in the same ear during a caloric test indicate?

- a. directional preponderance.
- b. unilateral parietic labyrinth.
- c. . . .

YES: In a correctly performed modified Ober test, which of the following should occur?

- a. the foot of the tested limb extends over the edge of the table.
- b. the tested leg medially rotates when allowed to relax.

AVOIDING COMMON USAGE ERRORS

PLEASE do not ignore this section. The Orthopaedic Section has adopted certain usage conventions in order to comply with the AMA style, some of which may be unfamiliar to you. To facilitate your writing and our editing, we have attempted to compile some tips to help you avoid common errors.

General

- We strongly recommend using the active voice over the passive voice whenever possible:

Active: Dr Arnold Pavlik first described the harness . . .

Passive: The harness was first described by Dr Pavlik . . .

BUT sometimes the passive voice is the better choice because the thing doing the “acting” is unknown, understood, or unimportant:

Passive: Adverse effects of these medications are discussed under the section on bacterial meningitis.

Active: I discuss the adverse effects of these medications under the section on bacterial meningitis.

- Use “that” when introducing a restrictive (essential to the meaning) clause. Use “which” when introducing a nonrestrictive (merely adds information) clause or when referring to “which one.”

Correct: The radius is the bone that is fractured.

Correct: The radius, which is parallel to the ulna, is nondisplaced.

Correct: The practitioner did not know which bone was fractured.

Incorrect: The radius is the only bone which articulates with the carpals.

- Simplify sentences and write concisely.

Avoid: In the event of increasing falls, additional restriction of the environment and activity pattern performed independently may be indicated to ensure safety.

Better: If falls increase, the patient’s environment and pattern of independent activity may need to be restricted in order to ensure safety.

- Use strong conjunctions like “because,” “although,” “but,” and “in spite of” in order to make the connection between clauses clear and unambiguous. Compare:

Avoid: The physical therapist discontinued treatment **as** the patient regained full function of the affected limb. (Did the PT discontinue treatment **while** the patient regained function of the limb?)

Avoid: The physical therapist discontinued treatment **since** the patient regained full function of the affected limb. (Did the PT discontinue treatment **after** the patient regained function of the limb?)

Preferred: The physical therapist discontinued treatment **because** the patient regained full function of the affected limb. (The conjunction “because” renders the connection between these clauses clear and unequivocal.)

- If using abbreviations, expand abbreviations at first mention, noting the abbreviation in parentheses immediately following the expansion:

The American Physical Therapy Association (APTA) . . .
Magnetic resonance imaging (MRI) . . .

- In nearly all instances, express numbers with numerals:

Teams 1 and 2 failed to score 5 times out of 7.

BUT:

- Spell out numbers that begin sentences, titles, headings, or subtitles.
 - Spell out common fractions (one third, one half), but use numerals for mixed fractions ($1\frac{1}{2}$, $2\frac{3}{4}$).
 - Spell out ordinals *first* through *ninth*.
 - Retain spelled-out numbers in quoted materials.
 - Spell out numbers used as pronouns: She was talking to the tall one.
- Do not confuse the words *sex* and *gender*. When referring to an inherently biological aspect of “male” or “female,” use *sex*; but when referring to a culturally determined consequence of being biologically “male” or “female,” use *gender*:

The results of the study suggest a strong link between sex and the incidence of osteoporosis, with women much more likely than men to exhibit signs of the condition.

Statistics indicate a narrowing of the gap between the earnings of men and women, a sign that gender is losing its grip on the American wage scale.

- Aim for sex-neutral and gender-neutral language. When writing about patients, physicians, physical therapists, or people in general, use the plural form in order to avoid using “he” or “she” when sex or gender is irrelevant.

Avoid: The patient who resists active participation in his treatment . . .

Preferred: Patients who resist active participation in their treatment . . .

- Pronouns must agree with their subjects. Do NOT use a plural pronoun with a singular subject:

Correct: Give the patient his medicine.

Incorrect: Give the patient their medicine. (Note: Writers sometimes use this technique to avoid using “his” or “her.” While the Section prefers the use of sex-neutral and gender-neutral language, the conventions of standard English cannot be sacrificed in the process.)

- Hyphenate temporary compounds used as adjectives:

The glass was **one-half** full.

The writer signed a **long-term** contract.

The researchers were proud of their **state-of-the-art** laboratory.

BUT do not use a hyphen if the phrase follows the noun:

The new drug reduced the rate of recurrence by one half.

The laboratory equipment was state of the art.

- DO hyphenate compounds using (1) ex, all, self, (2) prefixes preceding proper nouns, numbers, and abbreviations, and (3) compound numbers:

all-inclusive	34-year-old woman
ex-wife	pre-1970 studies
self-limited	Thirty-six patients . . .

- Avoid separating verb phrases and infinitives:

Correct: They **also** can be used. (the verb phrase “can be used” remains intact)

Incorrect: They can **also** be used. (“also” splits the verb phrase)

An exception occurs when clarity is better served by the split infinitive.

Ambiguous: Don vowed **to promote** exercising vigorously. [Is it the exercising or the promotion of exercising that is vigorous?]

Clearer: Don vowed **to** vigorously **promote** exercising.

Or: Don vowed **to promote** vigorous exercise.

Miscellaneous tips

- Add muscle after the muscle name each time it is used throughout the monograph.
- Use a comma after each word in a series: run, jump, and slide
- Do not use periods with abbreviations for academic degrees or titles: PT, PhD, MS,
- According to APTA list credentials as follows: PT/PTA, highest earned academic degree, specialist certification in alphabetical order, other credentials external to APTA, other certification or professional honors.
- Do not use periods with units of measure: lb, mm, cm
- Include information regarding the manufacturer or supplier and locations when using a trademarked name (Thera-Band, Plyo-Sled) but do not use the registered trademarks ® or ™.
- Do not use periods with ie, et al, or eg, but DO use periods with a person’s initials in the text (unlike initials in a reference list, with which periods are not used):

A. A. Milne, E. B. White, H. L. Mencken, John F. Kennedy

- Do not include slashes (/) between words. Instead replace slashes with a word (ie, “and” or “or”) or rewrite the sentence.
- Place quotation marks outside other punctuation marks, except in the cases of colons and semicolons:

“ . . . degeneration of the disk.” (not “. . . degeneration of the disk”.)

BUT “. . . degeneration of the disk”: (not “. . . degeneration of the disk:”)

and “. . . degeneration of the disk”; (not “. . . degeneration of the disk;”)

- Different **from**, NOT different **than**

- Place superscripted reference notations outside all punctuation at the end of a sentence—with the exception of colons and semicolons:

“ . . . degeneration of the disk.”⁷

“ . . . degeneration of the disk”⁷:

“ . . . degeneration of the disk”⁷;

- *lie* does not require an object: I will lie here.
lay does require an object: I will lay the book here.
- *continuous* means without interruption; *continual* means off and on
- *ie* implies that the items that follow are specific and inclusive; *eg* means “for example” and is not inclusive.

Medical

The *American Medical Association Manual of Style, 10th Edition* discusses the standards of medical and scientific writing in depth, but only the most common usage errors we encounter are provided here. A medical dictionary is a useful tool for Independent Study Course writers (*Dorland’s* and *Stedman’s* are 2 of the most popular).

Vertebral nomenclature

- In accordance with the AMA style, the Orthopaedic Section uses the spelling “disk” rather than “disc.”
- Do not use a hyphen between the letter and number used to identify vertebrae, eg, “L5” not “L-5.”
- Use a hyphen to identify intervertebral spaces and intervertebral disks (T2-3 refers to the **space** between T2 and T3; in order to identify the T2-3 **disk**, you must include the word *disk*).
- For a range of vertebrae, name the first and last vertebra, eg, C2 through C6. Do not take the “C2 through 6” shortcut: specify the letter in both.

Radiological terms

- The terms *radiograph* and *x-ray film* are synonymous and refer to the film image produced through the process known as *radiography*. But radiographs and x-ray films are not the same as *x-rays*, because the x-rays themselves, of course, are invisible! So, when referring to a film image, do not use the term *x-ray*; instead, use the term *radiograph* or *x-ray film*.
- Unless used at the beginning of a sentence, do not capitalize the “x” in x-ray.

Bacterial nomenclature

- Capitalize the genus name and lowercase the species; italicize both:

Staphylococcus aureus

Streptococcus pyogenes

Salmonella enterica

- Following first mention, the genus name may be abbreviated (no period) when used with species:

S aureus

S pyogenes

S enterica

- BUT lowercase plural forms and do not italicize:

staphylococci

streptococci

Eponyms

The Orthopaedic Section has adopted the use of nonpossessive eponyms. This convention can seem strange at first; however, the trend toward nonpossessive eponyms is becoming the rule in scientific and medical writing.

Parkinson disease (BUT parkinsonian symptoms—no capitalization)

Down syndrome

- When deletion of the possessive is awkward, eg, “Wolff law,” use the word “the” prior to the term: the Wolff law
- Note that proper names are capitalized, but “disease,” “syndrome,” and “law” are lowercased

Miscellaneous

- Do not refer to tests as “negative” or “positive”; rather, tests are negative or positive FOR something:

Incorrect. The radiograph was negative.

Correct. The radiograph was negative for fracture.

- Use the phrases *side effects* and *adverse effects* with care. A side effect is not necessarily an adverse effect. In fact, some medications are prescribed precisely for their beneficial side effects.
- Authors often erroneously refer to imaging studies or laboratory tests as *suspicious* for some abnormality. The term *suspicious*, however, means that the study or test is suspect—that for some reason it is not to be trusted. In most cases, the term that should be chosen instead of *suspicious* is *suggestive*:

The patient's symptoms were suggestive of . . .

The laboratory findings were suggestive of . . .