

see the shortcomings of their manuscript until other surgeons with similar expertise and interests have reviewed it. Another helpful tool is to have the manuscript edited by a professional author's editor prior to submission. This type of service is only available at a cost; however the benefits are usually well worth the price when one considers the improvements relative to format, style, and clarity. At *JFAS*, many authors have found the services of a professional medical editor (<http://www.tomlangcommunications.com/A1>) very helpful in this regard. Authors who have their work reviewed prior to submission are at an advantage in comparison to those that do not, and are more likely to get their paper published.

In conclusion, clinical investigation requires attention to a number of important factors, including the building blocks of good clinical evidence and study design, in order to obtain publishable results. Planning before collecting data is very helpful, and increases the likelihood that one's efforts will not be wasted due to bias that fatally flaws the investigation. Moreover, careful attention to the particular journal's Guide for Authors, as well as their style and formatting requirements, increases the likelihood that the report will get accepted for publication. Having a colleague review the manuscript prior to submission also pays dividends that far exceed the extra work that it takes to ask a fellow surgeon to consider the paper. This overview only scratches the surface of clinical investigation and publication, but does provide a general guide to how to approach an investigation aimed at shedding light on a clinical question.

D. Scot Malay DPM, MSCE, FACFAS

References

- Greenland S. Basic methods for sensitivity analysis of biases. *Int J Epidemiol* 25:1107–1116, 1996.
- Sjöström B, Dahlgren LO, Haljamäe H. Strategies in postoperative pain assessment: validation study. *Intensive Crit Care Nurs* 15(5):247–258, 1999.
- Bijur PE, Latimer CT, Gallagher EJ. Validation of a verbally administered numerical rating scale of acute pain for use in the emergency department. *Acad Emerg Med* 10(4):390–392, 2003.
- Klopper H, Andersson H, Minkkinen M, Ohlsson C, Sjöström B. Strategies in assessing post operative pain—a South African study. *Intensive Crit Care Nurs* 22(1):12–21, 2006. Epub 2005 Jul 6.
- Pincus T, Bergman M, Sokka T, Roth J, Swearingen C, Yazici Y. Visual analog scales in formats other than a 10 centimeter horizontal line to assess pain and other clinical data. *J Rheumatol* 35(8):1550–1558, 2008. Epub 2008 Jun 15.
- Ware JE, Kosinski M, Keller SD. A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Med Care* 34(3):220–233, 1996.
- Jenkinson C, Chandola T, Coulter A, Bruster S. An assessment of the construct validity of the SF-12 summary scores across ethnic groups. *J Public Health Med* 23(3):187–194, 2001.
- Brazier JE, Harper R, Jones NM, O' Cathain A, Thomas KJ, Usherwood T, Westlake L. Validating the SF-36 health survey questionnaire: new outcome measure for primary care. *BMJ* 305(6846):160–164, 1992.
- McHorney CA, Ware JE Jr, Raczek AE. The MOS 36-Item Short-Form Health Survey (SF-36): II. Psychometric and clinical tests of validity in measuring physical and mental health constructs. *Med Care* 31(3):247–263, 1993.
- Garratt AM, Ruta DA, Abdalla MI, Buckingham JK, Russell IT. The SF36 health survey questionnaire: an outcome measure suitable for routine use within the NHS? *BMJ* 29:306(6890):1440–1444, 1993.
- Hawker G, Melfi C, Paul J, Green R, Bombardier C. Comparison of a generic (SF-36) and a disease specific (WOMAC) (Western Ontario and McMaster Universities Osteoarthritis Index) instrument in the measurement of outcomes after knee replacement surgery. *J Rheumatol* 22(6):1193–1196, 1995.
- Hayes V, Morris J, Wolfe C, Morgan M. The SF-36 health survey questionnaire: is it suitable for use with older adults? *Age Ageing* 24(2):120–125, 1995.
- Barnett S, Campbell R, Harvey I. The Bristol foot score: developing a patient-based foot-health measure. *J Am Podiatr Med Assoc* 95:264–272, 2005.
- Thomas JL, Christensen JC, Mendicino RW, Schuberth JM, Weil LS Sr, Zlotoff HJ, Roukis TS, Vanore JV, The American College of Foot and Ankle Surgeons (ACFAS). ACFAS Scoring Scale user guide. *J Foot Ankle Surg* 44(5):316–335, 2005.
- Kitaoka HB, Alexander IJ, Adelaar RS, Nunley JA, Myerson MS, Sanders M. Clinical rating systems for the ankle-hindfoot, midfoot, hallux and lesser toes. *Foot Ankle Int* 15(7):349–353, 1994.
- Instructions for authors. *J Foot Ankle Surg* 48(1):A14–A21, 2009.

An Invitation to Authors to Submit Video Footage with Manuscripts

In an effort to further enhance the teaching value and interest in the manuscripts that we publish, authors are encouraged to include video clips along with their figures and tables. Video can be used to depict complicated surgical maneuvers and clinical examinations as a supplement to the text of an article. To view an example, visit our web site, <http://www.jfas.org>, where you can find the add-on that accompanies *The Journal of Foot & Ankle Surgery* Instructional Course entitled “Closed Reduction of the Supination-Eversion Stage IV (Weber Type B) Ankle Fracture,” by D’Angelantonio et al, Volume 48, Issue 3, pp. 283–418, May–June 2009 (<http://www.jfas.org/article/S1067-2516%2809%2900055-6/addOns>). This particular video clip shows a complex closed reduction maneuver that brings the words on the written page to life. Video imagery activates our sensory system and transcends language, and most readers simply enjoy watching an interesting or unusual diagnostic examination, fracture reduction, tendon transfer, arthroscopic manipulation, or other therapeutic intervention. Readers can also view the video as often as

they desire, and even stop the action to study a particular aspect of the footage. At *The Journal of Foot & Ankle Surgery*, we accept the most commonly used audiovisual formats, such as .avi, .gif, and .mov; however, we prefer .mpg (MPEG-1 or MPEG-2) and .mp4. Each of these formats is capable of containing a number of data streams, and we prefer that they be limited to one stream each for video, audio, and titles to minimize the file size. Currently, we do not accept Flash video files, although we should have the capacity to handle the Flash format in the near future. Video is a powerful tool for teaching and learning and an asset to any publication, and we encourage our authors to take advantage of this medium to enhance their manuscripts.

D. Scot Malay DPM, MSCE, FACFAS
Editor
The Journal of Foot & Ankle Surgery