

Journal of Knee Surgery Author Instructions

Thank you for contributing to *Journal of Knee Surgery*. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:

<http://mc.manuscriptcentral.com/jks>

- AUTHOR INFORMATION**
 - All authors: full name, degrees, department, affiliation, e-mail address
 - Corresponding author: mailing address, telephone number
- MANUSCRIPT FILE**
 - Must be digital - hard copy submissions are not accepted
 - Double-space your paper
 - Use consistent font type throughout manuscript
- ABSTRACT AND KEYWORDS**
 - See the section Article Types for word limits
 - Abstract to include Introduction, Materials, Methods, Results and Conclusion. At the time of submission please paste your abstract text into "Abstract" box.
- REFERENCES**
 - Cited sequentially in AMA style
- FIGURES AND TABLES**
 - Cited sequentially and included at the end of the main document
 - Upload each figure and table separately (include the label with the figure and or table
 - Figure and table files follow your references
- ART FILES**
 - Must be saved separately from the main document
- PERMISSIONS**
 - Required if you plan to reproduce content from a published source or include a photograph of a patient
 - Patient permission forms available at www.thieme.com/journal-authors

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MANUSCRIPT FORMAT

Article Types

Journal of Knee Surgery accepts the following types of articles for publication, we no longer accept case reports, case studies or manuscripts based on meta-analysis.

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Abstract Limit	Keywords Limit	Title Limit
Original Article	Up to 325 words	3 to 5 keywords	15 to 30 words
Letter to the Editor	Up to 325 words	3 to 5 keywords	15 to 30 words
Special Section Article	Up to 325 words	3 to 5 keywords	15 to 30 words

General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript should be an MS Word document (Word 97-2003), with “.doc” extension.
- The manuscript, including the abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file. The title page should be contained as a separate file.
- Each figure and table should be correctly labeled and saved as its own separate file. **DO NOT** embed figures and/or tables within the manuscript file. This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.

MANUSCRIPT FORMAT *continued*

Title Page

- This journal adheres to a **double-blinded peer-review** policy. The title page should **not** be included in the main document.
- The title page should be in a separate document and list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degrees, title, department, and affiliation of every co-author.

Abstract and Keywords

See the section Article Types for word limits.

The abstract should be copied and pasted into the "Abstract Box" for easy access and should include a brief outline of the article including an introduction, materials, methods, results and conclusion. briefly outline the content of the article and any conclusions reached. The keywords should be words a reader would be likely to use in searching for the content of the article.

Main Document

- Please use continuous line numbers in your manuscript.
- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise **do not use multiple fonts and font sizes**.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.

Thieme Editing Services

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Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article in the main manuscript file, just before the Reference section, under the heading Acknowledgments. **Important:** Only the initials of author names should be used to refer the authors in the acknowledgment section and within the main text of the article.

Conflict of Interest

All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product. Should the article be accepted for publication, this information will be published with the paper. Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described,

reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

This journal follows the guidelines of the [International Committee of Medical Journal Editors](#) and an [ICMJE disclosure of potential conflicts of interest \(COI\) form](#) must be submitted for each author at the time of manuscript submission. Forms must be submitted even if there is no conflict of interest. It is the responsibility of the corresponding author to ensure that all authors adhere to this policy prior to submission.

A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict of Interest form. The disclosure information is important in article processing. If the provided forms are incomplete or missing, it can cause delays in publishing of article.

MANUSCRIPT FORMAT *continued*

References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
 - References follow the article text. Insert a page break between the end of text and the start of references.
 - References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
 - By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
 - List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
 - References should be styled per the following examples:
1. Citing a journal article:
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986;315:341–347
 2. Citing a chapter in a book:
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47–62
 3. Citing a book:
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559–596
 4. Citing a thesis:
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
 5. Citing a government publication:
Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
 6. Citing an online article:
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457–460. Available at: http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm. Accessed November 10, 1996
 7. Citing a symposium article:
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

MANUSCRIPT FORMAT *continued*

Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.)
- Figures are to be uploaded as separate files at the end of your manuscript – include figure number and legend.

Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables are to be uploaded as separate files at the end of your figures (if any) and include table numbers and legends.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, “Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.” (“Data from . . .” or “Adapted from . . .” may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

Color Art

- All color artwork should be saved in CMYK, not RGB. There are no charges for color art.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

SUBMISSION PROCEDURE

Submission Procedure

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Effective February 22, 2024, *Journal of Knee Surgery* no longer charges submission fees.
- Manuscripts must be submitted electronically at the following link:
<http://mc.manuscriptcentral.com/jks>
- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email with the link to pay the submission fee. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been made.

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Journal of Knee Surgery encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors' or institutional websites are also welcome. All other prior publication is forbidden.

During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript.

Revision Procedure

- Should the editors decide that your article requires a revision please complete the following steps:
 - Login to the submission system and locate your manuscript which will be marked for revision.
 - Using your word-processing program create a separate "Cover Letter" that will address any questions and your answers to the reviewers comments.
 - Using your word-processing program and your manuscript address and make any necessary changes. Please do NOT use Word's track changes. Instead, please HIGHLIGHT all changes in the revised manuscript.
 - Each question and change along with line numbers should be included in your "Cover Letter."
 - Copy and paste the reviewer's comments as well as your response to their suggestions into the "Authors Response" box for easy access.
 - Upload your Cover Letter as well as your "Revised Manuscript."
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PRODUCTION PROCEDURE

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POLICY STATEMENTS

Statement on Liability

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Definition of Authorship

Authorship credit should be based on criteria established by the [International Committee of Medical Journal Editors](#). Each author should have made the following contributions towards the completion of the manuscript:

1. Substantial contributions to conception and design, 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 published

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For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Patient Permission Policy and Thieme GDPR Policy

You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph.

The personal rights of people who are recognizable on images must be protected. Please provide a written consent form for publication signed by every recognizable person. For persons under 18 years of age / persons supervised, please provide the signature of both parents / the legal guardian / supervisor. A suitable declaration of consent form can be obtained in our authors' lounge. Patient permission forms are available at www.thieme.com/journal-authors

We cannot accept or store illustrations in which personal data of third parties are included. Please submit images in completely anonymous form, free of personal data only! Such data may not only be directly visible in the image (e.g., a patient name or a date of birth in an X-ray image); they can also be included in the metadata of the image, which is accessible with the appropriate software. They may also be obscured by a cropping feature (such as PowerPoint or Word), but can be made visible underneath. If you have questions about data protection regulations, please contact us before submitting your manuscript.

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