

**2023 Instructions for Authors Submitting a Manuscript for the  
Annual Scientific Conference Awards of Excellence Competition**

**Submission Deadline: August 3, 2022**

**Notification** regarding acceptance will be sent **by October 2022**

**Before** preparing and submitting your paper, **read carefully** the ***Call for Manuscripts*** (Information/Policies) at [acfas.org](http://acfas.org) and the following ***Author Instructions***.

- Only ***Scientific Format*** papers will be accepted for this Competition.
- Manuscripts must be submitted electronically in Microsoft Word format.
- Images must be in JPEG or GIF format and **inserted into your manuscript document before submitting**. Insert images **after the text** and label appropriately.
- Maximum document size is **20 MB**; photos may be low resolution.
- Manuscripts will only be accepted in one of the eleven **Classifications** listed in the ***Call for Manuscripts***.
- **Use generic names** whenever possible instead of proprietary or brand names.
- **Double-space** and left margin justify.
- **Submit final version**; **do not** submit version that shows edit tracking.

**ORGANIZATION OF MANUSCRIPT**

- Number each page consecutively in the bottom right corner with the title page as page 1.
- Identify main sections by bold left margin headings.
- Contents of your paper should appear as follows:  
**1) Title page, 2) Abstract, 3) Level of Clinical Evidence, 4) Text (Introduction, Patients (or Materials) and Methods, Results, Discussion), 5) Acknowledgments, 6) References, 7) Tables, 8) Figures, and 9) Legends.**

**Title Page:** Include title of manuscript, authors, and their credits, including academic degrees, name of institution (hospital/school), city and state (and country if not the United States). The primary and correspondent author(S) should be clearly identified and their phone number(s), e-mail, and mailing addresses provided.

**Abstract:** **Submit abstract of no more than 250 words**; this should be on a separate page (page 2) of the submission. It should briefly introduce the research problem, explain methods, summarize results, and provide a conclusion. No abbreviations or bibliographic references/citations should be included.

**Level of Evidence:** Immediately following the Abstract section, the author is to designate the paper in accordance with the Level of Clinical Evidence as depicted in the table on Page 3 of this document.

**Introduction:** Should support the rationale for the study. The background provided in the introduction should be complete and to the point without being verbose. The purpose of the study should be clearly stated.

**Patients and Methods (or Materials and Methods):** This section should provide information about study design, patient population, patient selection, operational definitions for study variables and outcomes, and statistical methods used to evaluate the data. This section should clearly state if outcomes are based on physical examination, chart review, telephone interview, or questionnaire. The inclusion/exclusion criteria should be clearly stated. Operational definitions must be defined (i.e., "osteomyelitis was determined by a positive culture and histopathology after bone biopsy"). The method of statistical analyses and the level of significance should be provided.

**Results:** Descriptive data, such as measures for central tendency, dispersion, and frequency should be appropriate. The data should be clearly presented, and all figures and tables should be appropriate. Statistical significance must be clearly stated.

**Discussion:** The discussion section offers the authors' interpretation of the results of their investigation. The discussion should thoroughly address results of the study as they relate to previously published reports, as well as their relevance to clinical medicine. The existing medical literature specifically related to the subject of the manuscript should be included. Limitations and shortcomings of the study, such as potential bias, confounding factors, etc., should be addressed. Do not include a separate "Conclusion" subsection, as the final paragraph of the discussion should describe the authors' conclusions.

**Acknowledgements:** In general, acknowledgments should not be made to those that have contributed to the manuscript while performing the role of their regular occupation.

**References:** Supply references numbered in the exact order they appear in the text (not alphabetical) and typed double-spaced beginning on a new page. References not identified in the text should be listed as *Additional References*. Unpublished sources must be included in parentheses within the body of the text, not in the bibliography. Abbreviations for journal titles should conform to *Index Medicus*. Reference examples include:

*Article:*

1. Mendicino RW, Orsini RC, Whitman SE, Catanzariti AR. Fibular groove deepening for recurrent peroneal subluxation. *J Foot Ankle Surg* 40:252-263, 2001.

*Book:*

2. Trevino SG. Disorders of the hallucal sesamoids. In *Foot and Ankle Disorders*, pp 379-398, edited by MS Myerson, WB Saunders, Philadelphia, 2000.

**Tables:** Each table must be on a separate page. Any abbreviations or footnotes should be indicated by lower case alphabetical superscripts beneath the table. All tables and illustrations must be original, unless indicated otherwise. Those already published in other sources should be accompanied by a letter from that publishing company and author granting permission for their use.

**Figures:** Should be clear and support the specific points of the text. Figures, tables, and their accompanying legends should be able to stand alone, communicating the meaning and significance of the information without reference to the main text.

**Figure legends:** Figure legends and table titles must be submitted for each illustration and table.

**Note:** If you are also submitting your paper to the *Journal* for consideration for publication, follow the detailed instructions provided authors on the *JFAS* web site ([acfas.org](http://acfas.org)).



**Levels of Evidence for Primary Research Question**

<b>Types of Studies</b>				
	<b>Therapeutic Studies-- Investigating the Results of Treatment</b>	<b>Prognostic Studies-- Investigating the Effect of a Patient Characteristic on the Outcome of Disease</b>	<b>Diagnostic Studies-- Investigating a Diagnostic Test</b>	<b>Economic and Decision Analyses-- Developing an Economic or Decision Model</b>
Level 1	<ul style="list-style-type: none"> <li>High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals</li> <li>Systematic review<sup>2</sup> of Level-1 randomized controlled trials (studies were homogeneous)</li> </ul>	<ul style="list-style-type: none"> <li>High-quality prospective study<sup>4</sup> (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>
Level 2	<ul style="list-style-type: none"> <li>Lesser-quality randomized controlled trial (e.g. &lt;80% follow-up, no blinding, or improper randomization)</li> <li>Prospective<sup>4</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-2 studies or Level-1 studies with inconsistent results</li> </ul>	<ul style="list-style-type: none"> <li>Retrospective<sup>6</sup> study</li> <li>Untreated controls from a randomized controlled trial</li> <li>Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or &lt;80% follow-up)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Development of diagnostic criteria on basis of consecutive patients (with universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>
Level 3	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> <li>Retrospective<sup>6</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>Study of nonconsecutive patients (without consistently applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Analyses based on limited alternatives and costs; poor estimates</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>
Level 4	Case series <sup>8</sup>	Case series	<ul style="list-style-type: none"> <li>Case-control study</li> <li>Poor reference standard</li> </ul>	<ul style="list-style-type: none"> <li>No sensitivity analyses</li> </ul>
Level 5	Expert opinion	Expert opinion	Expert opinion	Expert opinion

1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.
2. A combination of results from two or more prior studies.
3. Studies provided consistent results.
4. Study was started before the first patient enrolled.
5. Patients treated one way (e.g., with arthrodesis) compared with patients treated another way (e.g., with arthroplasty) at the same institution.
6. Study was started after the first patient enrolled.
7. Patients identified for the study on the basis of their outcome (e.g., failed arthrodesis), called “cases”, are compared with those who did not have the outcome (e.g., had a successful arthrodesis), called “controls”.
8. Patients treated one way with no comparison group of patients treated another way.

This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see [www.cebm.net](http://www.cebm.net).