

Orthopaedic Physical Therapy Practice

Instructions to Authors

Christopher J. Hughes, PT, PhD, OCS, Editor
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1. *Orthopaedic Physical Therapy Practice (OPTP)* serves as a publication option for articles pertaining to clinical practice as well as governance of the Orthopaedic Section and corresponding Special Interest Groups (SIGs). Articles describing treatment techniques as well as case studies, small sample studies and reviews of literature are acceptable. Papers on new and innovative technologies will also be considered for publication. Language and format of articles should be consistent with the *Guide to Physical Therapist Practice*.

All SIG newsletter submissions must first be edited and approved by the SIG representative for suitable content prior to submission to OPTP Editors. Articles should adhere to a 2700 maximum word count (~3 printed pages), limit figures and/or tables (permissions to reprint must be obtained for borrowed material), and adhere to the AMA style, 10 ed. for references.

2. Manuscripts should be reports of personal experiences and written as such. Content should emphasize clinical application and patient care. Though suggested reading lists are welcomed, references should be kept to a minimum with the exception of reviews of literature. All authors are required to sign a consent form indicating verification of original work and this form must accompany the article at the time of submission. This form can be found on the Orthopaedic Section web site (www.orthopt.org) under the *Orthopaedic Physical Therapy Practice* link. Authors are solely responsible for proper citation of work and avoiding any issues with copyright infringement related to writing or use of images or figures. For more information on plagiarism, authors may find the following resources helpful:

<http://www.plagiarism.org/>
<http://www.turnitin.com/>

3. Presentation of Research

OPTP welcomes research studies as well as case study reports. However, the primary focus should highlight clinical relevance with regard to evaluation, treatment, or patient outcomes. To insure this objective, the final heading of the paper should be titled "Clinical Applications." Studies involving human subjects must have successfully met the requirements and been approved through an institutional review board. Case reports involving 3 or fewer subjects must follow HIPAA guidelines in protecting the privacy of subjects. For more information, access the following: <http://www.hhs.gov/ocr/hipaa/>

4. Article Review Process

All initial reviews are done by the editor or associate editor and the managing editor. Recognized experts may also be queried to review topics in their areas of expertise. Articles are reviewed in the order in which they are received. Authors will receive a confirmation of the submission and will be updated on the article status when the review process is completed. A schematic of the review process is attached.

5. Manuscript Preparation Guidelines

Title Page - include the author's name, degree, title, current place of work or affiliation, corresponding address, phone and FAX numbers, and E-mail address.

Abstract - 150 words or less using double space format. Abstracts at a minimum should include the following headings: Background and Purpose, Methods, Findings, Clinical Relevance, Conclusion.

Key Words – provide a list of 3 to 4 pertinent words in alphabetical order; NOTE: do *not* repeat words that are part of the title

Format – text should be double-spaced, use a 12-point font; margins should be 1 inch on each side. As a guide, documents should be ~3,600 words. Article word count can be more or less as long as you adequately cover the content. Headings should be formatted as follows:

MAIN HEADING

Secondary Heading

Tertiary heading

Citation of Reference List –examples of most common citations types are provided below. For more complex citations, please refer to the *American Medical Association Manual of Style*, 10th ed. 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. Only references cited in the paper should be listed. **Do not use any form of footnotes, endnotes, or reference manager.**

Journal Articles

16. Ferguson CT, Cherniack RM. Current concepts: management of COPD. *N Engl J Med*. 1993;328:1017-1022.
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.

Books

18. Steindler A. *Kinesiology of the Human Body Under Normal and Pathological Conditions*. Springfield, Ill: Charles C. Thomas; 1995:63-64.

Abbreviate United States state and territory names as specified in the *American Medical Association Manual of Style*—NOT according to the United States Postal Service abbreviations.

Editor(s) as author:

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

Reference to part of 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.

Web Sites

21. Health on the Net Foundation. Health on the Net Foundation code of conduct (HON code) for medical and health web sites. www.hon.ch/conduct.html. Accessed June 26, 2014.

Items Presented at a Meeting, but not Published

22. 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.

Material Accepted for Publication but Not Yet Published

23. 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 the heart rate (J.F. Jones, unpublished data, September 2008).

Personal Communication

- Do not include personal communication in the reference list but instead include it within the text.
In a conversation with MK Smith (June 2011)...

Format and Presentation of Figures, Graphics, and Tables

Figures and Graphics

- Figures should be submitted as electronic graphic files in TIF, JPG, EPS, or PDF format, with the resolution set at a minimum of 300 dpi. A photo release form must accompany any photographs where patients may be seen. Figure legends may be phrases or complete sentences, capitalized in sentence case, and end with a period:

Figure 2. Kinesthetic testing using an electronic inclinometer.

If electronic formats are not available to you, figures must be submitted as 5" x 7" camera-ready glossies and mailed to the Section Office. Figures should be numbered consecutively. For helpful guidelines on submitting figures online, visit Cadmus Journal Services (<http://www.cadmus.com/>). Lettering should be large, sharp, and clear, and abbreviations used within figures should agree with Journal style. Color photographs are encouraged but must be of excellent resolution and good contrast.

- Legends to Figures. Type all legends on one page after the reference list and tables.

- Tables should be formatted in Word and placed together at the end of the manuscript, after the references. Tables should be numbered consecutively. Refer to recent issues for acceptable table formats.

Tables – provide tables to present information more clearly and concisely than if presented in the text. Table titles are usually written as phrases. They are capitalized in title case and do not employ terminal punctuation:

Table 1. Symptoms of Chronic Fatigue Syndrome

4. Manuscripts are only accepted electronically. Save your monograph in Microsoft Word or plain text format. If figures cannot be sent electronically then prepare the content of any original photographs and artwork for shipment. Include a cover letter with photographs or artwork indicating author and title of the paper. Send to:

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