

Author guidelines
Orthopaedics & Traumatology: Surgery & Research
Revue de Chirurgie Orthopédique et Traumatologique

Orthopaedics & Traumatology: Surgery & Research (OTSR) and its French version *Revue de Chirurgie Orthopédique et Traumatologique (RCOT)* publish original scientific works in English and French related to orthopaedics from all domains. All the original articles, systematic reviews, meta-analysis, review articles, technical notes, concise follow-up of a former *OTSR* study are published in English and French (*OTSR-RCOT* does not publish Case reports): in English (*OTSR*) in electronic form only and in French (*RCOT*) in paper and electronic editions. Only the English version (*OTSR*) is indexed in international databases. Original articles must not have been published elsewhere or be simultaneously submitted for publication in another journal.

The journal agrees to use the “Uniform Requirements for manuscripts submitted to biomedical journals” (www.icjme.org). It also adheres to the rules developed by the Committee on Publication Ethics (COPE) and the recommendations of the French National Authority for Health (HAS).

Authors must submit an electronic version only of the article using the journal’s online submission site: <https://www.editorialmanager.com/otsr/>.

French-speaking authors should submit in French. Non-French-speaking authors can submit in either French or English.

All articles accepted and submitted in French will be translated from French to English by the Editorial Board. Manuscripts submitted in English will not be translated into French. When the original article is submitted in English, the corresponding French version in *RCOT* contains only the title (in French and English), the abstract in French or English, and the reference needed to access the full-text article. French speaking authors who submit an English manuscript will also be asked to submit a French version.

The author guidelines are the same for both languages. In consulting these guidelines, make sure that your article corresponds to the journal’s editorial rules before uploading your files to the submission site.

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1. TYPE OF SUBMISSION - SECTIONS

When authors submit their manuscript, they should specify the section in which they wish to be published: original article, review article, systematic review, meta-analysis, technical note, concise follow-up of a former *OTSR* study, letter to the Editor, professional practice (only in the French version). ***Orthopaedics & Traumatology: Surgery & Research* does not publish case reports.**

1.1 Original article

Fewer than 3,500 words including abstract, text, references, legend to figures, and tables.

An original study is a scientific report and therefore should adhere to the rigorous standards of an experimental research protocol in its methodology and its written presentation. It should contribute new and complete concepts, or challenge or confirm known concepts. When it reports on clinical research, it should indicate the effect its conclusions have on medical decisions because clinical guidelines may be based on these studies. When the article reports an experimental study, it should include a review of its clinical justification and point out any later practical applications should this be relevant. Original studies should therefore conform to the international standards and adhere to scientific style and structure (Introduction, Material and Methods, Results, Discussion) in the article's presentation.

1.1.1 General guidelines

Original articles are related to clinical or basic research regarding treatment, diagnosis, prognosis, or economic-decision analyses. **Registration of clinical trials is strongly recommended in an appropriate repository such as Clinical Trial (<http://clinicaltrials.gov>) or EUDRACT files (<https://eudract.ema.europa.eu/>).**

- Must be based on one hypothesis (exposed in the abstract and in the introduction) and follow the frame of “question-driven paper”: at the end of introduction as well as in the summary authors should expose one to four questions. The structure of results and discussion sections must include corresponding paragraphs answering to these questions and discussing the pertinence of this data (one paragraph of results and discussion chapters corresponding to one question). The questions should be precise (typically the best are those answered by yes or no) avoiding too general status (avoid questions “assess the functional results” “assess the radiological results”). Authors should prefer questions more accurate like “does the factors x modify the function after the y procedure” or “did the survival of the procedure is different according to x factors” or “does the mechanical strength of the device x is modified according to factors y in vitro”. Questions must be supported by corresponding variables in the abstract as well as in the material and methods and result chapters. Tables (sometimes figures) are the best way to support questions by introducing corresponding variables, the text summarizing the main results avoiding repeating all details (this is strongly recommended to downsize the manuscript length below 3,500 words all included).
- We strongly recommend to authors of observational studies reporting on patients (Level of Evidence III-IV) to follow the STROBE Guidelines (STrengthening the Reporting of OBservational studies in Epidemiology) and to give at the time of submission a fulfilled table confirming the authors about to these recommendations. This last feature is designed to improve general quality of submission as well as to facilitate dissemination of the paper and to help authors to do so.

[The STROBE Initiative](#) (see table to be filled and submitted with manuscript)

- Authors that submit randomized controlled trials (Level of Evidence I-II) as well as meta-analysis should follow and submit the checklist of the CONSORT (CONsolidated Standards of Reporting Trials) Group and a filled Consort flow diagram (<http://www.consort-statement.org/consort-statement/flow-diagram>).
- [Checklist of the CONSORT Group](#) (Checklist CONSORT)
- General Guidelines for Clinical Follow-up:
 - A minimum of 5 years of follow-up is mandatory for papers related to total joint arthroplasty with the exception of randomized case control study (for which a minimum 2 years is advised) or if unexpected complications or failures rates (without minimal follow-up).
 - A minimum of 2 years of follow-up is mandatory for papers related to infection (except in case of failure or unusual results). Criteria for infection healing and diagnosis must be clearly defined.
 - A minimum of 1 year of follow-up is mandatory for papers reporting trauma and 2 years for papers reporting management of ligament injuries (except in unexpected rate of failure).
 - A minimum time corresponding to median time for recurrence is recommended for papers reporting tumors.
 - For papers reporting mechanical or biological models (in vitro testing, finite element analysis, mechanical testing) there is no minimal time of follow-up required but reproducibility of the model and of criteria of assessment is strongly advised.
 - For pediatric papers reporting physal trauma or developmental pathology the advisable follow-up is the end of growth.
- All numerical results should further include the mean and SD, but especially extreme values (range values). Median is preferred with range when the population has a limited size. Do not give the % but the exact number or proportion followed by (%).

1.1.2 Detailed content

1.1.2.1 Title, Authors, Corresponding authors ([see 2.2.1](#))

1.1.2.2 Abstract

The abstract **must be structured** with the following five sections and should ideally be less than 350 words without exceeding 400 words.

- Background including the questions (one to four questions that will drive the building of the paper). It should be built as following: **one sentence of background, one or two sentences justifying the current study** (what does the current study address (controversy, new data,...)), and one or two **last sentences exposing the (one to four) questions of the study**.
- Hypothesis (related to the first that is the principal question).
- Patients and Methods (including minimal description of patients populations and methods (main variables related to questions) and the follow-up).
- Results (answers to questions in few sentences giving the results of the main variables related to questions).
- Discussion (synthesis of literature and findings).

Level of Evidence and study description for your primary research question.

Keywords: Three to five keywords in English should immediately follow the abstract, chosen among the English keywords of the [Index Medicus Medical Subject Headings](#).

A Graphical abstract and Highlights are highly encouraged: see [2.6.3](#) and [2.6.4](#)

1.1.2.3 Introduction

- All manuscripts must contain an Introduction, typically three paragraphs.
- We suggest one paragraph of background (citing relevant literature), one paragraph justifying the current study (what does the current study address (controversy, new data,...)), and a last paragraph dedicated to the questions of the study, followed by the hypothesis.
- The questions (one to four) that will drive the manuscript should be enumerated at the end of the introduction. The variables introduced in Material and Methods chapter should be related to these questions. The answers should be detailed in the abstract and a separate paragraph should be related to each question in results and discussion sections. The Results and Discussion sections should be built on the answers enumerated in the same order with a dedicated paragraph for each question.
- The first question is the most important, it should be related to the hypothesis of the work and is essential to determine the [Level of Evidence](#) and/or when appropriate in determining statistical power (randomized or case-control study).
- In this section, references to literature are mandatory.

1.1.2.4 Patients and Methods

Authors must provide the filled STROBE table (see <http://www.strobe-statement.org>) enclosed in the electronic submission. The Patients and Methods section should contain:

- A Subsection entitled (2.1) Patients including description of the population (selection of patients, inclusion-exclusion criteria, demographics, if based on biological study on cellular cultures or animals all important details should be provided) and the study design (retrospective or prospective, with or without control group). If randomized or case control a power analysis should be detailed.
- A subsection named (2.2) Methods including surgery or mechanical or biological description as well as description of postoperative treatment or methods for mechanical testing or biological cultures.
- A subsection entitled (2.3) Methods of assessment providing adequate description of variables supporting the aforementioned questions. Only variables directly related to the questions should be detailed. The variables should be enumerated in accordance with the order of appearance of questions (principal then accessories).
- Finally a subsection entitled (2.4) statistical analysis if any should conclude material and methods section. The description of statistics should analyze the variables related to the questions (separating descriptive and analysis study). The description of statistical analyses should be sufficient including the name of the test performed, the number (%) of missing values (only for main variables) as well as management of these missing values. Finally, the level of significance and the statistical software should be indicated. When necessary reproducibility of the measurements used for the main variables should be exposed here and the results in the head of the Results section.

1.1.2.5 Results

- When required expose here the results of reproducibility test to reinforce the validity of your study. It is particularly justified when a new method is used or in case of mechanical or biological model.
- Then expose the results regarding each question in a separate paragraph in the same order that previously given (i.e. begin with the main question and related variables then in a separate paragraph for the followings questions). Tables are the best way to expose results in detail in a concise manner staying below 500 required words for the Results section.
- An additional paragraph may contain additional unexpected results and complications.

1.1.2.6 Discussion

- Begin with the justification of your study (what does this study address: controversy or new data or experiments) and the results related to the first question (main result of the study). The authors should indicate if their hypothesis is confirmed or not.
- Then a separate paragraph should be dedicated to each question (from questions #2 to #4 according to the number of questions). In these 1 to 3 paragraphs (according to the number of questions) you must compare your results with previous studies from the literature. Tables should be adequate to write a concise and precise discussion when a large number of data are coming from the literature. By doing so your discussion could be limited to the most relevant features.
- In the last paragraph explore each major limitations of the study and justify why it does not jeopardize your results.

1.1.2.7 Conclusion

Expose in one to three sentences the core of your study and clinical relevance as well as the perspective of new studies that may complete the unsolved problems that raised at the end of your work. Please avoid the worn and too vague sentence “a prospective study is mandatory...”. This conclusion should underline in few sentences the major outcome of your study (i.e. what is really new, the message to take home).

1.1.2.8 Acknowledgements

Note any acknowledgments begin with “We thank...” and note the nature of the contribution. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

1.1.2.9 Funding, Disclosure, Contribution of coauthors

See [3. ETHICAL POLICIES](#)

1.1.2.10 References

See [2.2.6 References](#)

1.1.2.11 Tables and figures

See [2.2.7 Tables](#) and [2.3 Figures](#)

1.1.3 Strobe guidelines

To be used by authors of all observational clinical studies published in *OTSR*. For this purpose a cohort study (the term used by STROBE) is considered a longitudinal study typically reporting outcomes of treatment in one or more cohorts; a case-control study is one identifying factors in outcomes; a cross-sectional study is one to identify the prevalence of factors or characteristics in a population at a single point in time.

This checklist table is modified from The STROBE Initiative, www.strobe-statement.org and should be filled and submitted within the electronic submission. If included at the end of the manuscript, it is not included in the word count, but considered as an electronic annex.

	Item No	Recommendation	Please insert check where included or N/A where not applicable
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	<input type="radio"/>
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	<input type="radio"/>
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	<input type="radio"/>
Objectives	3	State specific objectives, including any pre specified hypotheses	<input type="radio"/>
Methods			
Study design	4	Present key elements of study design early in the paper	<input type="radio"/>
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, treatment, follow-up, and data collection	<input type="radio"/>
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	<input type="radio"/>

		(b) Cohort study—For matched studies, give matching criteria and number of treated and untreated	○
		Case-control study—For matched studies, give matching criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	○
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	○
Bias	9	Describe any efforts to address potential sources of bias	○
Study size	10	Explain how the study size was arrived at	○
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	○
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	○
		(b) Describe any methods used to examine subgroups and interactions	○
		(c) Explain how missing data were addressed	○
		(d) If applicable, explain how loss to follow-up was addressed	○
		(e) Describe any sensitivity analyses	○
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg, numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed	○
		(b) Give reasons for nonparticipation at each stage	○
Descriptive data	14*	(a) Give characteristics of study participants (eg, demographic, clinical, social) and	○

		information on other treatments and potential confounders	
		(b) Indicate number of participants with missing data for each variable of interest	○
		(c) Cohort study—Summarize follow-up time (eg, average and total amount)	○
Outcome data	15*	Report numbers of outcome events or summary measures over time	○
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	○
		(b) Report category boundaries when continuous variables were categorized	○
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	○
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	○
Discussion			
Key results	18	Summarise key results with reference to study objectives	○
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	○
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	○
Generalisability	21	Discuss the generalisability (external validity) of the study results	○
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	○

*Give information separately for cases and controls.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. Information on the STROBE Initiative is available at <http://www.strobe-statement.org>.

1.1.4 Consort guidelines for randomized trials

CONSORT 2010 checklist of information to include when reporting a randomised trial*.

When reporting randomised trial please follow CONSORT recommendations and systematically add a Flowchart adding to CONSORT frame.

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	<input type="radio"/>
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	<input type="radio"/>
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	<input type="radio"/>
	2b	Specific objectives or hypotheses	<input type="radio"/>
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	<input type="radio"/>
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	<input type="radio"/>
Participants	4a	Eligibility criteria for participants	<input type="radio"/>
	4b	Settings and locations where the data were collected	<input type="radio"/>
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	<input type="radio"/>
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	<input type="radio"/>
	6b	Any changes to trial outcomes after the trial commenced, with reasons	<input type="radio"/>
Sample size	7a	How sample size was determined	<input type="radio"/>
	7b	When applicable, explanation of any interim analyses and stopping guidelines	<input type="radio"/>
Randomisation			
	8a	Method used to generate the random allocation sequence	<input type="radio"/>

Sequence generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)	<input type="radio"/>
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	<input type="radio"/>
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	<input type="radio"/>
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	<input type="radio"/>
	11b	If relevant, description of the similarity of interventions	<input type="radio"/>
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	<input type="radio"/>
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	<input type="radio"/>
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	<input type="radio"/>
	13b	For each group, losses and exclusions after randomisation, together with reasons	<input type="radio"/>
Recruitment	14a	Dates defining the periods of recruitment and follow-up	<input type="radio"/>
	14b	Why the trial ended or was stopped	<input type="radio"/>
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	<input type="radio"/>
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	<input type="radio"/>
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	<input type="radio"/>
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	<input type="radio"/>
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	<input type="radio"/>

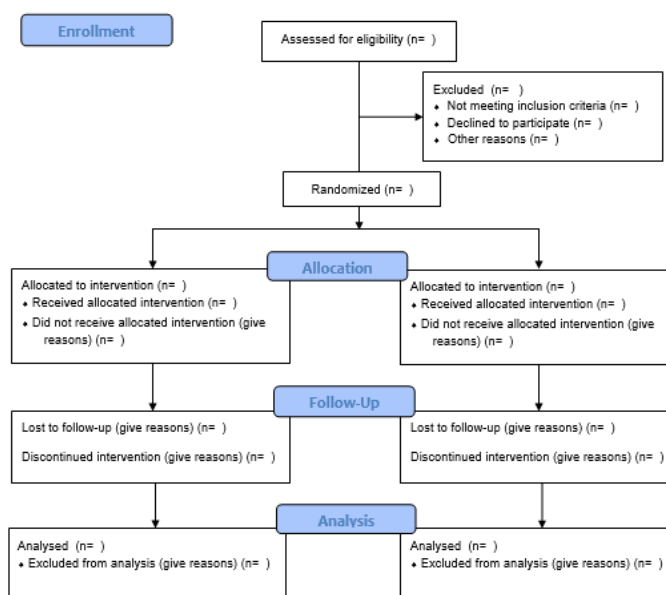
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	○
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	○
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	○
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	○
Other information			
Registration	23	Registration number and name of trial registry	○
Protocol	24	Where the full trial protocol can be accessed, if available	○
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	○

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

The filled Consort flow diagram (<http://www.consort-statement.org/consort-statement/flow-diagram>) is mandatory when reporting randomized studies.



CONSORT 2010 Flow Diagram



1.2 Review articles, Systematic Review, Meta-Analysis

A review article is based on an extensive critical analysis of the literature and focuses on a question that needs review because of the number of publications, their wide dispersion, or their heterogeneity (clinical, basic research, etc.). It should be no longer than 6,000 words and include an abstract no longer than 350 words. It is recommended to perform a systematic review of literature according to well-defined framework to increase the power of conclusions transforming this general Review article in an accurate Survey article. We discourage submission of non-focused general reviews.

1.2.1 General guidelines

- Must be based on the frame of a **question-driven text**: the authors should pose one to four specific questions in the Introduction and then have 2-4 corresponding paragraphs Results and Discussion sections. Questions should be supported by variables. The questions should be precise (typically the best are those answered by yes or no) avoiding too general status (avoid questions “assess the functional results” “assess the radiological results”). Authors should prefer questions more accurate like “does the factors x modify the function after the y procedure” or “did the survival of the procedure is different according to x factors” or “does the mechanical strength of the device x is modified according to factors y in vitro”. Questions must be supported by corresponding variables in the abstract as well as in the material and methods and result chapters. Tables (sometimes figures) are the best way to support questions by introducing corresponding variables, the text summarizing the main results avoiding repeating all details (this is strongly recommended to downsize the manuscript length below 6,000 words all included).
- **Survey articles** must have Introduction and Discussion sections. A Material and method is recommended defining the selection of paper (flowchart) and the method to extract data. The Results section must answer to the 1-4 enumerated questions in introduction section. Typically a specific paragraph should be dedicated to answer each question (sometimes additional paragraph could be added is mandatory according to the importance of selected questions or specificity of the topic, but the general frame should follow the order of enumerated questions at the end of introduction section)
- **It is recommended the Systematic reviews to follow** the Cochrane guidelines: see [Cochrane handbook for systematic reviews](#). Likewise, **it is recommended the Systematic reviews to follow** the [PRISMA checklist](#).
- **Meta-analyses** follow the QUORUM (Quality of Reporting of Meta-analyses) guidelines and should include a flow chart as shown in the article ([see article](#)) (Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. QUOROM Group. *Br J Surg*. 2000;87:1448-1454) as well as the Cochrane library recommendations
- Regarding Meta-analyses and systematic reviews we recommend inscription at [PROSPERO website](#). PROSPERO is an international database of prospectively registered systematic reviews in health and social care. Key features from the review protocol are recorded and maintained as a permanent record. PROSPERO aims to provide a comprehensive listing of systematic reviews registered at inception to help avoid duplication and reduce opportunity for reporting bias by enabling comparison completed review with what was planned in the protocol. PROSPERO includes protocol details for systematic reviews relevant to health and social care. Systematic review protocols on PROSPERO can include any type of any study design. Reviews of reviews and reviews of methodological issues that contain at least one outcome of direct patient or clinical relevance are

also accepted. Note that you need to register before completing data. Reviews that have progressed beyond that point and have been completed are not eligible for inclusion in PROSPERO. The aim of the register is to capture information at the design stage of a review. Full details of the scope of the register can be found here: <https://www.crd.york.ac.uk/PROSPERO>.

- All numerical results should further include the mean and SD, but especially extreme values (range values). Median is preferred with range when the population has a limited size. Do not give the % but the exact number or proportion followed by (%). In reviews and meta-analyses please report 95% Confidence intervals for each numerical values and percentages.

1.2.2 Detailed content

1.2.2.1 Title, Authors, Corresponding authors

[See 2.2.1](#)

1.2.2.2 Abstract

Abstract must be structured with the following five sections and should ideally be less than 350 words without exceeding 400 words.

- Background including the questions (one to four questions that will drive the building of the paper). It should be built as following: one sentence of background, one or two sentences justifying the current study (what does the current study address (controversy, new data,...), and one or two **last sentences exposing the (one to four) questions of the study.**
- Patients and Methods (including minimal description of selection of publications (years, criteria) as well as method for data extraction (main variables sustained to the enumerated questions).
- Results (answers to questions in few sentences giving the results of the main variables related to questions).
- Discussion (synthesis of literature and findings).

Level of Evidence Below Abstract provide a Level of Evidence and study description for your primary research question.

Keywords: Three to five keywords in English should immediately follow the abstract, chosen among the English key words of the Index Medicus Medical Subject Headings ([MeSH](#)).

A Graphical abstract and Highlights are highly encouraged: see [2.6.3](#) and [2.6.4](#)

1.2.2.3 Introduction (maximum of 300 words)

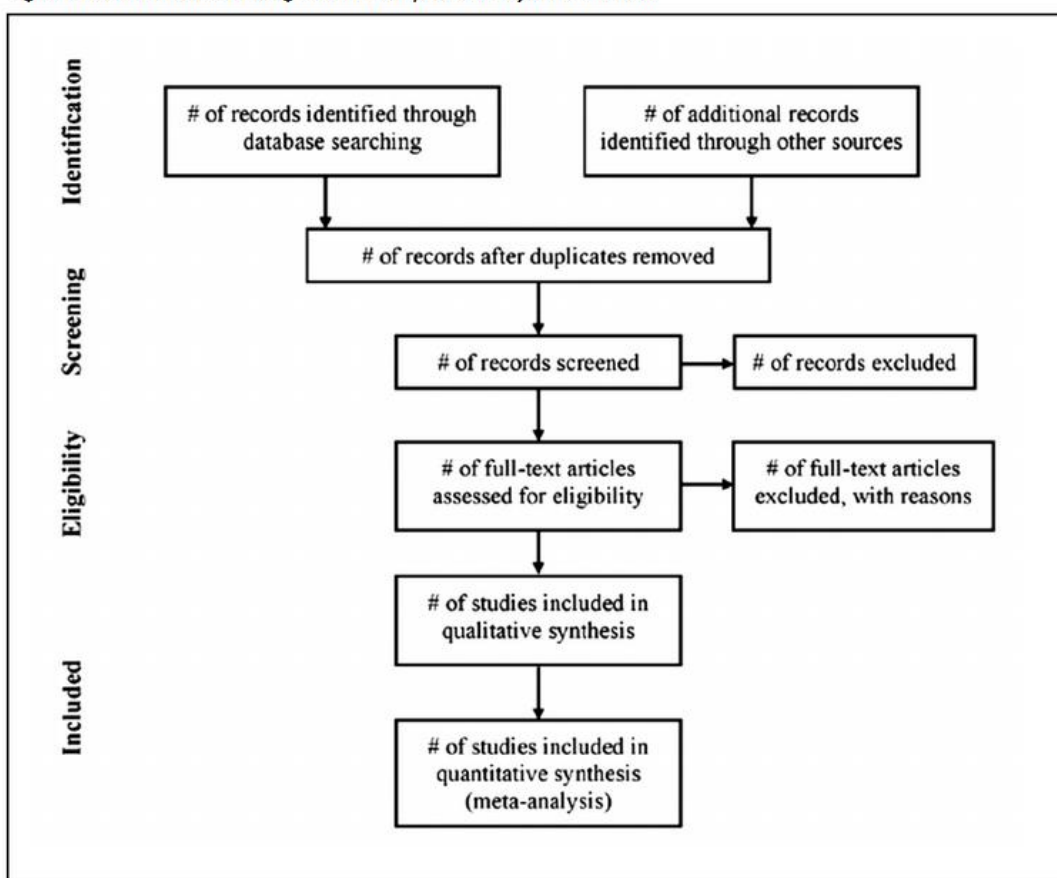
- We suggest one paragraph of background (citing relevant literature), one paragraph justifying the current study (what does the current study address (controversy, new data,...), and a **last paragraph dedicated to the questions of the study.**
- The **questions (one to four) that will drive the manuscript should be enumerated at the end of the introduction.** The variables introduced in Material and Methods chapter should be related to these questions. The answers should be detailed in the abstract and a separate paragraph should be related to each question in

results and discussion sections. The Results and Discussion sections should be built on the answers enumerated in the same order with a dedicated paragraph for each question.

1.2.2.4 Search Strategy and Criteria (Material and Methods section) (maximum 700 word)

- You need to specify all search engines (eg, MedLine, EMBASE, Google Scholar) and the limits (years, language, keywords, etc) and selection criteria.
- You should detail through a flowchart the number of papers selected initially, then the exclusion steps with the numbers left after each exclusion. This flowchart should be sufficiently precise in order the reader may adequately reproduce the selection. Note the number of initial articles you identified, then the numbers reduced by exclusion criteria.

Figure 1. Flow of information through the different phases of a systematic review.



- In studies reporting clinical results, describe how you judged study quality. Note the number of individuals who reviewed all studies, whether they reviewed them independently, and the parenthetically note (after the number of individuals) the initials of those persons evaluating the studies.
- Use of tables is recommended to limit as possible the length of the manuscript. Tables may synthesize the main results regarding the 1 to 4 questions enumerated at the introduction; the answers (from Result section) should be reported in the same order completing these tables.
- Statistical assessment should be detailed regarding variables under study. The description of statistics should analyze the variables related to the questions (separating descriptive and analysis study). The description of statistical analyses should be sufficient including the name of the test performed, the number (%) of missing

values (only for main variables) as well as management of these missing values. Finally, the level of significance and the statistical software should be indicated.

1.2.2.5. Results (maximum of 900 words)

- Ensure a one-to-one correspondence of questions raised in the Introduction and answers provided in Results. Expose the results regarding each question in a separate paragraph in the same order that previously given (i.e. begin with the main question and related variables then in a separate paragraph for the followings questions). Tables are the best way to expose results in detail in a concise manner staying below 500 required words for the Results section.
- When performing review or meta-analysis (including non randomized study) we recommend assessing the quality of these studies according the Newcastle Ottawa score. See the following for details http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp. A table resuming the Newcastle Ottawa score should be provided (indicating the number of stars for included studies).

1.2.2.6. Discussion (maximum of 1200 words)

- Begin with background and justification of your study (what does this study address: controversy or new data or experiments).
- Then a separate paragraph should be dedicated to each question beginning with the principal question. In these 1 to 4 paragraphs (according to the number of questions) you must compare your results with previous studies from the literature. Tables should be adequate to write a concise and precise discussion when a large number of data are coming from the literature. By doing so your discussion could be limited to the most relevant features.
- In the last paragraph explore each literature limitations and those specific to your review. Readers should understand what sorts of questions might be answered and which could not be. Underline why these limitations do not jeopardize your results.
- Bring to the reader the major controversies and unresolved issues from this review and end with a synthesis addressing the key questions.

1.2.2.7 Acknowledgments

Note any acknowledgments begin with “We thank...” and note the nature of the contribution. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

1.2.2.8 Funding, Disclosure, Contribution of coauthors

See [3. ETHICAL POLICIES](#)

1.2.2.9 References

See [2.2.6 References](#)

1.2.2.10 Tables and figures

See [2.2.7 Tables](#) and [2.3 Figures](#)

1.2.3 PRISMA Checklist

When performing a Review systematic analysis, please provide a filled copy of the [PRISMA Checklist](#).

Section/topic	#	Checklist item	Reported on page #
TITLE			○
Title	1	Identify the report as a systematic review, meta-analysis, or both.	○
ABSTRACT			○
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	○
INTRODUCTION			○
Rationale	3	Describe the rationale for the review in the context of what is already known.	○
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	○
METHODS			○
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	○
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	○
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	○
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	○
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	○
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	○

Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	○
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	○
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	○
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	○
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	○
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	○
RESULTS			○
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	○
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	○
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	○
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	○
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	○
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	○
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	○
DISCUSSION			○

Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	○
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	○
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	○
FUNDING			○
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	○

1.3 Technical note, Concise Longer Term Follow Up reporting, Letter to the Editor, Professional Practice

1.3.1 A Technical note article presents a technique, instrumentation, exploration method, or an assessment method that is truly new compared to earlier publications. Surgical techniques should be supported by sufficient experience and contain substantial illustrations, **including videos** ([see 2.6.1](#)). An evaluation or measurement method should specify how it was validated. A technical note should be no longer than 1,500 words and include an abstract no longer than 150 words.

1.3.2 A Concise format for reporting longer follow up is to be used when the original full-length article was published in Orthopaedics Traumatology Surgery and Research. It is fewer than 2500 words (all included). This format is dedicated to clinical studies, mainly in follow-up of arthroplasty, reconstruction or conservative procedure (i.e not designed for basic research, diagnosis, prognosis, or economic-decision analyses). The same cohort should be assessed at a minimum 5 or 10 years of follow-up interval. Regarding follow-up notes of level I-II studies, the number of clinical trial registration (ICT number (<http://www.clinicaltrials.gov/>) or EUDRACT files (<https://eudract.ema.europa.eu/>)) should be submitted within the submission.

1.3.3 A Letter to the Editor conveys a reader's comments on an article published in the journal that can report identical or opposite experience or complementary bibliographical information on the study reported. It aims to establish a dialogue between the journal's authors and readers. It is customary to print the original author's reply. It should be short (500 words) and precise to allow for a clear response.

1.3.4 Professional Practice. The contents and objectives of certain original articles related to professional practices do not correspond to studies on clinical medicine, surgical or investigative technique, or research, although they contribute useful information for medical practices. The topics they deal with do not usually satisfy the methodological and structural demands imposed on scientific articles. They should be no longer than 3,500 words. They belong to a section reserved for this type of article, which appears exclusively in the French edition.

2. RULES FOR SUBMISSION

Original articles should not have been published elsewhere or be simultaneously submitted for publication in another journal.

2.1 Article size

Brevity makes the article more accessible, readable, and comprehensible. The maximal number of words below includes the title and affiliations, abstract, text, references and legends.

- Original article: 3,500 words
- Review article: 6,000 words
- Systematic review, meta-analysis: 6,000 words
- Technical notes: 1,500 words
- Letter to the Editor: 500 words.
- Professional practice (*RCOT* only): 3,500 words

2.2 Text file

The text file comprises: the title page (title, authors; complete contact information) and the manuscript (the abstract and the English key words; text; references; tables and table legends; figure legends);

2.2.1 *First page: Essential title page information*

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. (Please use the vernacular language according to the country of the authors.)
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
- **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a "Present address" (or "Permanent address") may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

2.2.2 *Second page: Abstract, keywords, Abbreviations*

- **Abstract.** A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article,

so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

- Original articles and review articles: 350 words. The following sections must be included: Background, Hypothesis, Articles, Materials and Methods, Results, Discussion, and Level of evidence (with study design), according to the Center for Evidence based medicine. see also [1.1.2.2 Abstract](#) and [1.2.2.2 Abstract](#)
- Technical notes: 150 words.
- **Keywords.** Three to five keywords in English should immediately follow the abstract, chosen among the English keywords of the Index Medicus Medical Subject Headings ([MeSH](#)). Avoid general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.
- **Abbreviations.** Define abbreviations that are not standard in the field in a footnote to be placed on this second page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.
- **A Graphical abstract and Highlights are highly recommended:** see [2.6.3](#) and [2.6.4](#)

2.2.3 Manuscript

See [1.1.2 Detailed content](#) (for Original article), [1.2.2](#) (for Review article), [1.3](#) (for Technical note, Concise Longer Term Follow Up reporting, Letter to the Editor, Professional Practice)

2.2.4 Acknowledgements

2.2.5 Conflict of interest, disclosure statement, funding sources, contribution of authors

See [3. ETHICAL POLICIES](#)

2.2.6 References

2.2.6.1 The following seven rules must be followed:

- All references cited in the text must be included in the reference list.
- All the references in the reference list must be cited in the text by a number between square brackets.
- All the references should be accessible to the reader, which excludes personal communications, unpublished data, doctoral dissertations, and conference papers that have not been published. A reference with a URL can be used, with the date the site was accessed.
- The reference list should be supplied at the end of the manuscript; the references should be listed and numbered in the order they appear in the text using Arabic numerals.
- References to *Revue de Chirurgie Orthopédique* should cite:
 - before 1 January 2009: the French-language journal (*Rev Chir Orthop*), with the title in English
 - after 1 January 2009: only the English-language journal (*Orthop Traumatol Surg Res*)
- Journal titles are abbreviated following the U.S. National Library of Medicine nomenclature.

- Endnote® or Zotero® softwares may be used. EndNote Users: download the **OTSR tool** (and see **OTSR example**).
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Examples of references:

Journal article:

1. Cantin O, Lustig S, Rongieras F, Saragaglia D, Lefèvre N, Graveleau N, et al. Outcome of cartilage at 12 years of follow-up after anterior cruciate ligament reconstruction. *Orthop Traumatol Surg Res* 2016;102:857-61.

Journal supplement:

1. Flecher X, Olivier M, Argenson JN. Lower limb length and offset in total hip arthroplasty. *Orthop Traumatol Surg Res* 2016;102(1 Suppl):S9-20.

Book:

1. Mertl P, Hutten D. *La Prothèse totale de hanche dans tous ses états*. 1st ed. Paris: Elsevier Masson; 2017.

Book chapter:

1. Glick JM. Complications of hip arthroscopy by the lateral approach. In: Shermann OH, Minkoff J, editors. *Current management of orthopaedics: arthroscopic surgery*. Baltimore: W. Wilkins; 1990. p. 1-9.

Publication of conference papers:

1. Gouron R. La membrane induite chez l'enfant : technique et indications. In: Hutten D, editor. *Cahiers d'enseignement de la SoFCOT: Conférences d'enseignement 2015*. Paris: Elsevier Masson; 2015 [p.169-76].

Articles in press are cited as above, followed by the DOI.

Note shortened form for last page number. e.g., 51-9, and that for more than 6 authors the first 6 should be listed followed by 'et al.' For further details you are referred to the "Uniform Requirements for Manuscripts submitted to Biomedical Journals" (*J Am Med Assoc* 1997;277:927-34) (see also [Samples of Formatted References](#)).

2.2.6.2 Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is encouraged.

A DOI can be used to cite and link to electronic articles where an article is in-press and full citation details are not yet known, but the article is available online. A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. *Journal of Geophysical Research*, <https://doi.org/10.1029/2001JB000884>. Please note the format of such citations should be in the same style as all other references in the paper.

2.2.6.3 Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

2.2.6.4 Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

2.2.6.5 References in a special issue

Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue (where the submitted article will be published).

2.2.7 Tables with table legends and table footnotes at the bottom of the table (tables must be included in the main file and not provided separately). Any results that can be expressed typographically can be reported in tables, provided that they are clearly presented. For small clinical series, a summary table can display all the data for each of the observations. Each table must be cited in the text. Each table should be headed by an informative title and any explanations or notes relating to the units of measure, abbreviations, or statistics should be footnoted below the table. Tables should not be included in the body of the manuscript. They should be numbered in Arabic numerals in the order they are first cited in the text.

2.2.8 Figure captions or legends must be included in the main file after the tables. Ensure that each illustration has a caption or legend. Supply captions or legends separately, not attached to the figure. A caption or legend should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used. Figures themselves must be provided as separate files ([see 2.3 below](#)).

2.3 Figures

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- Make sure you use uniform lettering and sizing of your original artwork.
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- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
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- Use a logical naming convention for your artwork files.

- Provide captions or legends to illustrations separately. [See 2.2.8](#)
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2.4 Electronic Annex

Any complex tables, original data, scores, ethical issues (IRB registration,...) which cannot be directly published in the manuscript can be proposed as an electronic annex. It will be accessible *via* an electronic link. See also [2.6 supplementary material](#).

2.5 Statistics, units of measurement, trade mark, *terminologia anatomica*

The statistical methods used should be clearly presented to allow verification of all results reported.

All medications and other drugs should appear under their international non-proprietary name, with the trade name followed by ® in a footnote including the manufacturing laboratory and its head office. Surgical materials and implants should be listed under their generic name with a footnote stating the manufacturer's name, its head office, and the trade name of the device followed by ™.

Units of measurement for length, height, weight, and volume must be in the metric system or their multiples. Temperatures must be in degrees Celsius and blood pressure in millimeters of mercury. The haematological and biochemical measurements should be expressed according to the International System of Units. Any abbreviation or acronym is written out in full followed by the abbreviation in parentheses at its first mention in the text. Anatomical descriptions should use the international nomenclature (*Terminologia Anatomica*).

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In order to ensure that your video or animation material is directly usable, please provide the file in one of our recommended file formats with a preferred maximum size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including [ScienceDirect](#). Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our [video instruction pages](#).

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You have the option of converting any or all parts of your supplementary or additional raw data into one or multiple data articles, a new kind of article that houses and describes your data. Data articles ensure that your data is actively reviewed, curated, formatted, indexed, given a DOI and publicly available to all upon publication. You are encouraged to submit your article for **Data in Brief** as an additional item directly alongside the revised version of your manuscript. If your research article is accepted, your data article will automatically be transferred over to **Data in Brief** where it will be editorially reviewed and published in the open access data journal, **Data in Brief**. Please note an open access fee of 500 USD is payable for publication in **Data in Brief**. Full details can be found on the [Data in Brief website](#). Please use [this template](#) to write your Data in Brief.

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To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will

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Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

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Ethical policies are based on the Committee on Publication Ethics (COPE) and the International Committee of Medical Journal Editors (ICMJE). See also our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

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All studies involving human beings, human tissue from living donors, and confidential patient information must be

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All financing received for the research study from industry sources or academic institutions must be specified. If no financing was received for the study in question, this should also be stated.

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa]. It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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All of the publication's authors must disclose all relationships that could be viewed as potential conflicts of interest, **not only directly related to the article published but more generally to the field covered by the study** (see [ICMJE guidelines](#)).

Upon acceptance of publication, the authors will be asked to fill out the ICMJE disclosure of interest forms. **The corresponding author is responsible for collecting and reporting disclosures from all authors.**

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Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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