

## ***Orthopedic Physical Therapy Practice***

### **Instructions to Authors**

*Carey Rothschild, PT, DPT, Editor*

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1. *Orthopedic Physical Therapy Practice (OPTP)* serves as a publication option for articles pertaining to clinical practice as well as governance of the APTA Orthopedics and corresponding Special Interest Groups (SIGs). Articles describing treatment techniques as well as case studies, small sample studies and reviews of literature are acceptable. Papers on new and innovative technologies will also be considered for publication. Language and format of articles should be consistent with the *Guide to Physical Therapist Practice*.
2. Manuscripts should be reports of personal experiences and written as such. Content should emphasize clinical application and patient care. Though suggested reading lists are welcomed, references should not exceed 60 references with the exception of reviews of literature or systematic reviews. All authors are required to sign a consent form indicating verification of original work and this form must accompany the article at the time of submission. This form, Disclosure, Conflict of Interest, and Copyright Release can be found on the APTA Orthopedics web site ([www.orthopt.org](http://www.orthopt.org)) under Membership and then Publications link. Authors are solely responsible for proper citation of work and avoiding any issues with copyright infringement related to writing or use of images or figures. For more information on plagiarism, authors may find the following resources helpful:

<http://www.plagiarism.org/>

<http://www.turnitin.com/>

### **3. Use of Artificial Intelligence**

Please indicate that no artificial intelligence was used in the drafting of this article or for authors who use artificial intelligence (AI) in their work must indicate how they were used in a cover letter and the work itself.

### **4. Types of Articles**

*OPTP* welcomes research reports, systematic reviews, literature reviews, clinical commentary, and case series or case reports. However, the primary focus of all types of articles should highlight clinical relevance with regard to evaluation, treatment, and/or patient outcomes. To ensure this objective, the final heading of the paper should be titled “Clinical Applications” for all types of articles. Studies involving human subjects must have successfully met the requirements and been approved through an institutional review board. Case reports involving 3 or fewer subjects must follow HIPAA guidelines in protecting

the privacy of subjects. For more information, access the following:  
<http://www.hhs.gov/ocr/hipaa/>

#### **4. Article Review Process**

All initial reviews are completed by the editorial team. Recognized experts may also be queried to review topics in their areas of expertise. Articles are reviewed in the order they are received and printed in the order of acceptance. Authors will receive a confirmation of the submission and will be updated on the article status after the review process is completed.

#### **5. Manuscript Preparation Guidelines for all Types of Articles**

**All types of Articles MUST include a title page as noted below. *Format* – text should be double-spaced, use a 12-point font; margins should be 1 inch on each side.** Headings should be formatted as follows:

**MAIN HEADING**

**Secondary Heading**

**Tertiary heading**

##### **Research Reports**

*Title Page* - include the author's name, degree, title\*, current place of work or affiliation, corresponding address, phone, and E-mail address. (\*NOTE: AMA 11th edition recommends degree only and not a listing of all credentials)

*Abstract* - 150 words or less using double space format. Abstracts at a minimum should include the following headings: Background and Purpose, Methods, Findings, Clinical Relevance, Conclusion.

*Key Words* – provide a list of 3 to 4 pertinent words in alphabetical order; NOTE: do *not* repeat words that are part of the title

Research Report Articles should be a maximum of 4,000 words.

##### **Systematic Reviews and Literature Reviews**

*Title Page* - include the author's name, degree, title\*, current place of work or affiliation, corresponding address, phone, and E-mail address. (\*NOTE: AMA 11th edition recommends degree only and not a listing of all credentials)

*Abstract* - 250 words or less using double space format. Abstracts at a minimum should include the following headings: Background and Purpose, Literature Search, Study Selection Criteria, Methods, Findings, Clinical Relevance, Conclusion.

*Text* – Headings must include the following headings: Introduction, Methods, Results, Discussion, Conclusion, and Clinical Relevance

Article length should be a maximum of 4,500 words and not exceed 6 tables and figures.

### **Clinical Commentary**

*Title Page* - include the author's name, degree, title\*, current place of work or affiliation, corresponding address, phone, and E-mail address. (\*NOTE: AMA #11<sup>th</sup> edition recommends degree only and not a listing of all credentials)

*Abstract* - 150 words or less using double space format. Abstracts at a minimum should include the following headings: Background and Purpose, Clinical Question Findings, Clinical Relevance, Conclusion.

*Text* - Headings must include the following headings: Introduction, clinical question, findings, Clinical Relevance, Conclusion.

Article length should be a maximum of 3,000 words and not exceed 4 tables and figures.

### **Case Series or Case Report**

*Title Page* - include the author's name, degree, title\*, current place of work or affiliation, corresponding address, phone, and E-mail address. (\*NOTE: AMA 11th edition recommends degree only and not a listing of all credentials)

*Abstract* - 150 words or less using double space format. Abstracts at a minimum should include the following headings: Background and Purpose, Methods, Clinical Findings, Clinical Relevance, Conclusion.

*Key Words* – provide a list of 3 to 4 pertinent words in alphabetical order; NOTE: do *not* repeat words that are part of the title

Article length should be a maximum of 3,000 words and not exceed 4 tables and figures.

Submit your article as one Word document with all needed components; although the figures and tables can be saved and submitted separately.

### **SOME HELPFUL HINTS IN REGARDS TO FOLLOWING AMA STYLE**

Current convention and AMA Manual of Style, 11th edition uses one space after punctuation marks.

#### **Acronyms, Abbreviations, Initialisms:**

Acronyms, abbreviations, and initialisms are discouraged from use, except for well-known and accepted units of measurement and some well-recognized terms.

- If used, spell out at the first use, even if the acronym or initialism is well-known. Do not use acronyms that begin a sentence; the acronym must be spelled out even if already defined. Do not place periods between the letters of an acronym, abbreviation, or initialism.
- State names should always appear as full names in the text of a manuscript. If included in references, use the two-letter abbreviation.

### **Numbers:**

Numerals (1, 2, 3, etc) should be used in all writing, except when:

- The number begins the sentence or title
- Common fractions
- Ordinals: first through ninth
- Number spelled out in quotations or titles of works cited.
- One number may be spelled out, if the sentence requires multiple numbers to be placed next to each other. eg, "If 12 16-year-olds had this reaction..." should be changed to "If twelve 16-year-olds..."

### **Singular “they”**

AMA Manual of Style, 11th ed. has joined other resources, such as The Chicago Manual of Style and AP Stylebook, in permitting use of *they* as a singular pronoun when rewriting the sentence as plural would be awkward or unclear. [Note: rewording usually is possible and preferable.]

“The author is responsible for the accuracy and completeness of their references.”

“Every patient should take their medication.” This could be reworded to, “Patients should take their medication.”

This construction can be useful in medical articles in which patient identifiability is a concern (eg, removal of gender-specific pronouns).

“The patient was adamant that they were not taking illicit substances.”

### **References:**

You need to cite when:

- using a direct quotation, even if it is in quotation marks
- using facts that are not common knowledge (what the reader can reasonably be expected to know)
- paraphrasing or rewriting the author’s ideas
- summarizing the data or argument of an author
- using the key words or phrases from the author or using synonyms
- mentioning the author’s name in your text
- writing a sentence that mostly consists of your own thoughts, but you have made a reference to another author’s ideas

When in doubt, err on the side of caution, and cite; however, you do not need to repeatedly cite the same citation multiples times within the same sentence or paragraph.

*Citation of Reference List*—examples of most common citation types are provided below. For more complex citations, please refer to the *American Medical Association Manual of Style*, 11th ed. References should be numbered sequentially as they appear in the text and should correspond to the superscript number in the text. Do not repeat the same reference using a different number in the reference list. Only references cited in the paper should be listed.

### **The Basics**

- Always consult the primary source and never cite a reference that you have not read yourself.
- Limit your references to a maximum of 60.
- References should be numbered sequentially as they appear in the text and should correspond to the superscript number in the text. Do not repeat the same reference using a different number in the reference list.
- Take care to submit accurate and complete publication data.
- For any source (book, journal article, proceedings, etc), the author and editor names should be formatted as follows: Lastname INITIALS.
- If 6 or fewer authors, list each:  
Chevan J, Clapis PA. *Physical Therapy Management of Low Back Pain: A Case-Based Approach*. Jones & Bartlett Learning; 2013:191-213.
- If more than 6 authors, list the first 3 and use “et al”:  
Schneider KJ, Emery CA, Black A, et al. Adapting the dynamic, recursive model of sport injury to concussion: an individualized approach to concussion prevention, detection, assessment, and treatment. *J Orthop Sports Phys Ther*. 2019;49(11):799-810. doi: 10.2519/jospt.2019.8926
- References to material not yet accepted for publication or to personal communication are not acceptable as references.

### **Journal Articles**

- Capitalize only the first letter of the first word of an article title. All other words—including the first word of a subtitle—should be lowercase. Proper nouns are the exception to this rule:  
Napier C, MacLean CL, Maurer J, Taunton JE, Hunt MA. Real-time biofeedback of performance to reduce braking forces associated with running-related injury: an exploratory study. *J Orthop Sports Phys Ther*. 2019;49(3):136-144. doi: 10.2519/jospt.2019.8587

## Books

- **Italicize book titles and format in title case.**
- **Reference to an entire book:**  
Jewell DV. *Guide to Evidence-Based Physical Therapist Practice*. 2nd ed. Jones & Bartlett Learning; 2011.
- Reference to a chapter in a book:  
Goodman CC. The introduction to pathology of the musculoskeletal system. In: Goodman CC, Hedgeson K, eds. *Pathology: Implications for the Physical Therapist*. 4th ed. Elsevier Saunders; 2015:1153-1158.
- Editor(s) as author:  
Olson KE, ed. *Manual Physical Therapy of the Spine*. 2nd ed. Saunders; 2016:28-36.

## Website

- Use the URL that will take the reader directly to the page of the article you are referencing.
- Websites are updated frequently so it is important to provide the date the site was accessed.  
American Physical Therapy Association. Guide to Physical Therapist practice. Accessed January 22, 2020. [apta.org/guide/](http://apta.org/guide/)

Centers for Disease Control and Prevention. Million Hearts: meaningful progress 2012-2016. Published May 2017. Accessed August 9, 2019. <https://millionhearts.hhs.gov/files/MH-meaningful-progress.pdf>

## Format and Presentation of Figures, Graphics, Tables, and Appendices

### Figures and Graphics (placed after the reference list; do not embed within the text)

- Figures should be submitted as electronic graphic files in TIF, JPG, EPS, or PDF format, with the resolution set at a minimum of 300 dpi. Limit figures to a maximum of 5. A photo release form must accompany any photographs where patients may be seen. Figure legends may be phrases or complete sentences:

**Figure 2.** Kinesthetic Testing Using an Electronic Inclinator

Figures should be numbered consecutively. For helpful guidelines on submitting figures online, visit Cadmus Journal Services (<http://www.cadmus.com/>). Lettering should be large, sharp, and clear, and abbreviations used within figures should agree with *OPTP* style. Color photographs are encouraged but must be of excellent resolution and good contrast.

- Tables should be formatted in Word and placed together at the end of the manuscript, after the references. Tables should be numbered consecutively and limited to a maximum of 5. Use left alignment of all cells to aid readability.

*Tables* – provide tables to present information more clearly and concisely than if presented in the text. Table titles are usually written as phrases and each major word is capped. Axis labels and column headings are sentence-style capitalization of all elements and the text is left justified:

**Table 1.** Physical Examination Findings for the Patient in this Case Report

|                          |   |
|--------------------------|---|
| Sensation                | Light touch intact for L1-S2 dermatomes   |
| Strength                 | Strong and painless resisted isometric contractions of L1-S2 myotomes   |
| Range of motion          | (+) pain with sustained end range lumbar flexion and extension<br>(-) changes with repeated motions (flexion/extension)<br>(-) aberrant motions |
| Neurodynamic mobility    | (-) seated slump test<br>(-) straight leg raise<br>(both tested bilateral)  |
| Functional core strength | Impaired (see below)  |
| Palpation/joint mobility | Pain with unilateral and central posterior-anterior testing bilaterally L3-5<br>Hypermobility of the L3-5 segmental levels                      |
| Special tests            | (+) Active straight leg raise >91°<br>(+) Prone instability test  |

- Appendixes are cited in the text as a table or figure would be and are placed at the end of the text before the references. Please note an appendix contains supplementary material that is not an essential part of the text itself, but which may be in helpful in providing a more comprehensive understanding or is information that is too cumbersome to be in the included in the body of the paper.

### **SIG Newsletters**

All SIG newsletter submissions must first be edited and approved by the SIG representative for suitable content prior to submission to OPTP Editors. Articles **MUST** not exceed a 2700 maximum word count (~3 printed pages), limit figures and/or tables to no more than 4 figures and no more than 4 tables (permissions to reprint must be obtained for borrowed material), and adhere to the AMA style, 11th ed. for references. SIG newsletters



that exceed the maximum word count or number of figures and/or tables will be considered by the Editor on an individual basis but are discouraged due to space limits.

**Articles should be sent to Sharon Klinski, *OPTP* Managing Editor at [sklinski@orthopt.org](mailto:sklinski@orthopt.org)**