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## Instructions for authors

The *Spanish Journal of Arthroscopy and Joint Surgery (Revista Española de Artroscopia y Cirugía Articular)* is the official journal of the Spanish Association of Arthroscopy (Asociación Española de Artroscopia). It is an open access publication that includes articles of interest for arthroscopic surgeons, and is published in Spanish and English. All the articles can be accessed in full-text format in both languages at <https://fondoscience.com/reaca>. The journal offers its readers up-to-date information about arthroscopic techniques and results, publishing the best basic and clinical research studies, review articles, technical notes, clinical cases and editorials addressing the latest advances in arthroscopic surgery and related specialties. All articles are subjected to peer review. Letters to the Editor and comments on the contents or policies of the journal are always welcome.

All originals submitted to the *Revista Española de Artroscopia y Cirugía Articular* for consideration must comply with the instructions for authors.

The studies must have been approved by the Ethics Committees and must follow the standards on animal wellbeing of the institutions of the signing authors.

The authors should take the following considerations into account before submitting their article to the *Revista Española de Artroscopia y Cirugía Articular*:

- Any manuscript or any part of a manuscript submitted to the *Revista Española de Artroscopia y Cirugía Articular* must constitute original work, must have been written by the stated authors, and must not have been published elsewhere. The author or co-authors must not have published or submitted for publication any article of similar characteristics in another journal.

- While the submitted article is being evaluated by the *Revista Española de Artroscopia y Cirugía Articular*, the authors must agree not to submit the manuscript for possible publication in any other journal.

- If, on the basis of the contents, the submitted manuscript may be interpreted as representing a duplication (in whole or in part) of another current or pending article of the author or co-authors, it will be the responsibility of the corresponding author to inform the editors of the *Revista Española de Artroscopia y Cirugía Articular* accordingly, and clarify this possible conflict in advance,

in order to allow the *Revista Española de Artroscopia y Cirugía Articular* to assess the convenience of evaluating the submitted manuscript.

### Copyrights and ethical responsibilities

The copyrights of all the published articles belong to the Spanish Foundation of Arthroscopy (Fundación Española de Artroscopia) and the Spanish Association of Arthroscopy (Asociación Española de Artroscopia). The main author of the manuscript, in representation of the rest of the authors, must sign a form expressly transferring these rights. The mentioned form can be found on the journal website (<https://fondoscience.com/reaca/normas-editoriales>). This same form also inquires about the authorship of legends and figures, and whether pertinent permission for their publication has been obtained.

In addition, a reminder is made referred to the ethical responsibilities of the authors and any conflicts of interest there may have been in conducting the research project.

### Submission of manuscripts

The manuscripts can be submitted via e-mail to: [reaca@fondoscience.com](mailto:reaca@fondoscience.com). The authors can find all the information needed for submission on the website: <https://fondoscience.com/reaca/normas-editoriales>. The manuscripts can be submitted in Spanish or English.

The review articles and manuscripts of the resident's backpack will be made upon invitation from the Editor-in-Chief or the associated editors. However, potentially interested authors are encouraged to send an e-mail to the *Revista Española de Artroscopia y Cirugía Articular* ([reaca@fondoscience.com](mailto:reaca@fondoscience.com)) with ideas for articles of this kind, since such proposals are always welcome and will be duly evaluated.

Surgical techniques must always be accompanied by a video following the recommendations provided below.

The manuscript word count does not include the title page, the title, references or figure legends.

## Format of the text

All articles submitted for publication (original papers, reviews, systematic reviews, meta-analyses, case reports) are to abide with the following recommendations referred to style:

- The text is to be submitted in a Microsoft Word file. Use Times New Roman font size 12.
- Use a spacing of 1.5 and set 12 points after each paragraph throughout the manuscript.
  - Use continuous line numbering throughout the text.
  - The text is to be aligned to the left, without adjusting to the right-side margin.
  - Enter a single space after a full stop.
  - Enter the return key at the end of each paragraph (i.e., there should be no blank line between paragraphs).
    - Enter two return keys between headings of each paragraph and the preceding text.
    - Decimal points are written as commas in Spanish and as points in English.
    - Enter a space between numerical values and the corresponding units or percentage symbol.

### Recommended maximum article sizes

Type of article	Word count	References	Figures (parts of figures)	Tables
Original paper	4000	35	7 (15)	4
Review/ systematic review/meta-analysis	4000	75	10 (24)	4
Surgical technique	3000	25	10 (24)	4
Clinical case	1500	15	5 (10)	2
Resident's backpack	3000	25	5 (10)	4

*All originals are to include a title page, abstract, conflicts of interest statement, and blinded manuscript.*

## Preparation of the manuscript

### Original papers, reviews, systematic reviews, meta-analyses

#### 1. Title page

The title page should include the title of the article, the full names and degrees of the authors and their affiliations, contact information (address, telephone and e-mail) of the corresponding author, and a short title (maximum 45 characters, including spaces). The specific affiliation of

each author should be stated. Acknowledgements should also be included on this page.

It is advisable to include the ORCID identifier ([www.orcid.org](http://www.orcid.org)) of each of the authors, to allow the users to locate the history of the articles in the web version of the publication.

Conflicts of interest: the main author, in representation of all the authors of the article, will be required to complete a form referred to potential conflicts of interest. Access to the form: <https://fondoscience.com/reaca/normas-editoriales>.

#### 2. Abstract

In original papers, systematic reviews and meta-analyses: the abstract will have a maximum of 300 words (excluding level of evidence, clinical relevance and key words) and should be structured as follows:

- **Objective:** one or two phrases defining the objective, with no reference to background.
- **Methods:** description in sufficient detail of the study methods.
- **Results:** the results are to be presented with data, p-values and standard deviation of the mean. The most important results should be presented first.
- **Conclusions:** the conclusions should be limited to what was found in the study. Do not include unrelated information not supported by the study data.
- **Level of evidence:** the guidelines found in the table "Level of evidence" should be followed.
- **Clinical relevance:** a summary of why the study is important from the clinical perspective should be provided.

In review articles, resident's backpack and surgical techniques: submit a non-structured abstract of no more than 300 words.

Clinical cases: a non-structured abstract of no more than 200 words should be submitted.

**Key words:** include 3 to 5 terms or expressions reflecting the main ideas of the article.

#### 3. Structuring of the text

The body of the text corresponding to original papers, systematic reviews and meta-analyses should be structured into the following sections: Introduction, Methods, Results, Discussion and Conclusions - in addition to References and Figure legends, Tables and Videos (where applicable).

Free choice structuring of the body of the text is allowed in the case of reviews.

Case reports, surgical techniques and resident's backpack have specific structures that are detailed below.

The first page of the blinded manuscript should only state the title, since all manuscripts are blinded to the re-

Level of evidence						
Type of study	Question	Level I	Level II	Level III	Level IV	Level V
Diagnosis	Is this (early detection) test worthwhile?	Randomized controlled trial	Prospective cohort study	Retrospective cohort study	Case series	Expert opinions
	Is this diagnostic or monitoring test accurate?	Testing of previously developed diagnostic criteria (consecutive patients with reference standard applied consistently and with blinding)	Development of diagnostic criteria (consecutive patients with reference standard applied consistently and with blinding)	Retrospective cohort study	Case series	Expert opinions
Prognosis	What is the natural history of the disease?	Control arm of a randomized controlled trial	Prospective cohort study (patients enrolled in different moments of their disease) Control arm of the randomized trial	Retrospective cohort study Case-control study	Case series	Expert opinions
Therapeutic	Does this treatment help? What damage is there?	Randomized controlled trial	Prospective cohort study	Retrospective cohort study Case-control study	Case series Historical control study	Expert opinions

viewers. Likewise, no identifying information should be included in the text, e.g., the initials of an author, the names of the institutions where the study was carried out, or phrases such as "our study" followed by a literature reference, since this would reveal the authorship of the manuscript.

### 3.1. Introduction

The Introduction should be to the point, mentioning the problem leading the authors to contemplate the study, and including a very concise review of the most relevant literature. The Introduction should end by specifying the objective of the study and the working hypothesis.

### 3.2. Methods

Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration), and study population (demographic data, duration of follow-up) in the case of retrospective studies.

A detailed description of the statistical techniques used for data analysis is to be provided. When stating "no significant differences between the two groups were observed", it is very advisable to have conducted a study of statistical power, with the inclusion of alpha and beta values and standard deviation. Use of the word "significant" requires the presentation of the corresponding p-value.

The pertinent 95% confidence interval is to be presented each time the results of survival analysis, relative risk or odds ratio are presented in the text, tables or figures. The use of the word "correlation" requires the presentation of the corresponding correlation coefficient.

The *Spanish Journal of Arthroscopy and Joint Surgery* (*Revista Española de Artroscopia y Cirugía Articular*) endorses the use of validated evaluation instruments. It is advisable to use both a generic health outcome measure (such as the SF-36 or SF-12) and a specific measure for the joint, extremity or disease condition.

Approval of the study by the corresponding Ethics Committee must be indicated.

### 3.3. Results

A detailed description of the data obtained in the study is required, following the order of the Methods. The final follow-up rate must be at least 80% (i.e., less than 20% of subjects lost to follow-up), in order to minimize bias. In general, articles that do not meet this criterion will not be accepted for publication. Results obtained after less than one year of follow-up are rarely accepted for publication in the *Spanish Journal of Arthroscopy and Joint Surgery* (*Revista Española de Artroscopia y Cirugía Articular*).

All the data in the text must be concordant with the data in the rest of the manuscript, including tables, figures and legends. Data comparisons should be presented

in tables, and are to be reported as the mean  $\pm$  standard error of the mean, with confidence intervals.

### 3.4. Discussion

The Discussion should start with an independent paragraph presenting the most important result of the study. Be concise. What does the study show? Is the working hypothesis confirmed or rejected? The results of the study should be compared and contrasted against others found in the most relevant international literature - particularly recent publications - though no exhaustive review of the literature is necessary.

A specific section referred to the limitations of the study should be included in the Discussion, analysing the data and discussing the limitations.

### 3.5. Conclusions

A brief account should be provided of what the study contributes in relation to the problem initially specified in the Introduction. Special care should be taken to draw conclusions only from the actual results of the study. Check that the conclusions are firmly supported by the data, and, in particular, avoid affirmations that go beyond the scope of the study, or unnecessary statements such as "further studies are needed". The conclusions in the text must coincide with those stated in the Abstract.

### 3.6. References

With regard to literature references, the journal follows the "Uniform requirements for manuscripts submitted to biomedical journals" (see the *New England Journal of Medicine* 1997;336:309-15 or <http://www.icmje.org/>). The references are to be cited in the text as superscript numbers in parentheses, and are to appear in consecutive numerical order. Do not include unpublished material or personal communications in the reference list. If necessary, unpublished material can be cited in the body of the text, placing the corresponding information in parentheses. For example: (J. Vaquero, personal communication [month and year of publication]).

State the names of all authors when up to 6; when 7 or more, all the authors may be stated or alternatively, state the first three or 6, followed by et al. (in italics and with a stop after "al"). The journal name abbreviations can be consulted in the Index Medicus/Medline (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). It is the responsibility of all the authors to ensure the exactness of the references. The journal website offers an EndNote template for formatting the references (<https://fondosciencia.com/reaca/normas-editoriales>).

Use these examples for formatting the references:

#### Journal article

Abat F, Gelber P, Sarasquete J. Reparación artroscópica de la luxación acromioclavicular aguda con sistema de suspensión coracoclavicular. Técnica isométrica y anatómica. *Rev Esp Artrosc Cir Articul.* 2012;19:6-12.

#### Book chapter

Ruiz-Ibán M. Tenodesis de la porción larga del bíceps con tornillo interferencial. Técnica Biceptor. In: Sánchez Alepuz E, ed. *Artroscopia del hombro. Indicaciones y técnica quirúrgicas*. Valencia: Graphimage-Graffor; 2011. pp. 321-6.

Detrisac AD. Arthroscopic shoulder staple capsulorrhaphy for traumatic anterior instability. In: McGinty JB, Caspari RB, Jackson RW, Poehling GG, eds. *Operative arthroscopy*. New York: Raven Press; 1991. pp. 517-28.

#### Book

Boileau P. *Shoulder concepts 2012. Arthroscopy, Arthroplasty & Fractures*. Montpellier: Sauramps Medical; 2012.

#### Article in press

Shin SJ. A comparison of 2 repair techniques for partial-thickness articular-sided rotator cuff tears. *Arthroscopy*. 2011 Oct 14. doi:10.1016/j.arthro.2011.07005. Epub ahead of print.

Please do not use the Microsoft Word references system, since these functions are lost during the editorial process; place the references as superscript numbers in the text.

### 3.7. Figure legends and videos

Provide an independent and fully detailed legend for each figure, and if a given figure is presented in several parts, e.g., if Figure 5 has three parts or figures, clearly indicate the following in the legend: "Figure 5. a) xxxxxx; b) yyyyyyy; and c) zzzzzz". The legends must have meaning in themselves, i.e., they should contain a complete message that can be read and understood on an isolated basis, as if the reader were only concentrating on the fig-

ure without looking at any other or without reading the text. In arthroscopic images, make sure to mention the position of the patient, the side and the visioning port used. All abbreviations and symbols used in the figures are to be defined *in situ*.

### 3.8. Tables

The tables - each on a separate page - are to be clearly written, with a short descriptive title above the tabulated data and footnotes. Define all abbreviations. The duplication of text found in the text or in the figures is to be avoided.

### 3.9. Figures

Figures are taken to be images in the form of photographs, diagrams, algorithms, graphic representations or illustrations. All figures are to be cited in order in the manuscript as Figure 1, Figure 2, etc., independently of the type of image. Identifying information, such as the names or institutions of the authors, are to be eliminated from the figures. Graphic representations and drawings are to be of professional quality. All markings are to be removed from radiographs and clinical photographs (patient initials, dates, names of institutions, etc.). Markings on figures (e.g., arrows or letters) are to be of professional quality. These identification markings are to be large enough to be legible, even if the image is of reduced size. Radiographic sequences are to be of the same magnification. The topic must be centred on the clinical photographs. Figures published previously as commercial publicity or other commercial material cannot be presented as a figure. Furthermore, financial or technical support in the preparation of original figures or videos must be explicitly stated in the legends to the figures and videos, and in the opening titles of the videos.

The figures are to be submitted each in a separate file together with the rest of the manuscript. Do not include figures in the body of the text of the manuscript. The images are to be submitted in JPG, PNG or TIFF format with a minimum width resolution of 800 pixels. Do not use presentation software such as PowerPoint or CorelDraw.

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### 3.10. Videos

Authors are openly encouraged to present a video that will be published on the journal website as supplementary material related to an original paper, surgical technique, review or clinical case study.

The recommended video formats are: MPEG-2 (.mpg), MP4 (.mp4) or QuickTime (.mov). A single video per manuscript is allowed; not videos of several parts. The maximum duration of the videos is 4-5 minutes. Audio is very advisable.

### 3.11. Details referred to style

Names of drugs: only use generic names in reference to drug substances. After the first mention, place any employed generic variant in parentheses.

**Abbreviations:** follow the norms of the Spanish Royal Academy (Real Academia Española).

## Structure of other manuscripts

### Surgical technique

Manuscript preparation in reference to "Surgical techniques" should follow the same editorial norms as those mentioned above for original papers, reviews, systematic reviews and meta-analyses, with the following particularities:

1. The presentation preferably should be made with a video.
2. A title page with the aforementioned characteristics should be included.
3. A non-structured abstract should be included (maximum 300 words), with its translation into English.
4. The recommended video formats are: MPEG-2 (.mpg), MP4 (.mp4) or QuickTime (.mov).
5. The maximum duration of the video is 8 minutes. The maximum video file size is 800 MB.
6. Priority will be placed on techniques that are infrequent, innovating, personal, etc.
6. The description of a surgical technique should comprise:
  7. The description of a surgical technique should comprise:
    - 7.1. Introduction
    - 7.2. Presentation of the technique, where the following order is advised:
      - a) Indications.
      - b) Instruments and needs.

- c) Technique.
  - d) Postoperative management.
- 7.3. Discussion.
- 7.4. Conclusions

### Clinical cases

Manuscript preparation in reference to "Clinical cases" should follow the same editorial norms as those mentioned above for original papers, reviews, systematic reviews and meta-analyses, with the following particularities:

1. The abstract should not be structured (maximum 200 words).
2. The body of the text of a clinical case should comprise the following:
  - 2.1. Introduction
  - 2.2. Presentation of the case, with the following recommended order:
    - a) Clinical condition, signs and symptoms, course. Data of clinical relevance.
    - b) Mechanism of injury or triggering cause.
    - c) Personal history.
    - d) Physical examination.
    - e) Main complementary tests.
    - f) Differential and definitive diagnosis.
    - g) Treatment plan, describing the treatment provided, supported by figures of the surgical technique and video (if applicable), following the editorial norms specified above.
  - 2.3. Discussion.
  - 2.4. Conclusions.
3. In addition, the references, figure legends and video legends (if applicable, and following the editorial norms specified above).

### Resident's backpack

Manuscript preparation for the resident's backpack should follow the same editorial standards commented above for original papers, review articles, systematic reviews and meta-analysis, with the following particularities:

1. Include a title page with the characteristics mentioned above.
2. Include a non-structured abstract (maximum 300 words).
3. Start with a brief introduction explaining the nature of the problem to be addressed.
4. Include 5-10 articles which the author considers to be state-of-the-art references on the specific subject of the paper.

5. Each article should be presented separately, first citing as title the name of the author followed by the year of publication (e.g., Itoy et al., 2020).

6. For each article, include the full title of the paper in the text.

7. The following should be presented for each article: the context in which it was published, the methodology used, the essential findings, its repercussion and limitations.

8. Provide a brief paragraph referred to the conclusions.

### Manuscript review process

The Editor of the journal or one of the Co-editors will perform a first assessment of each text received. They may decide to return an article if it fails to meet the editorial norms or lacks the minimum required scientific quality. Once this first assessment has been made, each article will be forwarded to two reviewers (Editorial Board) who will perform a blind review (without knowing the authorship of the text) and issue one of four possible recommendations: accepted, requires minor corrections, requires major corrections, rejected. Based on these recommendations, the Editor or Co-editor will make a decision regarding the original, which may include the intervention of a third reviewer in the event of a conflict of opinions between the aforementioned two reviewers.

If the article requires minor or major corrections, it will be returned to the authors with a copy of the suggested corrections. Manuscripts revised and returned within 30 days from the date of request of corrections will receive priority for publication. If the revised manuscript is not received within 60 days, it will be considered cancelled to the effects of publication.

The revision of the manuscript should be carried out using the "Track changes" option of Microsoft Word. Also use the line numbering option of the program and make sure to select the "continuous" numbering option. In a separate document, include the answers to the comments of the reviewers, answering each comment of the reviewer and providing an explanation of the changes made to the text – specifying the line number where the change can be found..

### Manuscript proofs

Once the article has been accepted and formatted for publication, a manuscript proof (in PDF format) will be sent to the author via e-mail. The corrections are to be returned within 48 hours following reception of the proofs. Please check all parts of the document, including text, references, tables, figures and legends carefully.