INSTRUCTIONS TO AUTHORS

1. AIMS AND SCOPE
Clinics in Orthopedic Surgery (CiOS; ISO abbreviation: Clin Orthop Surg), the official English journal of the Korean Orthopaedic Association (KOA), is an international, peer-reviewed journal launched in 2009. The journal intends to serve as a source of information and education for orthopedic surgeons and readers. It covers all clinical fields of orthopedic surgery including epidemiology, regenerative medicine, stem cell therapy, robotic surgery, and other computer assisted surgical technology, as well as clinically relevant basic research. It is a quarterly journal published in March, June, September, and December. Number of circulation of print copies is 2,000.

The journal aims to promote communication regarding orthopedic problems and advanced patient care. All manuscripts should be creative, informative, and useful for the diagnosis and treatment of orthopedic conditions. Articles in the following categories will be published: original articles, case reports, invited review articles, editorials, special reports, and letters to the Editor. All submissions, reviews, and decisions are processed on-line (http://ecios.org, http://cios.kr, http://ecios.kr).

2. POLICIES
A. Open Access Policy
CiOS is an open access journal. Articles are distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits unrestricted use, distribution, and reproduction in any medium for non-commercial purpose, provided the original work is properly cited. It also follows the open access policy of PubMed Central at United States National Library of Medicine (https://www.ncbi.nlm.nih.gov/pmc/). All the content of the journal is available immediately upon publication without embargo period.

B. Archiving Policy
Full text of CiOS has been archived in PubMed Central (PMC)/Europe PMC (https://www.ncbi.nlm.nih.gov/pmc/journals/971/) from the 1st issue of Volume 1, 2009.

According to the deposit policy (self-archiving policy) of Sherpa/Romeo (http://www.sherpa.ac.uk/), authors cannot archive pre-print (i.e., pre-refereeing), but they can archive post-print (i.e., final draft post-refereeing). Authors can archive publisher's version/PDF.

C. Detailed Description of Use of Articles of CiOS
- Reader Benefit: Publisher applies the Creative Commons Attribution Non-commercial license to works it publishes & allows free immediate access to, and unrestricted reuse of, original works of all types for non-commercial purpose.
- Reuse Benefit: Publisher applies the Creative Commons Attribution Non-commercial license to works it publishes & allows free immediate access to, and unrestricted reuse of, original works of all types for non-commercial purpose.
- Copyrights: Publisher applies the Creative Commons Attribution Non-commercial license to works it publishes. Under this license, although publisher retains ownership of the copyright for content, it allows anyone to download, reuse, reprint, modify, distribute and/or copy the content for non-commercial purpose.
- Author Posting Benefit: Publisher applies the Creative Commons Attribution Non-commercial license to works it publishes. Under this license, although publisher retains ownership of the copyright for content, it allows anyone including author to download, reuse, reprint, modify, distribute and/or copy the content for non-commercial purpose.
- Machine Readability: CiOS articles can be accessed programmatically through PubMed Central, or Europe PMC's RESTful Web Service (https://europepmc.org/RestfulWebService). For inquiries, please contact editor (os-korea@clinicsos.com).

D. Data Sharing
CiOS encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

3. LANGUAGE
All manuscripts should be written in English.

4. PEER REVIEW
The papers will be peer-reviewed by two accredited experts in the orthopedic field. The Editor-in-Chief is responsible for final decisions regarding the acceptance of a peer-reviewed paper.

5. RESEARCH AND PUBLICATION ETHICS
For the policies on the research and publication ethics not stated in these instructions, Guidelines on Good Publication (http://publicationethics.org/resources/guidelines), Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org) or Good Publication Practice Guidelines for Medical Journals (https://kamje.or.kr/) can be applied.

A. Conflict-of-Interest Statement
Authors of manuscripts must disclose any potential conflicts of interest at the time of submission. Statements on conflict of interest have no influence on the editorial decision to publish. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf).

B. Authorship and Author’s Responsibility
The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal’s administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information should questions about the paper arise after publication.

Authors are responsible for the whole content of each article. Co-authorship should be based on the following 4 criteria: (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; (2) Drafting the work or revising it critically for important intellectual content; (3) Final approval of the version to be published; and (4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

If any persons who do not meet above four criteria, they may be placed as contributors in Acknowledgements section. CiOS accepts notice of equal contribution for the first author, but does not allow multiple corresponding authors.

C. Originality and Duplicate Publication
Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere. Redundant or duplicate publication of a paper may be considered acceptable under specific circumstances according to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org).

• Similarity Check: CiOS is a member of Crossref (powered by iThenticate). Similarity Check is a multi-publisher initiative to screen published and submitted content for originality. Accepted manuscript will be screened against the Crossref database.

D. Registration of Clinical Trial Research
Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as Korea Clinical Research Information Service (CRiS, http://cris.nih.go.kr), other primary national registry sites accredited by World Health Organization (http://www.who.int/ictrp/network/primary/en/) or ClinicalTrial.gov (http://clinicaltrial.gov/), a service of the US National Institutes of Health.

E. Statement of Informed Consent
Copies of written informed consent and Institutional Review Board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

F. Statement of Human and Animal Rights
Clinical research should be done in accordance of the the Helsinki Declaration (http://www.wma.net). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Human subjects should not be identifiable, such that patients’ names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects,
research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

G. Process to Manage the Research and Publication Misconduct

When the Journal faces suspected cases of research and publication misconduct such as duplicate publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problem with a submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and etc., the resolving process will be followed by flowchart provided by the Committee on Publication Ethics (http://publicationethics.org/resources/flowcharts). The discussion and decision on the suspected cases are done by Editorial Board.

H. Editorial Responsibilities

Editorial board will continuously work for monitoring/safeguarding publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standard; publishing corrections, clarifications, retractions and apologies when needed; no plagiarism, no fraudulent data. Editorial board checks manuscripts to confirm the originality of text through Similarity Check. If the value of similarity index is unexpectedly high, it will be screened more precisely on plagiarism or duplicate publication.

Editors are always keeping following responsibilities: responsibility and authority to rejected/accept article; no conflict of interest respect to articles they reject/accept; acceptance of a paper when reasonably certain; promoting publication of correction or retraction when errors are found; preservation of anonymity of reviewers.

6. SUBMISSION OF MANUSCRIPT

A. Online Submission

• Manuscript submission is only available through the on-line manuscript submission center at http://www.clinicsos.com/Login.html.

• All manuscripts should be submitted as MS-Word files, and will be converted into PDF files on site. Authors should check converted files before final submission.

B. Financial Disclosure and Copyright Transfer

All authors must sign and scan a copy of the journal’s “Financial Disclosure and Copyright Transfer” form, which is available on-line on the submission page. The completed form should be submitted at the time of manuscript submission.

7. PREPARATION OF MANUSCRIPT

Authors are required to submit their manuscripts after reading the following instructions. Any manuscript that does not conform to the following requirements will be considered inappropriate and may be returned.

A. General Requirements

• Manuscripts must be submitted as MS-WORD files. The text should be typed in 10-point font and double-spaced.

• If a long-term follow-up is needed, given the scope of the study, it should be performed over two years.

• All pages and manuscript text with line should be numbered sequentially, starting from the abstract.

• To facilitate blind peer review, the manuscript must not contain the name of any author or institution.

• Measurements should be presented in accordance with the International System of Units (SI).

• Abbreviations should be minimized. When necessary, spell out the full term the first time it appears in the text, add the abbreviation in parentheses, and use the abbreviation thereafter.

• To cite a reference with an author in the text, insert the author’s surname only and the citation number in superscript. e.g., Brown1) For a reference with two authors, list both names in the citation. e.g., Brown and Copper2) For a reference with three or more authors, use ‘et al.’, e.g., Brown et al.3) The end of a sentence should be indicated by a citation number, not by a period or a comma. e.g., described.

• If two or more citation numbers are required, separate numbers with a comma (,) or a dash (-). e.g., Boyes1-3) Chapman1,2,7)

B. Title Page

The title page should contain the full title of the paper, the names of the authors, the academic degrees, and the institutions of the authors, institutional addresses, and open researcher and contributor ID (ORCID) of all authors. If authors are at different institutions, first present the institution where most of the work was carried out, and indicate individual departments and institutions by inserting a superscript letter immediately after the author’s name, and the same letter in front of the appropriate institution. To have ORCID, authors should register in the ORCID web site available from: http://orcid.org/. Registration is free to every researchers in the world. The
name, address, e-mail address, telephone, and fax number of the corresponding author should be placed in the lower portion of the title page. The title should be expressed briefly, clearly, and concisely. It is not necessary to lead with expressions like “clinical research on –” or “the study on –.”

C. Abstract
Each paper should start with an abstract not exceeding 350 words. The abstract should state the background, methods, results, and conclusions in each paragraph in a brief and coherent manner. Relevant numerical data should be included. Under the abstract, keywords should be inserted (maximum 5) and listed in the following order: anatomical name (illness), diagnosis, and treatment, for example, femoral head, avascular necrosis, core decompression, for a paper entitled, “Core decompression for the treatment of avascular necrosis of the femoral head.” Authors are recommended to use the MeSH database to find Medical Subject Heading Terms at http://www.nlm.nih.gov/mesh/meshhome.html. The abstract should be structured into the following sections.
1) Background: The rationale, importance, or objective of the study should be described briefly and concisely in one to two sentences. The objective should be consistent with that stated in the Introduction.
2) Methods: The procedures conducted to achieve the study objective should be described in detail, together with relevant details concerning how data were obtained and analyzed and how research bias was adjusted.
3) Results: The most important study results and analysis should be presented in a logical manner with specific experimental data.
4) Conclusions: The conclusions derived from the results should be described in one to two sentences, and must match the study objective.
References are not allowed in the abstract.

D. Introduction
State the background or problem that led to the initiation of the study. Lead systematically to the hypothesis of the study, and finally, to a restatement of the study objective, which should match that in the Abstract. Do not include conclusions in the Introduction.

E. Methods
Institutional Review Board (IRB) approval, when applicable, must be stated. Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration of the study) and the study population (demographics, length of follow-up). Explanations of the experimental methods should be concise, but yet enable replication by a qualified investigator.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

F. Results
This section should include detailed reports on the data obtained during the study. All data in the text must be presented in a consistent manner throughout the manuscript.

G. Discussion
In the Discussion, data should be interpreted to demonstrate whether they affirm or refute the original hypothesis. Discuss elements related to the purpose of the study and present the rationales that support the conclusion drawn by referring to relevant literature. Care should be taken to avoid information obtained from books, historical facts, and irrelevant information. A discussion of study weaknesses and limitations should be included.

H. Acknowledgements
All persons who have made substantial contributions, but who have not met the criteria for authorship, should be acknowledged here. All sources of funding for the study should be stated here explicitly.

I. References

- The number of references is limited to 30 for original article and 10 for case report and technical note.
- The references should be numbered according to the citation order in the text (not alphabetically).
- All references must be cited in the text.
- Non-published findings and personal communications should not be included in the list of references.
- References to journal articles should conform to the journal title abbreviations used in the Index Medicus.
- List names of all authors when six or fewer. When seven or more, list only the first three names and add et al.
- Authors should be listed by surname followed by initials.
• Examples of references are as follows:

1) Journal article

2) Supplement

3) Book

4) Book chapter

• For more on references, refer to the NLM Style Guide for Authors, Editors, and Publishers.

J. Tables
• Tables should be numbered sequentially with Arabic numerals and given a brief title. Use capital letters for the first letter of each word in the title, except articles, prepositions, and conjunctions.
• Tables should be numbered in the order in which they are mentioned in the text.
• If an abbreviation is used in a table, it should be defined in a footnote below the table.
• The symbols should be used in the following order: *, †, ‡, §, ||, ¶, ‡‡. Each symbol must be defined in a footnote.
• Tables should be understandable and self-explanatory, without references to the text.

K. Figure Legends
• Illustrations should be numbered in the order in which they are mentioned in the text (e.g., Fig. 1).
• Each illustration should have a brief and specific legend, which should be listed on a separate manuscript page after references.
• Staining techniques used should be described. Photomicrographs with no inset scale should have the magnification of the print in the legend.

L. Illustrations
• Papers containing unclear photographic prints may be rejected.
• Each figure should be prepared in a separate file (e.g., Fig 1.jpg).
• The name of an image file should match the figure number, such as Fig 1.eps. If a figure contains two or more photographs, they should be assigned an Arabic numeral followed by letters in the English alphabet. Example: Fig 1A, Fig 1B
• Submit illustrations on-line in JPEG, GIF or PPT format. Do not embed images into the text file.
• Figures may be halftone photographs or black on white line drawings. Color images will be accepted only when essential. Remove any writing that could identify a patient.
• If a manuscript is accepted for publication, the journal will request high quality figures in TIFF or EPS format. When using a digital camera, set the resolution to a minimum of 300 ppi (pixels per inch), and set the size of the image to 5 × 7 in (127 × 178 mm). Color and grayscale images, such as radiographs, must have a minimum resolution of 300 dpi, and line art drawings must have a minimum resolution of 1200 dpi.
• Any illustrations previously published should be accompanied by the written consent of the copyright holder.

8. OTHER TYPES OF MANUSCRIPTS
All other types of manuscripts should meet the above-mentioned requirements.

A. Review Articles
Review articles should focus on a specific topic. Publication of these articles will be decided upon by the Editorial Board.

B. Case Reports
Authors are warned that these have a high rejection rate.
• Abstract: The Abstract should not exceed 150 words, and must be written as one unstructured paragraph. In other words, Introduction, Materials and Methods, Results, and Conclusions must not be paragraphed in the Abstract.
• Introduction: The reason for reporting the case should be stated in a clear and cohesive manner. It is not necessary to use the word “introduction.”
• Case report: This section should include relevant elements, such as, patient history and treatment.
• Discussion: Discussion should focus on the case and pertinent literature.
• References: References should not exceed 10.
C. Technical Notes
Technical notes should not exceed 1,500 words. The abstract should be an unstructured summary not exceeding 150 words. The body of these manuscripts should consist of Introduction, Technique, Discussion, References, and Figures/Figure legends and tables (if applicable). References should not exceed 10. A maximum of 3 figures and 1 table are allowed.

D. Editorials
Editorials are invited by the editors and should be commentaries on articles published recently in the journal. Editorial topics could include active areas of research, fresh insights, and debates in the field of orthopedic surgery. Editorials should not exceed 1,000 words, excluding references, tables, and figures.

E. Brief Communications
Brief communications are short articles describing important clinical or experimental findings or great advances. A brief communication should be organized in the same way as original articles and should be limited to 1,500 words. The number of tables and figures in total should not exceed two.

F. Letters to the Editor
The journal welcomes readers’ comments on articles published recently in the journal or orthopedic topics of interest.

G. Special Reports
Special reports are miscellaneous articles of special interest to the medical community. They are limited to 2,700 words excluding references, tables, and figures.

9. STANDARDS FOR REPORTING
For the specific study design, such as randomized control study, study of diagnostic accuracy, meta-analysis, observational study and non-randomized study, authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (https://www.equator-network.org/) and the NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

10. AUTHOR’S CHECKLIST
- Manuscript in MS-WORD (.doc) format.
- Double-spaced typing with 10-point font.
- Sequence of title page, abstract and keywords, introduction, methods, results, discussion, acknowledgements, references, tables, and figure legends. All pages and manuscript text with line should be numbered sequentially, starting from the abstract.
- Title page with article title, authors' full name(s), academic degree(s), and affiliation(s), address for correspondence (including telephone number, e-mail address, and fax number), running title (less than 10 words), and acknowledgements, if any.
- Abstract in structured format up to 350 words for original articles and in unstructured format up to 150 words for case reports. Keywords (up to 5) from the MeSH list of Index Medicus.
- All table and figure numbers are found in the text.
- Figures as separate files, in JPG, GIF, or PPT format.
- References listed in proper format. All references listed in the reference section are cited in the text and vice versa.
- Covering letter signed by the corresponding author.