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About the journal

Founded in January 2016, *Clinical Trials in Orthopedic Disorders* (CTOD; ISSN: Print -2542-4157, Online - 2542-4165) is a peer-reviewed, open-access international journal (http://www.clinicalto.com/) published, with its mission focused on reporting creative clinical and translational advancements on the subject of orthopedic disorders.

The journal publishes papers on a broad range of the latest clinical findings of orthopedic disorders. The journal is also committed to publishing articles on general trial methodology as well as protocols regardless of outcome or significance of findings. The topic including but not limited following:

•Orthopedic Trauma •Spine Surgery •Joint Surgery •Hand and Ankle Surgery •Microsurgery •Orthopedic Imaging
•Pediatric Orthopaedics •Bone Tumor •Sports Medicine •Orthopedic Pain •Orthopedic Rehabilitation

CTOD uses a rigorous and timely peer-review process that ensures the highest quality for publication. The journal ensures the accuracy, timeliness and completeness of the database's content. *CTOD* achieve the largest display through the most influential international journal platform.

The Editorial Process

Each submission to *CTOD* passes through a quality control check and peer-review evaluation process before receiving a decision. The initial in-house quality control check deals with issues such as pla requirements for studies involving human participants or animals, financial disclosures, in full compliance with *CTOD*'s data availability policy. Submissions may be returned to authors for queries, and v reviewers until they pass the quality control check.

Peer Review Process

Once the manuscript has passed quality control check, it is assigned to the strict double-blinded peer review process for a decision, either to accept, revise, or reject the article. Before manuscripts are regarding their availability, conflicts of interest with the manuscript, their agreements to have their names and comments published afterwords. A peer review report together with the reviewer's name, if 15–20% of submitted manuscripts are published in *CTOD*. Most manuscripts will be evaluated by 3–5 external reviewers. Average time from the submission to the first editorial decision is 1 month. The paper with sophisticated review comments from other recognized journals in the field. According to these comments, the academic editors will make a decision as to accept, reject, request a revision or

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achie information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Reviewer Recognition

The quality of *CTOD* depends on the effort that is generously contributed by our reviewers who have dedicated their expertise and time helping to ensure we publish great science. *CTOD* will provide a comments with more than 150 words and complete the peer-review process within 14 days. We encourage the reviewers to share and discuss their review comments on Publons (www.publons.com). C Publons.

Complaints Process

This procedure applies to complaints about the policies, procedures, or actions of the *CTOD*'s editorial staff. We welcome complaints as they provide an opportunity and a spur for improvement, and we constructively. The procedure outlined below aims to be fair to those making complaints and those complained about.

Definition:

Our definition of a complaint is as follows:

a. The complainant defines his or her expression of unhappiness as a complaint.

b. We infer that the complainant is not simply disagreeing with a decision we have made or something we have published (which happens every day) but thinks that there has been a failure of process– response—or a severe misjudgement.

c. The complaint must be about something that is within the responsibility of *CTOD* editorial office – i.e. content or process.

How to make a complaint:

a. Complaints may be made by phone, email, or letter, ideally to the person the complainant is already in contact with over the matter being complained about. If that is not appropriate please email: stm
b. Whenever possible complaints will be dealt with by the person to whom they are made. If that person cannot deal with the complaint he or she will refer it to the Editor-in-Chief.
c. Complaints about editorial matters that are sent to Medknow officers and officials will usually be referred in the first instance to the Editor.
d. All complaints will be acknowledged (immediately on the phone, within seven working days if by email or post).
e. If possible a definitive response will be made within two weeks. If this is not possible an interim response will be given within two weeks. Interim responses will be provided until the complaint is finally
f. If the complainant remains unhappy, complaints should be escalated to the editor, whose decision is final.
g. If the complainant has exhausted the internal processes and is still unhappy he or she can complain to the following body:
The Committee on Publication Ethics COPE publishes a code of practice for editors of scientific, technical, and medical journals http://www.publicationethics.org.uk/. It will consider complaints against e
procedures have been exhausted.

Clinical trial registry

CTOD favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. *CTOD* would publish clinical trials that have been registered with a
public. Registration in the following trial registers is acceptable:

Australian New Zealand Clinical Trials Registry (ANZCTR)
Brazilian Clinical Trials Registry (ReBec)
Chinese Clinical Trial Register (ChiCTR)
Clinical Research Information Service (CRiS), Republic of Korea
ClinicalTrials.gov
Clinical Trials Registry - India (CTRI)
Cuban Public Registry of Clinical Trials (RPCEC)
EU Clinical Trials Register (EU-CTR)
German Clinical Trials Register (DRKS)
Iranian Registry of Clinical Trials (IRCT)
ISRCTN.org
Japan Primary Registries Network (JPRN)
Pan African Clinical Trial Registry (PACTR)
Peruvian Clinical Trials Registry (REPEC)
Sri Lanka Clinical Trials Registry (SLCTR)
Thai Clinical Trials Register (TCTR)
The Netherlands National Trial Register (NTR)

This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for pu
retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the four components mentioned below:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should hav
responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing
changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institution
justification, if the number of authors exceeds these limits.

Update your ORCID record after publication
The first author or the corresponding author should provide ORCID upon manuscript submission. *CTOD* also helps authors to register a unique ORCID identifier to uniquely identify author's publication.

Contribution Details

Provide at minimum one contribution for each author in the submission system. Contributions will be published with the final article, and they should accurately reflect contributions to the work. The sub
information at submission, and we expect that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time.

The author's names are listed in the following format: full family (sur)name followed by abbreviated family and first and middles names. For example, "WCL and LL contributed equally to this work. WCL
study. WCL, ZCC, HF and WXM performed the research. XJZ and LJR contributed new reagents and analytic tools. WCL, LL and FJF analyzed the data. WCL, LL and FJF wrote the manuscript. All au

Conflicts of Interest/ Competing Interests

Authors:

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.
Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) are the most easily identifiable conflicts of interest and the most
authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships or rivalries, academic competition, and intellectual beliefs. Authors should avoid entering in
non-profit, that interfere with authors' access to all of the study's data or that interfere with their ability to analyze and interpret the data and to prepare and publish manuscripts independently when and

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they're reviewing before its publication to further their own interests.

Editors and Journal Staff:
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participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any c
staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitm
same procedures.

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Registered authors can keep track of their articles after logging into the site using their user name and password.

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If you experience any problems, please contact the editorial office by e-mail at stm.ctod.editor@gmail.com.

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscrip

[1] **Title Page/First Page File/covering letter**:

This file should provide

1. The type of manuscript (original article, clinical trial protocol, case report, review article, Perspective, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors/ contr
   designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited, . All information which can reveal your identity should be here. Use text/rtf/d
2. Source(s) of support in the form of grants, equipment, drugs, or all of these;
3. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) ack
   acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
4. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that
   same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the ed
5. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
6. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in
7. Criteria for inclusion in the authors'/ contributors' list
8. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author beli
   that information is not provided in another form (see below); and

9. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if th

[2] **Blinded Article file**: The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding aut **size to 1 MB**. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The page the first page of the blinded article file.

[3] **Images**: Submit good quality color images. **Each image should be less than 2 MB in size**. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1 submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or em images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

Contributors' form / copyright transfer form can be submitted online from the authors' area on http://www.journalonweb.com/cto.

Preparation of Manuscripts

Read the journal scope and criteria for publication for information on what *CTOD* publishes. *CTOD* welcomes presubmission inquiries. Manuscripts should be organized as follows.

CTOD accepts manuscripts written in American English.

Title page:
Title: 20 word maximum. Titles should be written in sentence case (only the first word of the text, proper nouns, and genus names are capitalized). Avoid specialist abbreviations if possible. For specific meta-analyses, the subtitle should include the study design.

Author list: All authors must meet the criteria for authorship in accordance with the standard proposed by the International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org/). Author names(unabbreviated) should be given as first name, and family (sur)name. A hyphen should be included between the syllables of Chinese names, for example Xiao-Ming Xu.

Affiliations: The affiliation includes department, university, or organizational affiliation and its location, including city, state/province (if applicable), and country. If an author has multiple affiliations, ente system, enter only the preferred or primary affiliation.

Corresponding Author(s): Include the academic degree (e.g., M.D., Ph.D., B.S.) and an email address for each corresponding author listed on the title page of the manuscript. The submitting author i author in the submission system. The corresponding author is the primary contact for the journal office and the only author able to view or change the manuscript while it is under editorial consideration the submission system, but this does not restrict the number of corresponding authors that may be listed on the article in the event of publication. Whoever is designated as a corresponding author on t upon publication.

ORCID: The corresponding author must provide an ORCID iD at the time of submission by entering it in the user profile in the submission system.

Funding information: This information should describe sources of funding that have supported the work, including full names of foundation that funded the study or authors, specific grant numbers, an important to gather these details prior to submission because your funding information cannot be changed after initial submission without journal approval. If your manuscript is published, your statemen

Main body:
Abstract: ≥500words, structured abstract. Please minimize the use of abbreviations and do not cite references in the abstract. Reports of randomized controlled trials should follow the CONSORT exte following separate sections:

- Background: the context and purpose of the study
- Methods: how the study was performed and statistical tests used
- Results: the main findings
- Conclusions: brief summary and potential implications
- Trial registration: If your article reports the results of a health care intervention on human participants, it must be registered in an appropriate registry and the registration number and date of reg

Key words: 8-10 keywords that reflect the main content of the study. Each keyword is separated by a semicolon.

Introduction: 500 words maximum. The Background section should include:
- The background to the study;

- A summary of the existing literature;
- Specific purpose and hypothesis why this study was necessary or its contribution to the field.

Subjects and Methods: The methods section should include:
- The study design: (1)Trial design: Description of trial design (such as parallel, factorial); (2) Ethical approval: the name of the approving institutional review board or equivalent committee(s) and its a
- The participants: (1) the recruitment process: Settings and locations where the data were collected and (2) Eligibility criteria: including inclusion criteria, exclusion criteria, rejection criteria;
- Intervention: The interventions for each group with sufficient details to allow replication, including how and when they were actually administered;
- Outcome measures: Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed;
- Sample size and power: How sample size was determined;
- Statistical analysis: Statistical methods used to compare groups for primary and secondary outcomes; Methods for additional analyses, such as subgroup analyses and adjusted analyses
- Data management:
- Data review: (1) Data review Committee; (2) Researchers' qualification; (3) Audit; (4) Compensation to the subjects; (5) Compensation to the Harms;
- Ethics and Dissemination: (1) Ethical approval; (2) Changes to the protocol; (3) Informed Consent; (4) Confidentiality; (5) Data collection; (6) Cares for the Harms; (7) Dissemination Policy;

Results: This should include the findings of the study including, if appropriate, results of statistical analysis which must be included either in the text or as tables and figures.
Statistical analysis: Authors must provide detailed information for each statistical test applied including: the type of test; specific p values (not > or <); degrees of freedom; population size; definition of p
number of animals, number of slices, number of times treatment was applied, etc.); and if performed, what correction was used to adjust for multiple pair wise comparisons.

Discussion: 1500 words maximum. This section should discuss the implications of the findings in context of existing research and highlight limitations of the study.

Trial status: Authors should report the protocol version number and date, the date recruitment began, and the approximate date when recruitment will be completed.

Figures and Tables: Flow diagram which displays the progress of all participants through the trial should be provided.
Figure legend(s) and Table title(s) are provided. The order and numerical labeling of tables and figures is consistent with their appearance and presentation in the text. Symbols in tables (e.g., +, -, ×, ÷,
footnotes. Only one legend is provided for each multi-panel figure consisting of color graphs, black and white graphs, or line graphs that depicts data of the same theme. For example: Figure 1 Patholog
after treatment. (A) …. (B) …. (C) …. (D) …. (E) …. (F) ….

References: 30 references minimum for original article, which 30% of cited references should have been published within the preceding 3 years. *CTOD* has adopted the reference style of *JAMA*. Pleas

Additional information requested at submission:
Author contributions: Provide at minimum one contribution for each author in the submission system. Contributions will be published with the final article, and they should accurately reflect contributio
completing this information at submission, and we expect that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time.
The author's names are listed in the following format: full family (sur)name followed by abbreviated family and first and middles names. For example, "WCL and LL contributed equally to this work. WCL
study. WCL, ZCC, HF and WXM performed the research. XJZ and LJR contributed new reagents and analytic tools. WCL, LL and FJF analyzed the data. WCL, LL and FJF wrote the manuscript. All au

Financial support: Financial Disclosure Statement should include: (1)Specific grant numbers; (2)Initials of authors who received each award; (3)Full names of commercial companies that funded the s
salary or other funding from commercial companies; (5) whether any sponsors or funders (other than the named authors) played any role in Study design/Data collection and analysis/Decision to publis
If they had no role in the research, include this sentence: "The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript."
If the study was unfunded, include this sentence as the Financial support: "The author(s) received no specific funding for this work."

Acknowledgment: Those who contributed to the work but do not meet the authorship criteria should be listed in the Acknowledgments with a description of the contribution.

Conflict of interests: All potential competing interests must be declared in full. If the submission is related to any patents, patent applications, or products in development or for market, these details, in
in full.
If all authors have nothing to declare, include this sentence as the Conflicts of interest: "None declared."

Institutional review board statement: e.g. "The research involving human participants must have been approved by the hospital ethics committee (Approval number and date of approval). The study
Declaration of Helsinki. Participants. The study was registered in Trial Registry (registration number and date of registration), compulsory for all prospective clinical studies."

Declaration of participant consent: E.g. The authors certify that they have obtained all appropriate patient consent forms. In the form the patients have given their consent for their images and other c
patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.
Facial photos of human subjects should be obscured whenever possible to comply with publishing standards.

Reporting statement:

For human subjects research, the manuscript should conform to the following reporting guidelines according to ICMJE:

- Randomized trials: CONSORT
- Non-randomized trials: TREND
- Observational studies: STROBE
- Systematic reviews: PRISMA
- Case reports: CARE
- Quality improvement studies: SQUIRE
- Diagnostic accuracy studies: STARD
- Economic evaluation studies: CHEERS
- Other types of health-related research: Consult the EQUATOR web site for appropriate reporting guidelines

Biostatistics statement: E.g. The statistical methods of the study should be reviewed by the biostatistician of their institution.

Data sharing statement:

(1) Will individual participant data be available (including data dictionaries)?

(2) What data in particular will be shared (single choice)?

- All of the individual participant data collected during the trial, after deidentification
- Individual participant data that underlie the results reported in this article, after deidentification (text, tables, figures, and appendices)

(3) What other documents will be available (multiple choice)?

- Study Protocol; Statistical Analysis Plan; Analytic Code; Informed Consent Form; Clinical Study Report

(4) When will data be available (start and end dates) (single choice)?

- Immediately following publication, No end date;
- Beginning 3 months and ending 5 years following article publications
- Beginning 9 months and ending 36 months following article publication

(5) With whom (single choice)?

- Anyone who wishes to access the data
- Researchers who provide a methodologically sound proposal
- Investigations whose proposed use of the data has been approved by an independent review committee (“learned intermediary”) identified for this purpose

(6) For what types of analyses (single choice)?

- Any purpose; To achieve aims in the approved proposal; For individual participant data meta-analysis

(7) By what mechanism will data be made available (single choice)?

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- Proposals should be directed to xxx@yyy. To gain access, data requestors will need to sign a data access agreement. Data are available for 5 years at a third party website (Link to be included).
- Proposals may be submitted up to 36 months following article publication. After 36 months the data will be available in our University’s data warehourse but without investigator support other than dep

proposals and accessing data may be found at (Link to be provided).

Supporting Information:

Authors can submit essential supporting files and multimedia files along with their manuscripts. All supporting information will be subject to peer review. List supporting information captions at the end o

Text. Title is strongly recommended. Legend is optional.

For prospective clinical study, the following documents are encouraged to upload:

(1) Institutional Review Board Approval Document;

(2) Clinical Trial Protocol;

(3) Signed Informed Consent Form;

(4) Checklist of Reporting Guidelines, e.g. CONSORT 2010 Checklist.

Other supporting documents are welcomed, including:

(1) The approved grant application form;

(2) Copyright License Agreement;

(3) Conflict-of-interest Disclosure form (Download from http://www.icmje.org/conflicts-of-interest/).

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Types of Manuscripts

Original Articles:

CTOD will consider manuscripts on any clinical topic that is relevant to all aspects of orthopedic disorders.

Study Protocols:

Study protocol articles will only be considered for proposed or ongoing trials that have not completed patient recruitment at the time of submission.
Please confirm the status of your study at submission. If the study has already undergone full external peer review as part of the ethics approval or funding process, the study protocol will usually only u
Proof of both ethics and funding will be required and we recommend that authors provide the relevant documentation on submission. Study protocols without major external funding will undergo full, ext
approval will generally not be considered.

Reviews:
Invited reviews are topical reviews, generally 6,000 words in length, which cover a current topic of interest in nervous system diseases.

Case Reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical signific
communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, R
The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

Letters to the Editor:
Brief communications and case reports should offer an important new observation and not simply review the literature. In rare instances, we will consider case reports for this article type, but only if the

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• **Correction:** A notice of correction will be issued by *CTOD* to correct substantial errors that appear in published articles when these errors significantly affect the content or understanding of the work (
error affects the publication's metadata (e.g., misspelling of an author's name). In these cases, *CTOD* will publish a correction that will be linked to the original article. In very rare cases, we may choose
course is taken, a correction notice will also be created to document the changes to the original article.
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Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized	http://www.consort-statement.org

	controlled trials	
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf

Ethical Guidance

According to ICMJE recommendations, the authors should follow all ethical principles for medical research involving humans and experimental animals.

Requirements for Ethical Issues Related to Clinical Trials

• All studies performed involving human should be registered in clinical trials registry platform, such as ClinicalTrials.gov, prior to participant recruitment. The registry platform and register identifier should be provided upon submission and included in the abstract of the manuscript.
• The ethics committee and the approval number(s) should be stated in papers. Prospective clinical studies with no registration will not be accepted by *CTOD*. In addition, informed consent of study and
• Clinical manuscripts should be written according to the reporting guidelines at www.equator-network.org. Additionally, checklists and a flow chart should be provided upon submission.

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Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines: i. Authors patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices. ii. I anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicat ed in the manuscript.

Sending a revised manuscript

Authors who receive a decision of minor revision or major revision have 21 days to resubmit the revised manuscript.
If you are submitting a revised manuscript, the following items with your revised submission are required:
• Response to reviewers form: Address the specific points made by each reviewer.
• Revised manuscript (traced copy): Include a traced copy of your manuscript file showing the changes you have made on the original submission.
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• ResearchGate, https://www.researchgate.net/
• Kudos, https://www.growkudos.com/
• Mendeley, https://www.mendeley.com/
• Figshare, https://figshare.com/
• DataCite, https://www.datacite.org/
• Google+, https://plus.google.com/discover
• Facebook, https://www.facebook.com/
• Twitter, https://twitter.com/
• LinkedIn, https://www.linkedin.com/
• Wikipedia, http://en.wikipedia.org/wiki/Acanthamoeba_keratitis#References

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Covering letter

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- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Last name and given name provided along with Middle name initials (where applicable)
- Author for correspondence, with e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

Presentation and format

- Title page contains all the desired information
- Abstract page contains the full title of the manuscript
- Abstract provided (unstructured abstract of 250 words for original articles, structured abstracts of about 200 words for all other manuscripts excluding letters to the Editor)
- Key words provided (three or more)
- Headings in title case (not ALL CAPITALS)
- Send the article file without 'Track Changes'

Language and grammar

- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics

Tables and figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)
- Labels pasted on back of the photographs (no names written)
- Patients' privacy maintained (if not permission taken)
- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

Discussion (1,000 words maximum)

- Past contributions and existing problems of others in the field of research
- Discuss the major novel findings of the study and describe the different characteristics from other studies
- Disclose the limitations and bias to embody the authenticity of the contents
- Indicate the theoretical significance and practical application value of the present results and make a strong conclusion

References: use the 10th edition of American Medical Association (AMA) citation style.

Figures and Tables
Additional files
File 1: SPIRIT checklist (mandatory)
File 2: Research Organization and list of Investigators (if applicable)
File 3: Ethical Approval (if applicable)
File 4: Informed Consent Form (if applicable)

Research Articles

Title: 90 characters (20 words) maximum
Abstract: This should be structured with the following sections.

- Background and objectives
- Design
- Methods
- Results
- Conclusion

Registration details should be included in this section.
Keywords: Five to ten keywords representing the main content of the article.
Introduction (1,500 words maximum)
- Research background:
- Novelty of this study:
- Main objective:

Materials/Subjects and Methods

Results: Main findings of the study
Discussion (1,000 words maximum)
- Past contributions and existing problems of others in the field of research
- Discuss the major novel findings of the study and describe the different characteristics from other studies
- Disclose the limitations and bias to embody the authenticity of the contents
- Indicate the theoretical significance and practical application value of the present results and make a strong conclusion

References
-Original articles should cite references that have been published within the preceding 3 years. CTOD has adopted the 10th edition of American Medical Association (AMA) citation style.
Books, Reference Books, and Book Chapters:

- Theis JL. *Case Studies for the Occupational Therapy Assistant*. Clifton Park, NY: Delmar Cengage Learning; 2011.
- Martin S, Kessler M. *Neurological Interventions for Physical Therapy*. 2nd edition. St. Louis, MO: Saunders Elsevier; 2007.
- Baxyk S, ed. *Mental Health Promotion, Prevention, and Intervention with Children and Youth: A Guiding Framework for Occupational Therapy*. Bethesda, MD: The American Occupational Thera
- Olson L. *Development and Implementation of Groups to Foster Social Participation and Mental Health*. In: Bazyk S, ed. Mental Health Promotion, Prevention, and Intervention with Children and Therapy. Bethesda, MD: The American Occupational Therapy Association, Inc.; 2011: Chapter 5.

Academic Journals

- Simmons L, Smith T. Effectiveness of Pre-operative Physiotherapy-Based Programmes on Outcomes Following Total Knee Arthroplasty: A Systematic Review and Meta-Analysis. *Phys Ther Re* Ipswich, MA. Accessed April 30, 2015.

- Khetani MA. Validation of Environmental Content in the Young Children's Participation and Environment Measure. *Arch Phys Med Rehabil*. 2015;96:317-322.

- Godoy MFG, Oliani A, Guimarães T, Azoubel L, Silva Oliveira R, de Godoy J. Clinical treatment of arm lymphedema in an outpatient setting: Two years of follow up. *J Phlebology & Lympholo* [s Academic Search Complete, Ipswich, MA. Accessed April 30, 2015.

- Subauste CS. Autophagy as an antimicrobial strategy. *Expert Rev Anti Infect Ther*. 2009;7(6):743-752. doi:10.1586/eri.09.41.

Web Page:

- American Physical Therapy Association. Professionalism. American Physical Therapy Association. http://www.apta.org/Professionalism/. Published June 2007. Updated March 25, 2011. Access

Figures and Tables

Invited Reviews

Word limit: 6,000 words maximum including the abstract, but excluding references, tables and figures.
Title: 90 characters (20 words) maximum.
Abstract: 250 words maximum, unstructured.
Keywords: Five to ten keywords representing the main content of the article.
Body: The body should consist of a comprehensive, objective, and critical overview that is based almost exclusively on information that has been published in peer-reviewed reports. Authors are expec even-handed manner. The review should thoroughly describe the mechanisms of injury and disease, pathophysiology, diagnosis, and treatment. Use appropriate subheadings as needed.
Conclusion: The conclusion should include a brief summary of the article and a clear indication of future research.
References: CTOD has adopted the 10th edition of American Medical Association (AMA) citation style.
Figures and Tables

Letters to the editor

-An in-depth analysis of an issue published in this or other journals.
-Evaluation of novel techniques, methods, and theoretical studies of concern to readers.

-Issues must meet the journal's publishing criteria and be of interest to its readers.

Structure

-Maximum of 2,000 words, excluding references. No abstract, tables, or figures.

Title

-Maximum of 90 characters (20 words).

Correspondence/Findings

Author information

References

-Maximum of 5. Use the 10th edition of American Medical Association (AMA) citation style.

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The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, the colored text in the article.

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