REVISTA ESPAÑOLA DE CIRUGÍA ORTOPÉDICA Y TRAUMATOLOGÍA

INSTRUCTIONS FOR AUTHORS

Updated June 2012

The *Revista Española de Cirugía Ortopédica y Traumatología* (Spanish Journal of Orthopaedic Surgery and Traumatology (www.elsevier.es/rot) is the official scientific journal of the *Sociedad Española de Cirugía Ortopédica y Traumatología* (Spanish Society of Orthopaedic Surgery and Traumatology (SECOT), which is published 6 times a year.

Articles on basic, technical and pathology issues related to the speciality are published. All works are evaluated by the Journal Editorial Committee after receiving the assessment of 2 anonymous external reviewers (peer review).

The manuscripts must be prepared following the recommendations of the International Committee of Medical Journal Editors, available at: http://www.icmje.org/ faq.pdf

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The text of the manuscript (except the title page), the abstract and key words, references, tables and their legends, and figure footnotes should be included in a single file.

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Consult the General Instructions for Use of the EES in its Tutorial For Authors:

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Originals. Unpublished works in any field (clinical or experimental) associated with Orthopaedic Surgery and Traumatology. Originals must be structured into: Introduction, Material and methods, Results, Discussion, and References. They should have a maximum length of 20 Din-A4 pages (double spaced with Arial font 12) and up to 6 tables and 6 figures (with their corresponding foot notes) will be accepted. There should be no more than 20-30 literature references. Original articles must include a structured abstract of no more then 250 words. For the preparation of controlled clinical trials the CONSORT (JAMA. 1996;276:637-9) guidelines should be followed. Available at: http://www.consort-statement.org/

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Objective, indicating the fundamental purpose of the work

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It will have the following headings:

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References

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The abbreviations of the journal titles should be obtained from the formats used by the National Library of Medicine of the United States of America, in the Index Medicus. Available at: http://www.ncbi.nlm. nih.gov/ sites/entrez?db= journals.

Do not use vague phrases such as "unpublished observations", "personal communication" or similar ones. Originals accepted and not yet published when quoted may be included between quotation marks "using its DOI reference", if they have one. The accuracy and truthfulness of the literature references are of utmost importance and must be guaranteed by the authors.

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Journals

1. Original article. They should include all the authors when there are 6 or less; if there are more than 6, include the first 6 followed by "et al":
   Ventura-Pérez N, Montaner-Suárez A, Conill J, Cambra FJ. Tratamiento quirúrgico de las escoliosis congénitas en el niño mediante la resección de hemivértebras. Rev Ortop Traumatol. 1999;43:53-9.
   Hernández P, Aneiros-Reyes J, Ramírez C, Nogales F, O'Valle-Manzanares F, Andújar M, et al. Expresión inmunohistoquímica de glicoproteína P como factor pronóstico en sarcomas óseos. Rev Ortop Traumatol. 2000;44:41-8.
2. Corporate author:
   Symptomatic multifocal osteonecrosis. A multicenter study. Collaborative Osteonecrosis Group. Clin Orthop Relat Res. 1999;369:312-26.
3. Journal supplement volume:
   Takagi M. Neutral proteinases and their inhibitors in the loosening of total hip prostheses. Acta Orthop Scand. 1996;67 Suppl 219:29-33.
4. Supplement of a numbered volume:
   Glauser TA. Integrating clinical trial data into clinical practice. Neurology. 2002;58(12 Suppl 7):S6-12.
5. Number without a volume:
   Jané E. Sistemas de salud y desarrollo. Quadern CAPS. 1999;28:7-16.

Books and other monographs

6. Personal author/s:
   Pauwels F. Atlas zur Biomechanik der gesunden und kranken Hu'fte. Wurzburg: Springer Verlag; 1973.
7. Journals with editor/s/ compiler/s as authors: Pérez de los Cobos J, Valderrama JC, Cervera G, Rubio G, Editors. Tratado SET de trastornos adictivos. Madrid: Ed. Panamericana; 2006.
8. Book chapter:
   Llanos-Cubas LF, Martín-Santos C. Anatomía funcional y biomecánica del raquis lumbar. In: Cáceres E, Sanmartí R, Editor. Lumbalgia y lumbociatalgia. Tomo I. Barcelona: Masson SA; 1998. p. 1-21.
9. Published conference presentations:
   Sanz-Aguado MA. La epidemiología y la estadística. In: Sánchez- Cantalejo E, Editor. Book of Presentations of the V Encuentro Marcelino Pascua; 16 June 1995; Granada, Spain. Granada: Escuela Andaluza de Salud Pública; 1996. p. 35-44.
10. PhD thesis:
    García-Rueda FJ. Alteraciones del osteoclasto en la enfermedad de Paget [tesis doctoral], Salamanca, Universidad de Salamanca, 1987.
11. Scientific or technical report:
    Dirección General para las Drogodependencias y Adicciones. Catálogo de los servicios asistenciales de los centros de tratamiento ambulatorio de Andalucía. Sevilla: Junta de Andalucía; 2003. Other published works:
12. Communication at a Congress/Conference:
    Álvarez-Villas P, Cebamanos J, Escuder MC, Ribau MA, Ballester J. Osteonecrosis meseta tibial. Diagnóstico, diagnóstico diferencial y tratamiento. Actas del 33. 1 Congreso Nacional SECOT; October 1996, Alicante. SECOT; p. 202.
13. Newspaper article:
    Sampedro J, Salvador I. Cientos de comercios de Castilla-La Mancha venden ilegalmente fármacos para el ganado. El País. 19 October 1999; p. 37 (col. 1-4).
14. Legal material:
    Ley de Prevención de Riesgos Laborales. L. N.1 31/1995 (8 November 1995). 15. Electronic file: EPISAME Versión Macintosh [CD-ROM]. Madrid: Escuela Nacional de Sanidad, Universidad Nacional de Educación a Distancia; 1998.
15. Internet page:
    Buscador de revistas médicas en Internet. Granada: Departamento de Histología, Universidad de Granada [updated 30 October 1998; referenced on 3 November 1998]. Available at: http://www.histolii.gr/
16. Internet document:
    Plan Nacional sobre Drogas. Encuesta domiciliaria 2005¬2006 [consulted 06/06/2007]. Available at: http:// www.pnsd.msc.es/Categoria2/ observa/pdf/ Domiciliaria2005-2006.pdf
17. Article of a journal in electronic format:
    Berger A, Smith R. New technologies in medicine and medical journals. BMJ [electronic edition]. 1999 [references 14 January 2000]; 319 [approx. 1 page]. Available at: http: //www. bmj .com/cgi/ content/ full/319/7220/0
18. Monograph article in electronic format:
    Badía X, Lizán L. Estudios de calidad de vida. In: Martín Zurro A, Cano Pérez JF, Editors. Atención primaria. 5th edition (monograph on Internet): Spain: Elsevier; 2006 (referenced 29 May 2006). Available at: http: // www. elsevier.es/librosvivos/martinzurro/indices.asp 17
19. Audio-visual material:
    VIH + /SIDA: elementos de prevención [videocassette]. Cornellá de Llobregat: Aula de Formación; 1998.
20. Unpublished material:
    In press (in this case the authors must obtain confirmation of the future publication of the referenced work): Sardi

NA, Rapp E, Vakka LAO. Fish consumption and the risk of Alzheimer's disease. Eur J Nutr Neurol Sci. In press 2004.

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To ensure the anonymity of the evaluation, the names of the authors, or their origin, or references to the centre or centres were the work was done, must not appear in any of the sections of the manuscript, except the title page.

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RECOT LEVELS OF EVIDENCE *

a) Therapeutic Studies: Investigation of the results of treatment

Level I:

- A high quality randomised controlled clinical trial (RCT) with statistically significant difference or no statistically significant difference but narrow confidence intervals.
  Example: Patients of a similar age (30-50 years) with similar history and other variables (sex, healthy, type of job, etc.) subjected to the same treatment (i.e. vertebral arthrodesis with the same instrument system, and allograft support with a BMP-7), whose results were evaluated compared to a control group of the same age, history, etc. as the previous group but with different

treatment, this being the same for all the patients in this control group (allograft without BMP). Preferably randomly assigned to one or another treatment group. The results show statistically significant differences or the diagnostic methods are so sensitive that non-significant statistical differences demonstrate that there are differences in the results of one treatment or the other. More control groups may be added.

- Systematic review (meta-analysis) of Level 1 RCTs (and homogeneity of the results).
  Example: Combination of cases from different studies with the previous characteristics. For example: 20 studies with 40 patients and some with 60 patients, a total of 830 patients.

Level II:

- Lesser quality RCT
  Example: As the previous one, but the age not stratified. For example: range between 18 and 80 years.
- Comparative prospective study
  Example: As the previous one but without randomising the patients.
- Systematic review of Level II studies or Level I studies with inconsistent results.
  Example: Corresponds to a Level I meta-analysis but based on Level II studies.

Level III:

- Case control studies
  Example: Pure observation studies (the investigator has not applied the treatment) in patients who have developed tumours in joints (cases) compared to those who have not developed them (control) to see whether they have been exposed to any oncogenic agent, for example, titanium implants. Here, the investigator has not had access to the treatment nor has been able to control the variables. These studies are also called historic or retrospective cohort.
  Pure observations studies after the application of a treatment (the investigator has not applied the treatment). Results of patients who have been exposed to titanium implants (cases) compared to those who have not been exposed (controls), followed up over time and the investigator not having had access to the treatment nor has been able to control its variables. To see if joint tumours have developed. These studies are called prospective cohort.
- Retrospective and comparative study
  Similar to case control or historic cohort.
- Systematic review of Level III studies
  Example: Corresponds to a Level I meta-analysis but based on Level III studies.

Level IV:

- Case series.
  Example: a study of the results of a patient series that have been received a specific implant and to see what they have developed (tumours, better quality of life, etc.).

Level V:

- Expert opinion
  Example: Conclusions on titanium hip replacement issued by a prestigious authority but that this opinion is not just based on their own non-verified experience using a method even if Level I studies had been previously performed, their opinion not strictly being based on that demonstrated in these studies.

b) Prognostic studies: Investigation of the effect of a patient characteristic on the outcome of a disease

Level I:

- High quality prospective study
  Example: Elderly male patients with the same characteristics compared with other females with the same characteristics as the previous group except the gender, who have been prospectively followed up to see if they suffer more or less hip fractures in the absence of any other variable that could distort the study (to be subjected to a treatment that produces osteopenia, or to live in a residence compared to other types of home).
- Systematic review of Level I studies.
  Example: Combination of cases from different studies with the previous characteristics. For example: 10 studies, some with 480 patients and others with 60 patients, making a total of 2645 patients.

Level II:

- Retrospective study
  Example: Same as the previous one but the patients are reviewed retrospectively (when they already have the fracture).
- Untreated controls from an RCT
  Example: Patients of a similar age (30-50 years) with similar histories (healthy) where not treated in any way and made up the control of another treated with vertebral arthrodesis with the same instrumentation system, disease free and allograft support with BMP-7. See if any of its variables influence the appearance of back pain (for example; type of work).
- A lesser quality prospective study
  Example: Same as the previous Level I case (hip fractures) but some non-determining variable has not been controlled (some have a higher milk consumption than others).
- Systematic review of Level II studies
  Example: Combination of cases from different studies with the previous characteristics at Level I.
  For example: 10 studies, some with 480 patients and others with 60 patients, making a total of 2645 patients.

Level III:

- Case control studies
  Example: Follow up of a group of patients to see if they develop some disease that is related with previous characteristics, comparing them with another control group. To see if smokers have more joint pain compared

to non-smokers. If it is prospective: both groups are followed up (smokers and non-smokers) and see whether they have joint pain (prospective cohort study with control group). Retrospective taking patients with joint pain and observing whether or not they were smokers (case control study), retrospective taking smokers and non-smokers and observing whether they developed joint pain (retrospective or historic cohort study).

Level IV:

- Case series
  Example: Follow up of a group of patients to see if they develop some disease that is related with previous characteristics. To observe whether smokers have more joint pain.

Level V:

- Expert opinion
  Example: Conclusions on smoking and its relationship with joint pain issued by a prestigious authority but it is an opinion not just based on their own non-verified experience using a method.

c) Diagnostic studies: Investigation of a diagnostic test

Level I:

- Testing of previously developed diagnostic criteria on consecutive patients
  Example: Study planned on a group of patients using magnetic resonance imaging to diagnose stress factures of the tibia, having been previously accepted that magnetic resonance is the standard for stress fractures of the hip.
- Systematic review of Level I studies
  Example: Combination of different studies with the previous characteristics
  For example, 12 studies with 80 patients some studies and 260 other patients, making a total of 3137 patients.

Level II:

- Development of diagnostic criteria on consecutive patients
  Example: Study planned on a group of patients using magnetic resonance imaging to diagnose stress factures of the tibia, without previously having accepted that magnetic resonance is the diagnostic standard for stress fractures.
- Systematic review of Level II studies
  Example: Combination of cases from different studies with the previous characteristics.
  For example: 12 studies, some with 80 patients and others with 260 patients, making a total of 3137 patients.

Level III:

- Study of non-consecutive patients; without consistently applied reference “gold” standard
  Example: Un-planned study on a group of patients using magnetic resonance imaging to diagnose stress factures of the tibia, without previously having accepted that magnetic resonance is the diagnostic standard for stress fractures, although knowing its diagnostic sensitivity for detecting bone oedema or other accompanying signs of fractures.
- Systematic review of Level III studies
  Example: Combination of cases from different studies with the previous characteristics.
  For example: 12 studies, some with 80 patients and others with 260 patients, making a total of 3137 patients.

Level IV:

- Case control studies
  Example: Un-planned study on one patient group already diagnosed with stress fractures of the tibia, comparing it with another with no stress fracture and observing what their earlier findings on magnetic resonance were, if they had one.
- Poor reference standard
  Example: Un-planned study on a group of patients diagnosed with a stress factor of the tibia using x-rays.

Level V:

- Expert opinion

d) Financial and decision making analysis: Development of a financial and decision making model

Level I:

- Sensible costs and alternatives; values obtained from many studies, with multi-way sensitivity analysis
- Systematic review of Level I studies

Level II:

- Sensible costs and alternatives; values obtained from a limited number of studies; with multi-way sensitivity analysis
- Systematic review of Level II studies

Level III:

- Analysis based on limited alternatives and costs; poor estimates
- Systematic review of Level III studies

Level IV:

- Analysis with no sensitivity analysis

Level V:

- Expert opinion

**Information adapted from the Oxford Centre for Evidence Based Medicine and the Revista Mexicana de Ortopedia Pediátrica (Mexican Journal of Paediatric Orthopaedics)*