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ONLINE FIRST™ Quick Online Publication

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- Survey Article
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Devoted to disseminating new and important orthopaedic knowledge, Clinical Orthopaedics and Related Research® is a leading peer-reviewed orthopaedic journal and a publication of The Association of Bone and Joint Surgeons®. CORR® brings readers the latest clinical and basic research and informed opinions that shape today’s orthopaedic practice, thereby providing an opportunity to practice evidence-based medicine. With contributions from leading clinicians and researchers around the world, we aim to be the world’s general-interest orthopaedic journal.

CORR® publishes content of value to both generalists and specialists on all aspects of musculoskeletal research, diagnoses, and treatment:

- Original articles focusing on timely clinical issues
- Research articles highlighting the latest in basic biological or engineering research on musculoskeletal diseases,
- “Symposia” that are devoted to a single topic and offer the generalist reader an overview of the latest research in a field while providing the specialist current in-depth information
- Regular “Proceedings” issues containing the best research from the most important meetings in the specialty, including The Hip Society, The Knee Society, The Musculoskeletal Tumor Society, and The Musculoskeletal Infection Society
- Monthly commentaries, features, and interviews that provide context on the discoveries published in each issue, insight into issues affecting orthopaedic practice, and the opportunity to go “behind the scenes” with the authors whose work is affecting how patients get treated and how science gets done.

Online First™—QUICK ONLINE PUBLICATION (Return to Top)

Online First™ is a feature provided by Springer in which articles are published online before they appear in print. The Online First service lets users access peer-reviewed articles well before print publication. These articles are searchable (on SpringerLink, PubMed, etc.) and citable by their DOI (Digital Object Identifier). Online First substantially reduces the time it takes for critical discoveries to reach readers.

Articles are published online shortly after receipt of the corrected proofs. This is the official first publication citable with the digital object identifier number (DOI). After release of the printed version, the paper can also be cited by issue and page numbers.

CORR ARTICLE TYPES (Return to Top)

Please review and use the templates associated with each article type. Articles submitted without using the appropriate template may be returned for proper formatting.
We have guidelines about the presentation of statistics in abstracts, which apply to all article types in which such analyses were performed. These are available at Editorial: Reporting Statistics in Abstracts in Clinical Orthopaedics and Related Research®

**SYMPOSIUM/ PROCEEDINGS/WORKSHOPS** (Fewer than 3000 words) (**Return to Top**)

- By invitation only and focusing on a specific topic of current interest; some symposia present papers from one of our affiliated specialty societies. They must conform to the guidelines for publishing in *CORR®*. More information about symposia in *CORR®* can be found at Proceedings and Symposia in *CORR®*: What They Are, and Why We Publish Them

**CLINICAL RESEARCH ARTICLES** (Fewer than 3000 words) (**Return to Top**)

Articles using patients to explore treatment, diagnosis, prognosis, or economic-decision analyses.

- Must follow the **AUTHORSHIP GUIDELINES** in Research is a Team Sport: Updated Authorship Guidelines for *CORR®*
- Must organize as a **QUESTION-DRIVEN** text: authors must pose 2-4 specific questions, hypotheses, or purposes in the Introduction, and then have 2-4 corresponding paragraphs in Results and Discussion. It may be easiest for you to consider the 2-4 points you think most important or you want the reader to remember, then to formulate your questions or purposes based on those points.
- Additional information not related to the 2-4 key points may be included in a table, but need not be included in the text.
- Must use **TEMPLATE** for guide: Click for template.
- All **observational studies** (Level of Evidence III-IV) reporting patient data should provide all relevant information following the **STROBE** Guideline (Strengthening the Reporting of Observational studies in Epidemiology) guidelines. These guidelines unify the reporting of observational studies and enhance the ability of future researchers to perform systematic reviews and meta-analyses. This will increase the impact of your article.
  
  The **STROBE Initiative**

- All **randomized controlled trials** (Level of Evidence I-II) should follow and submit the checklist of the **CONSORT** (CONsolidated Standards of Reporting Trials) Group. These guidelines unify the reporting of trials studies and enhance the ability of future researchers to perform systematic reviews and meta-analyses. This will increase the impact of your article.
  
  Checklist of the **CONSORT Group**

- **General Guidelines for Clinical Followup:**
  
  - Articles reporting **total joint arthroplasty** – Minimum of 2 years followup on each patient when the device is relatively new. For older devices, for which there are previously reported results, we request a mean of 5 years. If the data suggest a high complication or failure rate, we have no minimum followup time requirements.
• Articles reporting tumors – The minimum time for followup depends on the purposes or questions and the tumor type. For articles reporting survival, we generally require a minimum followup reflecting the median time for recurrence or metastasis; these times should be documented by literature citations in the Introduction.

• Articles reporting trauma – The minimum time for all patients should be that time required for greater than 90% of the patients with that injury to heal, but typically one year for major long bone fractures. For ligament repairs we recommend a minimum followup of 2 years in the absence of substantial failures.

• Articles reporting infections – The minimum time for all patients will generally be that for most recurrences to appear; this will usually require a minimum of 1 year but all times should be justified. Criteria for infection must be clearly defined.

• Articles reporting followup of previously reported studies – In the Introduction briefly describe why longer followup should be reported (eg, new findings). Patients and Methods should be brief and refer to the previous study. The Discussion should be brief and focus on new findings. The manuscript (Introduction through Discussion) should contain no more than 2000 words.

**BASIC RESEARCH ARTICLES** (Fewer than 3000 words) *(Return to Top)*

Articles exploring mechanisms in the musculoskeletal system or the effects of treatment typically not involving patients, although they may if the point is to explore mechanisms.

• Must follow the GUIDELINES in *Research is a Team Sport: Updated Authorship Guidelines for CORR®*

• Must organize as a QUESTION-DRIVEN text: authors must pose 2-4 specific questions (or hypotheses or purposes) in the Introduction and then have 2-4 corresponding paragraphs in Results and Discussion. It may be easiest for you to consider the 2-4 points you think most important or you want the reader to remember, then to formulate your questions or purposes based on those points.

• Additional information not related to the 2-4 key points may be included in a table, but need not be included in the text.

• Must use TEMPLATE for guide: [Click for template](Click for template).

**SURVEY ARTICLES (Systematic Reviews or Meta-analyses)** (Fewer than 5000 words) *(Return to Top)*

We occasionally publish unsolicited survey articles (typically either systematic reviews or meta-analyses). **Please contact the Editor-in-Chief prior to submitting.**

• Must organize as a QUESTION-DRIVEN Text: authors should pose 2-4 specific questions (or hypotheses or purposes) in the Introduction and then have 2-4 corresponding paragraphs
in Discussion. It may be easiest for you to consider the 2-4 points you think most important or you want the reader to remember, then to formulate your questions or purposes based on those points.

- Must use TEMPLATE for guide: [Click for template](#).
- Include all key search engines (eg, MedLine, EMBASE, Google Scholar).
- Survey articles must have Introduction and Discussion sections, but the intervening sections may vary depending upon the particulars of the topic.
- Systematic reviews follow the Cochrane guidelines: 
  The Cochrane Handbook for Systematic Reviews of Interventions
- We also suggest authors submitting systematic reviews read the following article. [Click for article](#).
- Meta-analyses should generally follow the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses; see http://www.prisma-statement.org for more information). Please use the PRISMA checklist, which can be downloaded at http://www.prisma-statement.org/statement.htm, and be sure to include a flow diagram in your submitted article. A helpful template for the creation of a PRISMA flow diagram can be downloaded as a MS Word document at that same site.
- The principal difference between CORR and PRISMA is one of formatting: In CORR, the Results section should contain only the answers to the specific research questions listed in the Abstract and the Introduction. The following elements that PRISMA lists in the results section are placed in the Methods section of a CORR article: (17) Study selection, (18) Study characteristics, (19) Risk of bias within studies, and (22) Risk of bias across studies.

LETTERS-TO-THE-EDITOR (Fewer than 500 words) ([Return to Top](#))

We consider Letters-to-the-Editor only related to articles previously published in CORR.

WRITING FOR CORR® ([Return to Top](#))

Authors of all articles are requested to read the following editorials for guidance on writing for CORR®:
- Research is a Team Sport: Updated Authorship Guidelines for CORR®
- Let’s Talk About Level IV: The Bones of a Good Retrospective Case Series
- Duplicate Submission and Dual Publication: What Is So Wrong With Them?
- Reporting Statistics in Abstracts in Clinical Orthopaedics and Related Research®
- Words and Meaning in Scientific Reporting: Consecutive, Prospective, and Significant
AUTHORSHIP (Return to Top)

CORR’s approach to authorship is based on three principles:

- **Giving credit only to those who earn it** – Gift authorship is unethical, diminishes the contributions of authors who did the actual work, and harms the careers of young investigators.
- **Protecting authors** – Clear authorship standards protect authors from being held responsible for errors in data collection or acts of scientific misconduct they did not commit.
- **Recognizing that answering important scientific questions often requires collaboration** – The right size of the team is the size required to get the project done, but not every contribution merits authorship; for smaller contributions, an acknowledgement may be the right approach.

CORR® adheres to the guidelines on authorship outlined by the International Committee of Medical Journal Editors in the Uniform Recommendations for Manuscripts Submitted to Biomedical Journals and their Guidelines on Defining the Role of Authors and Contributors which can be viewed here. Additionally, a detailed presentation of our policy is also available at [Research is a Team Sport: Updated Authorship Guidelines for CORR®, http://dx.doi.org/10.1007/s11999-013-2796-y](http://dx.doi.org/10.1007/s11999-013-2796-y)

MANUSCRIPT SUBMISSION REQUIREMENTS (Return to Top)

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HOW TO SUBMIT (Return to Top)

Authors submit their manuscripts online. You may connect directly to the site http://www.editorialmanager.com/CORR/ and upload all of your manuscript files. Follow the instructions given on the screen.

Blinded Reviews: Authors of Clinical and Basic Research Articles have a choice of submitting their manuscripts for open or blinded review. For open review the title page should be the first page of the manuscript. For blinded review the title page must be created as a separate document and separately uploaded in Editorial Manager. Authors submitting manuscripts for blinded review are responsible for blinding of the manuscript text, including the names of the authors' institution, references to previous work, etc. Authors should be aware any referenced crucial methods or data referenced in the text and published by the authors would be obvious to reviewers.

THE MANUSCRIPT (Return to Top)

TITLE PAGE

This page must include the following:

- Title (containing fewer than 120 characters including spaces)
- Running title (containing fewer than 40 characters including spaces)
- Author name(s) and final degree(s) (must follow authorship guidelines)
- The affiliation, address, and e-mail addresses of all authors
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- Ethical review committee statement
- A statement of the location where the work was performed (only if authors are from multiple institutions)
- The e-mail address of the corresponding author
Conflict of Interest Statement (Return to Top)

Authors of all manuscripts published in CORR® must clarify any and all potential conflicts of interest. On the Title Page please note any funding or financial support or potential sources of conflict of interest (this information must be consistent with the information entered in the ICMJE Uniform Disclosure Form for Potential Conflicts of Interest):

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- If any author has directly received research funding and/or has potential conflicts of interest, state, "One or more of the authors () has received funding from" and note the source and the initials of those authors who received funding in the parentheses.

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Disclosure and Management of Conflicts of Interest on the Editorial Board (Return to Top)

- Our Senior Editors and the Editor-in-Chief update their financial disclosure forms annually at a minimum. These disclosures will include full “CORR disclosures” (with dollar values), just as we ask of our authors.
- We disclose all the financial conflicts of our Senior Editors and Editor-in-Chief, including medicolegal consulting, society-related financial relationships, and compensated work with other publishers for the last 12 months.
- We print these disclosures in every issue of CORR. They will be posted online at www.clinorthop.org, and on our publisher’s website, http://www.springer.com/medicine/orthopedics/journal/11999.
- We permit the corresponding author of a manuscript to request one or more Senior Editors be disqualified from involvement with the processing of that paper, if the author believes that any of our Senior Editors has a relevant financial conflict of interest pertaining to the material presented in the manuscript.
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More information on this important topic is available at Active Management of Financial
Conflicts of Interest on the Editorial Board of CORR®

Ethical Review Committee Statement (Return to Top)

Manuscripts involving humans or human data or animals must be accompanied by a copy of the letter from your ethical committee approving your study. The editors reserve the right to reject manuscripts that do not comply with the above-mentioned requirements. The author will be held responsible for false statements or failure to fulfill the above-mentioned requirements.

- CORR requires all studies to have been performed in accordance with the ethical standards in the 1964 Declaration of Helsinki
- All studies must have been carried out in accordance with relevant regulations of the US Health Insurance Portability and Accountability Act (HIPAA). Details that might disclose the identity of the subjects under study should be omitted.

TEXT STYLE

TEXT FORMATTING

- Use 12-point Times Roman font for text.
- Double space all text.
- Do not use field functions.
- Use tab stops or other commands for indents, not the space bar.
- Use the table function, not spreadsheets, to make tables.
- Use the equation editor or MathType for equations.

ABBREVIATIONS AND ACRONYMS

Nonstandard abbreviations and acronyms should be defined at first mention and used consistently thereafter. Readers often find these confusing, so please use as few as possible.

SI UNITS, NUMBERS

Always use internationally accepted signs and symbols for units, SI units.
TERMINOLOGY

Generic names of drugs and pesticides are preferred; if trade names are used, the generic name should be given at first mention. You must parenthetically provide the manufacturer, city, and country of all drugs, devices, assay materials, and instruments.

Avoid reference to trade names in your Title, Abstract, and Introduction unless the material applies only to a single device (e.g., a high failure rate); rather use generic names. Trade names may and should be used in Materials and Methods if specific devices were used.

FOOTNOTES

Footnotes on the title page are not given reference symbols. We do not allow footnotes in the body of the manuscript. Footnotes to tables should be indicated by superscript lower-case letters or asterisks.

ACKNOWLEDGMENTS (Return to Top)

Acknowledgments should be placed in a separate section before the reference list. Note any nonfinancial acknowledgments. Begin with, “We thank…” and specify the nature of the contribution of the individual or individuals.

IN-TEXT CITATIONS (Return to Top)

Citations in the text should be identified by numbers in square brackets, not superscript. Some examples:

- Negotiation research spans many disciplines [3].
- Carrier systems include inorganic material synthetic polymer [10, 14, 18], natural polymers [14, 25, 33], and bone allograft [2, 16].
- This effect has been widely studied [1-3, 7].

REFERENCES (Return to Top)

The list of references should only include works cited in the text or tables or figures that have been published in full form or accepted for publication in full form. If a method or critical interpretation depends on an accepted (but not yet published) manuscript, authors should include a copy with their submission for the reviewers. Abstracts may not be used as citations. Personal communications and unpublished works should not be cited (unless absolutely essential to make an otherwise unreferenced point). Do not use footnotes or endnotes as a substitute for a reference list.
• References should be alphabetized. Use the last name of the first author of each work. With multiple references by the same first author, alphabetize by the last name of a second and then third author if necessary. With multiple references by the same set of authors, the references should be ordered by the year.

• List all authors.

• Use only official PubMed journal abbreviations and italicize those names.

• Submission of references implies the authors have read the entire article and not merely the Abstract.

• Examples:

FIGURE LEGENDS (Return to Top)

• All illustrations must directly relate to a distinct point in the text; avoid redundant illustrations.

• Provide a separate legend page(s) following the References.

• For figures with multiple parts (eg, 1A, 1B, 1C) each part requires a separate legend. For example: Fig. 2A-B. The graph shows a Kaplan-Meier survival curve for (A) men and (B) women.

• Legends must be written in grammatically complete sentences.

• Identify previously published material by giving the original source in the form of a reference citation at the end of the figure caption.

FIGURES

• All figures must be numbered using Arabic numerals.

• Cite figures in order of appearance in the text.

• All figures and tables must be cited separately in the text.

• In multipart figures each figure part should be denoted by uppercase letters in the lower left-hand corner; each part should be cited in the text.
• Color may be used to make points not readily illustrated with black and white; for example, surgical photographs, histologic sections, or complex graphics. Please see Color in Print below.

• To adhere to HIPAA regulations, no information should allow a patient to be identified. Mask all faces and remove all markings including patient identification from radiographs before photographing.

• If absolutely essential to illustrate a key point, photographs of recognizable persons must be accompanied by signed consent from the subject or legal guardian.

• Arrows or lettering denoting particular features should be large enough to be seen when the photograph is reduced in size.

• Magnification, internal scale markers, and stains must be included when appropriate.

• All line or original drawings must be professional quality.

• Any manuscript containing figures must have publication quality images submitted with the manuscript.

• We will not be able to send manuscripts for review without all relevant images.

• For more information about preparing your illustrations, please click link below. 
  
  CORR® Artwork Guidelines

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• Create tables in your word processor using the table utility.

• Number the tables using Arabic numerals and cite in order of appearance in the text.

• Each table requires a brief heading describing the content. Tables do not have legends.

• Previously published tables or modifications of previously published tables must be referenced at the end of the table heading. We require written permission from the copyright holder for inclusion of such tables.

• All columns must have a heading.

• For a horizontal table: 10-12 columns and 35-40 rows are maximum (including title and spacing).

• For a vertical table: 6-8 columns and 50-60 rows are maximum (including title and spacing).

• Footnotes beneath the table body may be used to describe entries requiring additional explanation. Nonstandard abbreviations should be spelled out fully in a footnote.

• Each table must be uploaded as a separate file and properly labeled in Editorial Manager.

• All tables must be cited separately in the text and each must make separate points.
PERMISSIONS from Prior Publications

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ELECTRONIC SUPPLEMENTARY MATERIAL (ESM) (Return to Top)

CORR® invites contributing authors to publish additional, article-related materials on the Web site that complement and reinforce information published in the print journal.

If Electronic Supplementary Material (ESM) is submitted, it will be published as received from the author in the online version only. All standard instructions for manuscript and video submission should be followed. ESM may consist of (1) information that cannot be printed: animations, video clips, sound recordings; (2) information that is more convenient in electronic form: sequences, spectral data, etc; (3) large amounts of original data, eg, additional tables, illustrations.

Formatting of EMS

• The manuscript text must make specific mention of the material as a citation, similar to that of figures and tables: eg, ("... as shown in Animation 3.").

• To accommodate user downloads, keep to the recommended upper limit for the size of the different file types. Larger-sized files may require very long download times, and some users may experience other problems during downloading.

• Video clips should not exceed 6 minutes or 60 MB. Anything exceeding 6 minutes must be submitted in two separate videos.

• Supply all supplementary material in standard file formats.

• Always use MPEG-1 (.mpg) format.

• Multimedia file for review and submission: Supply the MPEG-1 file with the largest frame size (usually 320 x 240 pixels) that will fit on a CD and will be playable on a Windows-based computer.

• The content of these files must be identical to that reviewed and accepted by the editor-in-chief.

• All narration should be in English.

For details on formats and other information on supplementary material, please click link below.

Electronic Supplementary Material
AFTER ACCEPTANCE (Return to Top)

On acceptance of your article you will receive a link to the special Springer web page with questions related to:

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OFFPRINTS/REPRINTS

Additional offprints can be ordered for purchase by the Corresponding author.

COLOR IN PRINT (Return to Top)

Online publication of color illustrations is free. In print we publish illustrations in color if required for clarity; these may include surgical photographs, photomicrographs, and complex graphics. If color is not essential for clarity, illustrations in print will be published in black and white. Authors who would like to opt for color in the print version for illustrations that the editor-in-chief has determined do not require color for clarity will be expected to make a contribution towards the extra costs for color.

ONLINE FIRST

Articles are published online after receipt of the corrected proofs. This is the official first publication citable with the DOI. After release of the printed version, the paper can also be cited by issue and page numbers.

PROOF READING

The purpose of the proof is to check for final edits, typesetting errors, and completeness and accuracy of the text, tables and figures. Substantial changes in content, eg, new results, corrected values, title and authorship, are not allowed without the approval of the Editor.
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ETHICAL STANDARDS (Return to Top)

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- A single study is not split up into several parts to increase the quantity of submissions and submitted to various journals or to one journal over time (e.g. “salami-publishing”).
- No data have been fabricated or manipulated (including images) to support your conclusions
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- Changes of authorship or in the order of authors are not accepted after acceptance of a manuscript.
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If there is a suspicion of misconduct, the journal will carry out an investigation following the COPE guidelines. If, after investigation, the allegation seems to raise valid concerns, the accused author will be contacted and given an opportunity to address the issue. If misconduct has been proven, this may result in the Editor-in-Chief’s implementation of the following measures, including, but not limited to:

- If the article is still under consideration, it may be rejected and returned to the author.
- If the article has already been published online, depending on the nature and severity of the infraction, either an erratum will be placed with the article or in severe cases complete retraction of the article will occur. The reason must be given in the published erratum or retraction note.
- The author’s institution may be informed.

Sex and Gender in Scientific Reporting

There is evidence that women do not benefit from medical research as much as men do. This problem stems both from research design (which scientists largely control), and from scientific reporting in journals (which editors can influence). We probably do not know the full extent of the harm we may be causing because the reporting of results by gender is so inconsistently performed in medical and surgical trials in our specialty. We believe that editors, working in concert with authors, can help to solve this important problem. Accordingly, we recommend that investigators writing for CORR:

• Design studies that are sufficiently powered to answer research questions both for males and females (or men and women) if the health condition being studied occurs in both sexes/genders.

• Provide sex- and/or gender-specific data where relevant in all clinical, basic science, and epidemiological studies.

• Analyze the influence (or association) of sex or gender on the results of the study, or indicate in the Patients and Methods section why such analyses were not performed, and consider this topic as a limitation to cover in the Discussion section. Readers need to know whether the results generalize to both sexes/genders.

• Indicate (if sex or gender analyses were performed post-hoc) that these analyses should be interpreted cautiously because they may be underpowered (leading to a false conclusion of no difference). If there are many such analyses, indicate that they may lead to spurious significance, and an erroneous conclusion of a sex- or gender-related difference.

For more information on this important topic, please read Fairness to All: Gender and Sex in Scientific Reporting

LEGAL REQUIREMENTS (Return to Top)

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Articles containing new data, but with some previously published data, may be considered; however, the authors must clarify the relationship of the new data to the old in the Introduction and they must include the previous publication in their list of references.

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