GUIDELINES FOR AUTHORS

No matter what type of manuscript is submitted, all share a few common components. Whenever writing a paper, authors should have a point to be made. The more specific that point, the easier it is to write and the more directed the manuscript becomes. A single important point is much more valuable to the reader than numerous general proclamations.

The following guidelines were developed to help prospective authors properly format their manuscripts. Not only does this guide contain the technical aspects of Journal format, but it also describes each section of a manuscript and what it should contain. It is hoped that these suggestions will benefit both novice and experienced authors in preparing a paper and speeding it through the review process.

The guidelines listed below are in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (February 2006 revision) of the International Committee of Medical Journal Editors (http://www.icmje.org). The Journal adheres to the principles, policies, and general procedures listed in the Uniform Requirements as well as the American Medical Association Manual of Style, 10th Edition.

PARTS OF THE MANUSCRIPT

Abstract. The abstract should be a short summary of the content. It should serve to whet the appetite of a potential reader. For reports of research studies, the abstract should be structured using the headings Background, Methods, Results, and Conclusions. Other types of papers should have an unstructured abstract. The abstract is probably the single most important determinant of whether a paper will be read. It should not be written as an afterthought.

Introduction. The introduction should provide an overview of the topic. State the point: Why is it important to write this paper? This is where the review of the literature should be included. A historical perspective on the particular case, disease, or procedure is appropriate. Where has it been described before, if ever? Is there a related diagnosis, classification, or procedure that has been previously described? It is a common mistake for an author to disregard this section and address the above questions in the discussion. The other extreme is to take an “everything you always wanted to know about . . .” approach. The author should again ask, “What is the single most important point I am trying to communicate?” Provide only a select review of material directly related to that point.

Discussion. Following the results (in a study) or the case presentation, a discussion should be included. It is this section that is used to tie together the background discussed in the introduction and the newly presented material. What do the new data or case show? How do the new data or case compare with previous results? If there is variation, why? What do the results or case present that is unique? Why should the reader care? The most common mistake in this section is to use it as a continuation of the introduction. This is not the place to bring up a literature review that should have been addressed in the introduction. It is where the author must ask, “Can I substantiate that single most important point I wish to make with my data or case? If so, how?”

Conclusion. The conclusion is simply a restatement of the point to be made and confirmation that it has, in fact, been made successfully by the material presented.

Tables and Illustrations. Tables, graphs, line drawings, and photographs are useful in clarifying different aspects of the work. They should be used sparingly. Do not place material in a table that is already in the text. Conversely, if data are tabulated, then giving the details within the text is redundant. Photographs and line drawings are used to graphically show a concept that is difficult to put into words. They should be selected carefully. If the unusual aspect of a surgical procedure is the osteotomy, then a series of photographs depicting the initial incision through the cosmetic closure is unnecessary. If you are “posing” the subject for photography, place the subject against a contrasting background (light against dark or dark against light) such as carpeting or a blanket. Avoid placing a white foot or object such as a cast against a white sheet. Figure legends should be brief and used to highlight the important point illustrated by that figure. They should not include textual descriptions that are better suited for the body of the paper.

Digital figures are preferred and should conform to our digital-figure specifications. (See “Technical Guidelines for Figures” elsewhere in this issue.) If initially submitted figures are not publication-quality, such figures should be submitted with any revised version of the manuscript. If digital figures are not available, hard-copy figures should be mailed to...
the Editorial Office. Traditional photographs should be glossy black-and-white prints, clear, and in sharp focus, preferably measuring 4 × 6 inches; x-rays must be converted to black-and-white prints. The figures must be clearly marked in pencil on the reverse with the figure number, authors’ names, and orientation (top). All figures must be numbered and cited sequentially in the text. Written permission is needed to reprint figures taken from another source.

It is appropriate to acknowledge illustrators and photographers in the acknowledgment paragraph. The Journal does not credit individual illustrations or photographs.

References. Any idea or thought that is not original needs to be referenced. Although this sounds like an unusually broad dictum, it is best to be cautious when dealing with the possibility of plagiarism. Plagiarism takes many forms, from the blatant lifting of entire passages without proper credit to the seemingly innocuous use of secondary references. If an original or classic description was published in the early 1800s in German, and this paper appears in a manuscript reference list, the author should be able to prove that he or she has possession of or has read that paper.

A frequently raised issue is the use of references from the podiatric medical literature. Many manuscripts have been received covering topics described in the podiatric medical literature yet containing few, if any, of these references. The profession should be proud of the broad spectrum of topics covered in its journals and refer to them frequently.

All references must be numbered and listed in the order in which they appear in the text; after a reference has been cited once, it retains its original number. References must be formatted in JAPMA style.

The style for articles is: author(s), title of article, journal name, volume, page, and year:


The style for books is: author(s), chapter title, title of book, volume number, editor(s), opening page number of chapter cited, publisher, location of publisher, and date of publication:


If a reference has more than three authors, “et al” is used after the third name. Unpublished references, such as personal communications, should be cited within the text; they should not be included in the reference list. Additional references, those not cited in the text, must appear in alphabetical order following the regular reference list.

Types of Manuscripts

The Journal publishes many different types of manuscripts. Some of the most common types are described below.

Research Study

The most desirable type of manuscript from a purely “scientific” standpoint is the prospective controlled study. Retrospective studies will be considered for publication if appropriate mention is made in the discussion of any potential flaws inherent in the study design. Along with the standard sections, “Materials and Methods” and “Results” must be included.

Materials and Methods. This section is used to spell out exactly how the study was performed. If a commonly recognized technique is used, then the source should be noted and referenced. There should be sufficient detail to allow another investigator to duplicate the study solely on the basis of the written methodology. If human subjects are used, the granting of approval through an institutional review board, or the equivalent, should be mentioned, and the manner of obtaining informed consent from participants should be stated. Authors of retrospective studies should try to explain how all variables were controlled to validate the work.

Results. This section presents all of the collected data. Depending on the study, this may be handled best by the use of tables, graphs, or text. Do not comment on the data; that is reserved for the discussion. Statistical analysis performed should be presented in this section.

Case Reports

Case reports are welcome clinical additions to the Journal. Before writing, determine that the presented case will be of sufficient interest to the readership. Has the condition been reported in the last few years? Is this case unique enough to warrant publication?

The case should be concise. This is not the forum for a “review of the literature.” The introduction should be no more than two to three pages in length, outlining previously published reports of the presented condition. The actual case follows. Include only information pertinent to the point being made. “Op-report” format is inappropriate. In cases where a pathologic diagnosis was made, a photomicrograph must be included. The discussion briefly describes how this particular case varied from, or was consistent with, the previous reports outlined in the introduction. The case report is then closed with a short conclusion.
Literature Review

The purpose of a literature review is to comprehensively and critically assess the variety of opinions on a particular subject. This is usually followed by a conclusion drawn from the author’s personal experience on a particular subject. This is not the forum for a “book report” of previous publications. Almost by definition, this type of manuscript must be written by an authority with expert knowledge of the topic. For this reason, most literature reviews are solicited from an acknowledged authority by the editorial staff of the Journal.

Clinically Illustrated

New techniques or procedures may be best showcased in this format. Examples include a new variation on a surgical procedure or a new treatment for diabetic foot ulcers or other conditions. The premier features of this type of article are the figures. Detailed text is neither required nor acceptable. The series of figures should be accompanied by a brief introduction explaining the rationale for the article. Figure legends can be slightly more detailed than those normally required. The discussion need only be long enough for the author to justify this new technique in light of other more established procedures. Referencing is important to give the reader background for comparison.

Clinical Correspondence

This type of article was developed to allow authors to alert the profession to an important or interesting finding or development. It does not undergo the rigorous peer review of other types of papers. Think of clinical correspondence as if you were writing a letter with the salutation “Dear Colleagues.” Examples might include limited experience with a new device or technique, a newly found drug interaction, or an unusual case that would be of interest to others but may not meet the more stringent requirements for a case report. The paper should be only three to four double-spaced manuscript pages. A maximum of three figures can be included, only if necessary. References are included if indicated but should not be extensive. A benefit of this format is that it allows busy clinicians, who may not have ample time or access to medical libraries and residents, a means by which to share their vast experiences.

Submission Process

Manuscripts should be submitted electronically using the online submission system at http://japma.allentrack.net (also accessible from the home page of JAPMA Online, http://www.japmaonline.org). Authors without Internet access may submit manuscripts by mail to Editor, Journal of the American Podiatric Medical Association, 9312 Old Georgetown Road, Bethesda, Maryland 20814-1621; phone: 301-581-9200; fax: 301-530-2752; e-mail: atheuring@apma.org. Please include a computer disk (3.5-inch high-density disk or compact disk) with all text parts of the manuscript contained in one file.

The staff of the Journal hope that these guidelines will assist prospective authors in the proper writing and formatting of their manuscripts. If these suggestions are followed, there should be less need for extensive editing and for telephone calls asking the author for more information. This should speed the editorial process to the benefit of both the Journal and the author.

WARREN S. JOSEPH, DPM
Editor

Manuscript Checklist for Authors

General
1. Manuscript has not been published or submitted elsewhere.
2. Full addresses, telephone and fax numbers, and e-mail addresses provided for all authors.
3. No more than six authors listed.
4. Author affiliations limited to two institutions.
5. Student paper coauthored by a faculty member.
6. Resident’s paper need not be coauthored by Director but must have letter of approval.

Text, Figures, and Tables
1. Abstract included. No longer than four or five sentences. Structured if paper is a report of a research study.
2. Subheads at regular intervals.
3. Letters of permission included for reprinted material.
5. Figures are cited in text.
6. Figure legends appear together at the end of the manuscript.
7. Tables are numbered sequentially and cited in text.
8. References follow Journal guidelines and are cited sequentially in the text.
9. Podiatric references have been used if available.
10. Products mentioned by trade name are followed by manufacturer information.
11. If pathologic diagnosis, a photomicrograph is included.