

Oxford Textbook of Orthopaedics and Trauma

Second Edition

Information and instructions for authors from the editors and publisher

Please read carefully

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Oxford Textbook of Orthopaedics and Trauma Introduction

We are grateful to you for joining us in this challenging task to produce a new edition of a renowned textbook, aimed at FRCS (Orth) level orthopaedic surgeons in training, covering a wide range of information which will appeal to consultant level surgeons. These 'instructions to authors' are intended to help first-time authors of this Textbook and to remind previous contributors, who will be revising their chapters, about our aims and preferred style and content. We realize how easy it is to ignore such instructions or to read them only after the manuscript has been submitted! **Please read these Instructions and come back to us if they seem either inappropriate or unclear. Please note that the section editors reserve the right to edit submitted chapters to fit with these requirements and to give the book a standard style. They may therefore cut, re-order, and even rewrite parts, although obviously it will be a huge saving in time and work if the submission already fits into the format required for this book.**

Obligatory standard format for chapters – note that all headings will not be required for all subjects

Where appropriate, please adopt the following format:

- **Chapter Heading**
- Essentials
Required for all chapters – a summary of the key points in 5-10% of the word allowance
- Introduction
- Historical perspective
Brief – no more than 5% of the word allowance
- Aetiology, genetics, pathogenesis and pathology
- Epidemiology
- Prevention
- Clinical features
- Differential diagnosis
- Clinical investigation
- Criteria for diagnosis
- Treatment
- Prognosis
- Other issues (e.g. consider health economic aspects)
- Areas of uncertainty or controversy
- Likely developments over the next 5-10 years
- References
Five per thousand words (major reviews and landmark papers only)

Style

Although each author will use his or her natural style and there will be many variations because of personality and geography we should like to maintain a thread of uniformity. To that end we offer these suggestions.

Please start your chapter with a short section on the background and importance of the subject. A table showing the importance worldwide would be helpful. Please do not start with an historical review.

The next section should deal with the underlying causes (but avoid overlap with the Fundamentals Section of the book), and classification in relation to pathogenesis and treatment. If you are concerned that some of the material that you have written might overlap with another chapter then please 'Flag' this to us so that we can check this and sort it.

Continue with a discussion of symptoms, signs and investigations; information on sensitivity and specificity of the latter should be given.

A discussion on treatment, including non-operative and operative methods should follow. Actual operative technique should not be included. A discussion on outcomes and complications should also incorporate evidence from literature.

The chapter should end with a summary; this may include comments on need for further research, simple flow charts for diagnosis, and guidelines for management.

Boxes throughout the chapter may deal with specific topics that the reader will find helpful to have described, but which will spoil the flow if included in the main text.

A template for your guidance is included below.

Template

Incidence and prevalence

Anatomy

- Normal
- Pathological

Associated pathology

Classification

- History
- Physical examination

Investigation

- Imaging
- Other studies

Management

- Initial
- Operative
- Non-operative
- Post-treatment care

Special circumstances

Results

- Evidence based

Complications

Future directions

Conclusion

References

- Key references to be annotated
- General references

International Readership

Please remember to use words and explanations that will be understood internationally. Avoid local jargon. Your readers will be students, registrars, consultants, and solo practitioners in developing and developing countries.

<p>1. Do not use sentences or clauses beginning: 'It has been reported that...' 'It has been suggested...' 'It is possible...' 'X has been shown to be...' These clauses and others like them can always be eliminated or replaced with simpler, less equivocal and more direct expressions. e.g. 'It has been suggested that intra-articular fractures lead to early osteoarthritis' Could be replaced with: 'Intra-articular fractures may lead to osteoarthritis'</p>	<p>2. Use concrete terms and exact references. The use of 'this' to refer to a concept or state of being is rarely appropriate. A pronoun should refer to a clear and unambiguous antecedent.</p>
<p>3. Be direct and simple. Use coordinate sentences if the two parts of a sentence have equal weight. Use complex sentences (i.e. those with dependent clauses) if one idea is subordinate to another.</p>	<p>4. Never say a phenomenon is high or low without giving the quantitative amount. Always give units. The SI system should be used throughout except where usage dictates otherwise. The solidus, not negative indices, will be used in compound units.</p>
<p>5. Use paragraphs freely. Readers will remember short expositions better than long ones. Where possible information should be divided up into screen-sized (250-300 words) bites or less.</p>	<p>6. Use subheads calculated to guide the reader through the text easily. For editing purposes, please provide an indication of the hierarchy of your headings. Six levels of heading are available.</p>
<p>7. Begin most paragraphs with a topic sentence. After the topic sentence, marshal arguments to discuss it. Dismiss outmoded material briefly and use historical references sparingly. References to one good, easily available review will provide the reader with a better coverage of the earlier literature than we can include.</p>	<p>8. Please use boxes if they are appropriate. A box may contain expansion of the definition of a concept or condition mentioned in the main text. Boxes can include Table of Figures or one or two References. No box should be larger than one screen size.</p>
<p>9. In so far as possible, the <i>Oxford English Dictionary</i> and <i>Webster's International Dictionary</i>, 3rd Edition, should be the sources of spelling.</p>	<p>10. Whenever possible the scientific evidence for recommendation should be given. You should be able to transmit the benefit of your experience and wisdom, but state when this is not based on scientific evidence.</p>

References

Please provide 5 references per 1000 words. References should be strictly relevant and up to date. Please annotate reviews and the five key references in the List. When submitting your chapter please provide a photocopy of the front page of each journal reference, to include the abstract. For references to books, please provide copies of the title page (thus providing the necessary bibliographical details), and the first page of the chapter to which you are referring.

The Harvard system (name and date system) should be used to cite references in the text. Full details of the reference list are given in Appendix 1.

Drug names and dosages

Use generic or chemical, Recommended International Non-proprietary Names (rINNs) not commercial (proprietary), names for drugs. Where two names coexist (e.g. frusemide and furosemide) give the European usage first and the American usage in parentheses. Give precise instructions wherever possible, but **check the dosages and the units** on your typescript and proofs carefully. On the galley proofs please initial each drug dose to confirm that you have checked it. The primary responsibility for this aspect is yours.

Practical information

Submission of chapters

We will edit the text of your contribution and typeset electronically. Please submit your chapter by e-mail as a word document, with illustrations saved as separate files, to the editorial coordinator stated in your letter of agreement. A list of illustrations and tables must be included with the submission, indicating which are drawn from previously published material. The appropriate permission letters from the copyright holders must be attached. A chapter will not be accepted without these permissions in place.

Limits

Whether you are revising and/or updating a chapter or section from the first edition, or writing a new chapter or section, you must keep within the word and page limit allocated in your letter of agreement. Make allowances for Figures, Tables, and References when calculating the length of your text. Deduct at least 300 words for a small Table or Figure. Approximately 1000 words make one page of printed text. If you feel unduly restricted by the limit of words, please discuss the problem at an early stage with your editor.

Deadline

Please submit your disk and manuscript by the agreed deadline. Late submission of manuscripts delays publication of large textbooks more than any other factor. The editors and publishers, therefore, have agreed that any author whose manuscript has not been delivered by an agreed date will be asked to stand down, and contingency arrangements for the chapter will be used.

Please do not allow a lack of illustrations to delay submission. Send the text immediately, with a request for help. The Nuffield Orthopaedic Centre, Oxford has a large X-ray library which they are prepared to make available for assistance. In addition, illustrators are available to help with or create illustrations. If you wish to use these services, please supply appropriate information, references and notes to clarify your needs.

Proofs

Oxford University Press will send editors and authors electronic proofs (as pdf files) of the text and illustrations. *Please print out, check carefully and return hard copy within the period stated in their covering letter.* Failure to do so will result in your corrections being omitted from the final product. **It is in your own interests to check the proofs exactly.** Please initial each drug dose on the galley proofs of your contribution(s) to confirm that you have checked it.

Illustrations, Tables, and Algorithms

We expect illustration and tables to occupy about 25% of your word count. A page of text will incorporate 1000 words. Please deduct 300 words for a small table or illustration, and 500 words for a large one from your total word allocation.

Where possible use graphical means to show statistics. Feel free to provide the statistics for us to create a graph, or other figure if you cannot provide one yourself.

Comment [CB1]: Is there any help that we can give with illustrations (either paying part of cost of preparation) or in house artists. This is a big problem for writers and we need to be clear now what we will and will not do.

Don't forget that where a patient can be identified their permission must be obtained.

Please submit all Figures as separate items, not embedded in the text of the manuscript. Alternatively, submit graphs and charts on disks. All photo images should be provided in .tif or .jpeg format, with a resolution of 300dpi, and all line drawings should be provided with a dpi of 1200. The legend (caption) accompanying every Figure and Table should explain it without reference to the body of the text. Supply Tables and Figure legends on separate pages at the end of the manuscript.

Permissions

If you include material, whether Table or Figures, from other published sources (even your own work), **you must seek permission to reproduce such material from the copyright owner** *even if they were used in the previous edition* and submit these documents with your manuscript; no chapter will be accepted without them. It is your responsibility to obtain (and pay for) these permissions. Please see Appendix 2 for a sample permissions letter. Note that it is important that the 'electronic' rights are obtained in every case; If not, then when your contribution is reproduced in any electronic version of the text (including on-line), there will be 'gaps' instead of the material for which we do not have rights.

Note: you must seek permission even for modified or adapted tables and figures.

In order to obtain copyright permission, we recommend you visit the website of the publisher you want to seek permission from as most have a standard, user friendly, online form which you can use to apply for permission.

When you have received the necessary written permissions please forward them to Anna Winstanley, Anna.winstanley@oup.com Medical Books, Oxford University Press, Great Clarendon St, Oxford, OX2 6DP, UK.

Here are some publishers' websites which you may find useful:

Lippincott, Williams & Wilkins - <http://www.lww.com/resources/permissions/index.html>
Elsevier - http://www.elsevier.com/wps/find/supportfaq.cws_home/permissionusematerial
OUP Books - email Shelagh Phillips shelagh.phillips@oup.com
OUP Journals – email Chris Payne chris.payne@oxfordjournals.org
Blackwell - <http://www.blackwellpublishing.com/rights/>
British Medical Journal - <http://www.bmjournals.com/misc/perm1.shtml>

Some publishers will only accept permission requests which are submitted using their online form. However, if you cannot find an online form for the relevant publisher, we suggest you apply to them in writing using the template letter below.

NB: permission requests can take weeks to process so it is best to apply well in advance of your chapter submission date

You will need to submit the written permission you have received to OUP, making it clear which chapter and figure/table it correlates to.

Patient consent

If there is any chance that a patient may be identified from a case report or illustration, please obtain the written consent of the patient for its publication (see Appendix 3 for suitable form; guidelines on its use are appended to your letter of agreement from OUP). Patients are usually willing to give consent. Black bands across the eyes in illustrations are ineffective in disguising the patient, and changing details of patients (in case reports) to try to disguise them is a bad scientific practice. It is also important that 'electronic' rights are obtained from patients (see previous paragraph).

Appendix 1: Examples of correct style of References

Use Harvard referencing throughout.

References in the text should be written out and placed within the text. For example, (Jones 1999), (Jones and Brown 1999), but use (Jones et al. 1999) for papers with more than two authors. The references should then be listed in alphabetical order at the end of the chapter, with single-author papers preceding two-author papers, which should appear in alphabetical order of the second authors and then chronologically. All authors should be included in a reference when there are six or less but only the first three followed by et al. when there are seven or more.

Book Valenstein, E.S. (1998). *Blaming the Brain*. (New York: The Free Press)

Book chapter Frese, F.J. (1994) Twelve aspects of coping for persons with serious mental illness, in L. Spaniel, C. Gagne, and M. Koehler (ed.) *Psychological and Social Aspects of Psychiatric Disability*, pp.145–55, (Boston: Center for Psychiatric Rehabilitation)

Journal article Roback, H.B. and Abramowitz, S.I. (1979). Insight and hospital judgement. *Canadian Journal of Psychiatry*, 24, 417–24

Website Faculty of Public Health of the Royal College of Physicians of the United Kingdom. What is public health? Available at: http://www.fph.org.uk/faculty/what_public_health/default.asp (accessed 29 June 2005)

Please check all your references carefully

Appendix 2: Sample letter requesting permission to reproduce or adapt previously published material

To the Publisher
(address to Permissions Department)
And the Author

Date
Please reply to:
(Author)
(Address)

Dear Sir/Madam

I wish to request permission to use some of the material from the following book:

Author/Editor:

Title:

Year of publication:

Material: *(Include figure and page numbers, and title, and state whether the illustrations are to be reproduced exactly or redrawn.)*

The material is to be included in the following academic textbook to which I am a contributor.

Editors: Professor David Warrell *et al.*

Title: *The Oxford Textbook of Medicine*, fifth edition. To be published by Oxford University Press in 2009.

Rights required: non-exclusive world rights in all languages; non-exclusive rights to reproduce this material in electronic and paper versions of the *Oxford Textbook of Medicine* (or any subsidiary rights in such an electronic version). Full acknowledgement to the source will be made. If it is necessary to apply to the author also, I should be grateful if you could give me his or her present address.

A duplicate copy of this letter is enclosed for your convenience. If you are agreeable, please sign one copy and return it.

Yours faithfully

Appendix 3: Patient consent form for medical recording
Sample patient consent form for general use - Oxford University Press

CONSENT TO PUBLICATION OF MATERIAL ABOUT THE PATIENT

PLEASE USE BLOCK CAPITALS

Patient name.....

PATIENT CONSENT

I hereby confirm that I give consent for the **material** set out on the attached request form to be published.

It has been explained to me that the material has educational value. I therefore consent to the material being shown to appropriate professional staff (i.e. health care professionals, including students) and published in educational publications, journals, textbooks in any form or medium (including all forms of electronic publication or distribution) anywhere in the world without time limit. I also understand that it is possible that the material may be seen by the general public. All or any part of the material may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration. I understand that efforts will be made to conceal my identity, but that full anonymity cannot be guaranteed.

I understand that I may view the material by arrangement with However, once the material is made available for research or teaching purposes (which shall include publication), I realise that recovery of the material may not be possible. I understand that no fee is payable by or any other person for use of the material either now, or at any time in the future.

I confirm that the purpose for which the material may be used has been explained to me in terms which I have understood. It has been made clear to me that refusal to consent will in no way affect my medical care. I confirm that I am over 16 years old, of sound mind and that I am not signing under any form of duress.

To be completed by the patient or parent/guardian, or next of kin if the patient is under 16 years of age, or deemed unfit to give legal consent.

Full name:.....
Address:.....
SignatureDate:.....
(Patient, parent/guardian or next of kin)

Signature..... Date.....

Hospital details

.....

.....

Date:.....

This form is largely based on the consent form of Oxford Medical Illustration, John Radcliffe Hospital, Oxford and their kind permission in making their consent form available is gratefully acknowledged

Appendix 4: Checklist for manuscript delivery

Delivery deadline:

	Hard copy	Disk
Complete text		
Complete illustrations		
Complete references		
Copies of letters giving permission to reproduce Figures/tables/text		
Copies of signed patient consent for identifiable clinical illustrations		
Notification of any recent/imminent change of address		

Please send your contribution to

Keep a copy of all the material you send