

1. AIMS AND SCOPE

CiSE is an international, peer-reviewed journal and the official journal of Korean Shoulder and Elbow Society. It was first launched in 1998. It is published quarterly in the first day of March, June, September, and December, with articles in English, and has been published as an online-only journal since 2019.

The purpose of CiSE are: first to contribute in the management and education of shoulder and elbow topics; second, to share latest scientific informations among international societies; and finally to promote communications on shoulder/elbow problems and patient care. It can cover all fields of clinical and basic researches in shoulder and elbow.

2. LANGUAGE

All manuscripts should be written in English.

3. PEER REVIEW

The papers will be peer-reviewed by two accredited experts in the shoulder and elbow with one additional review by prominent member from our editorial board. The Editor-in-Chief is responsible for final decisions regarding the acceptance of a peer-reviewed paper.

4. RESEARCH AND PUBLICATION ETHICS

A. Conflict of Interest

The corresponding author of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. The disclosure form should be the same as the ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf).

B. Research Approval

All manuscripts dealing with human subjects must include a statement that subjects provided informed consent and that the study was approved by an institutional review board. All manuscripts containing animal experiments must include a statement that the study has been approved by an animal utilization committee or a similar committee.

Any research that involves a clinical trial should be registered with a primary national clinical trial registration site such as <http://cris.nih.go.kr>, or other sites accredited by the WHO or the

International Committee of Medical Journal Editors.

C. Policy on Duplicate Publication

Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere. Redundant or duplicate publication of a paper may be considered acceptable under specific circumstances according to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (<http://www.icmje.org/recommendations/>).

For policies on research and publication ethics not stated in the instructions, the 'Good publication Practice Guidelines for Medical Journals' (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=) or 'Guidelines on good publication' (<http://www.publicationethics.org/resources/guidelines>) can be applied.

5. SUBMISSION OF MANUSCRIPT

A. Online Submission

- Manuscript submission is only available through the on-line manuscript submission center at <http://www.cisejournal.org>.
- All manuscripts should be submitted as MS-Word files, and will be converted into PDF files on site. Authors should check converted files before final submission.

B. Financial Disclosure and Copyright Transfer

All authors must download and sign a copy of the *journal's* "Financial Disclosure and Copyright Transfer" form, which is available on-line on the submission page. The completed form should be submitted at the time of manuscript submission.

6. PREPARATION OF MANUSCRIPT

Authors are required to submit their manuscripts after reading the following instructions. Any manuscript that does not conform to the following requirements will be considered inappropriate and may be returned.

A. General Requirements

- Manuscripts must be submitted as MS-WORD files.
- Text Style
 - Double space your manuscript.
 - 10-point font
 - Times New Roman is preferred.
 - Use continuous line numbering.
 - Type text flush left. Do not justify the right margin of your manuscript.
 - Enter only one space after punctuation.
 - Use two hard returns at the end of each paragraph (i.e., one blank line should appear between paragraphs).

- Use two hard returns between headings and text.
- All pages and manuscript text with line should be numbered sequentially, starting from the abstract. Do not restart numbering in each page instead do a continuous numbering to the final page.
- To facilitate blind peer review, the manuscript must not contain the name of any author or institution.
- Measurements should be presented in accordance with the International System of Units (SI).
- Abbreviations should be minimized. When necessary, spell out the full term the first time it appears in the text, add the abbreviation in parentheses, and use the abbreviation thereafter.
- To cite a reference with an author in the text, insert the author's surname only and the citation number in superscript. e.g., Brown¹
For a reference with two authors, list both names in the citation. e.g., Brown and Copper² For a reference with three or more authors, use 'et al.', e.g., Brown et al.³ The end of a sentence should be indicated by a citation number, not by a period or a comma. e.g., described.³ not as described³.
- If two or more citation numbers are required, separate numbers with a comma (,) or a dash (-). e.g., Boyes¹⁻³ Chapman^{1,2,7}

B. Title Page

The title page should contain the full title of the paper, the names of the authors and of the institutions, and institutional addresses. If authors are at different institutions, first present the institution where most of the work was carried out, and indicate individual departments and institutions by inserting a superscript letter immediately after the author's name, and the same letter in front of the appropriate institution. The name, address, e-mail address, telephone, fax number, and ORCID of the corresponding author should be placed in the lower portion of the title page. The title should be expressed briefly, clearly, and concisely.

C. Abstract

Each paper should start with an abstract not exceeding 250 words. The abstract should state the background, methods, results, and conclusions in each paragraph in a brief and coherent manner. Relevant numerical data should be included. Under the abstract, keywords should be inserted (maximum 5 words). Authors are recommended to use the MeSH database to find Medical Subject Heading Terms at <http://www.nlm.nih.gov/mesh/meshhome.html>. The abstract should be structured into the following sections.

- 1) Background: The rationale, importance, or objective of the study should be described briefly and concisely in one to two sentences. The objective should be consistent with that stated in the Introduction.

- 2) Methods: The procedures conducted to achieve the study objective should be described in detail, together with relevant details concerning how data were obtained and analyzed and how research bias was adjusted.
- 3) Results: The most important study results and analysis should be presented in a logical manner with specific experimental data.
- 4) Conclusions: The conclusions derived from the results should be described in one to two sentences, and must match the study objective.

D. Introduction

State the background or problem that led to the initiation of the study. Introduction is not a book review, rather it is best when the authors bring out controversies which create interest. Lead systematically to the hypothesis of the study, and finally, to a restatement of the study objective, which should match that in the Abstract. Do not include conclusions in the Introduction.

E. Methods

Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration of the study) and the study population (demographics, length of follow-up). Explanations of the experimental methods should be concise, but yet enable replication by a qualified investigator.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer).

F. Results

This section should include detailed reports on the data obtained during the study. All data in the text must be presented in a consistent manner throughout the manuscript. All issues which the authors brought up in the method section need to be in result section. Also it is preferred that data to be in figures or table rather than long list of numbers. Instead, numbers should be in tables or figures with key comment on the findings.

G. Discussion

The first paragraph of the discussion should deal with the key point in this study. Do not start by article review or general comment on the study topic. In the Discussion, data should be interpreted to demonstrate whether they affirm or refute the original hypothesis. Discuss elements related to the purpose of the study and present the rationales that support the conclusion drawn by referring to relevant literature. Discussion needs some compari-

son of similar papers published previously, and discuss why your study is different or similar from those papers. Care should be taken to avoid information obtained from books, historical facts, and irrelevant information. A discussion of study weaknesses and limitations should be included in the last paragraph of the discussion.

H. Conclusion

Here you must briefly state your new (or verified) view of the problem you outlined in the Introduction. Take special care to draw your conclusions only from your results. Check that your conclusions are firmly supported by your data. And, most importantly, do not make concluding statements that lie beyond the scope of your study, or unnecessary statements such as “further studies are warranted.” The conclusions in the text must match those in the abstract.

I. Acknowledgements

All persons who have made substantial contributions, but who have not met the criteria for authorship, should be acknowledged here. All sources of funding for the study should be stated here explicitly.

J. References

- The number of references is recommended to 30 for original article and 10 for case report and technical note.
- The references should be numbered according to the citation order in the text (not alphabetically).
- All references must be cited in the text.
- Non-published findings and personal communications should not be included in the list of references.
- References to journal articles should conform to the journal title abbreviations used in the Index Medicus.
- List names of all authors when six or fewer. When seven or more, list only the first three names and add et al.
- Authors should be listed by surname followed by initials.
- Examples of references are as follows:

1) Journal article

1. Cho NS, Lee BG, Rhee YG. Radiologic course of the calcific deposits in calcific tendinitis of the shoulder: Does the initial radiologic aspect affect the final results? *J Shoulder Elbow Surg.* 2010;19(2):267-72. doi: 10.1016/j.jse.2009.07.008.
2. Bhatia S, Frank RM, Ghodadra NS, et al. The outcomes and surgical techniques of the latarjet procedure. *Arthroscopy.* 2014;30(2):227-35. doi: 10.1016/j.arthro.2013.10.013.

2) Supplement

1. Swen JW, Van Der Zwaal P, Thomassen BJW, et al. Clinical outcome in all-arthroscopic versus mini-open rotator cuff repair in small- to medium-sized tears: a randomized controlled trial in 100 patients. *Arthroscopy.* 2013;29(10) Suppl:e44.

3) Book

1. Iannotti JP, Williams Jr GR. Disorders of the shoulder: diagnosis & management. 2nd ed. Philadelphia: Lippincott Williams & Wilkins; 2007. 66-80.

4) Book chapter

1. Provencher MP, LeClere LE, Van Thiel GS, et al. Posterior instability of the shoulder. In: Angelo RL, Esch JC, Ryu RKN, eds. *AANA advanced arthroscopy the shoulder.* Philadelphia: Saunders; 2010. 115-23.

5) Article in Press

1. Shin SJ. A comparison of 2 repair techniques for partial-thickness articular-sided rotator cuff tears. *Arthroscopy.* In press, available on 17 October 2011. doi: 10.1016/j.arthro.2011.07.005.

- For more on references, refer to the NLM Style Guide for Authors, Editors, and Publishers.

K. Tables

- Tables should be numbered sequentially with Arabic numerals and given a brief title. Use capital letters for the first letter of each word in the title, except articles, prepositions, and conjunctions.
- Tables should be numbered in the order in which they are mentioned in the text.
- If an abbreviation is used in a table, it should be defined in a footnote below the table.
- The symbols should be used in the following order: *, †, ‡, §, ||, ¶, **, ††, ‡‡. Each symbol must be defined in a footnote.
- Tables should be understandable and self-explanatory, without references to the text.

L. Figure Legends

- Illustrations should be numbered in the order in which they are mentioned in the text (e.g., Fig. 1).
- Each illustration should have a brief and specific legend, which should be listed on a separate manuscript page after references.
- Staining techniques used should be described. Photomicrographs with no inset scale should have the magnification of the print in the legend.

M. Illustrations

- Papers containing unclear photographic prints may be rejected.
- Each figure should be prepared in a separate file (e.g., Fig 1.jpg).
- The name of an image file should match the figure number, such as Fig 1.eps. If a figure contains two or more photographs, they should be assigned an Arabic numeral followed by letters in the English alphabet. Example: Fig 1A, Fig 1B
- Submit illustrations on-line in JPEG, GIF or PPT format. Do not embed images into the text file.

Figures may be halftone photographs or black on white line drawings. Color images will be accepted only when essential. Remove any writing that could identify a patient.

- If a manuscript is accepted for publication, the *journal* will request high quality figures in TIFF or EPS format. When using a digital camera, set the resolution to a minimum of 300 ppi (pixels per inch), and set the size of the image to 5 × 7 in (127 × 178 mm). Color and grayscale images, such as radiographs, must have a minimum resolution of 300 dpi, and line art drawings must have a minimum resolution of 1200 dpi.
- Any illustrations previously published should be accompanied by the written consent of the copyright holder.

7. OTHER TYPES OF MANUSCRIPTS

All other types of manuscripts should meet the above-mentioned requirements.

A. Review Articles

Review articles should focus on a specific topic. Format of a review article is not limited. Publication of these articles will be decided upon by the Editorial Board.

B. Case Reports

Authors are warned that these have a high rejection rate.

- Abstract: The Abstract should not exceed 200 words, and must be written as one unstructured paragraph. In other words, Introduction, Materials and Methods, Results, and Conclusions must not be paragraphed in the Abstract.
- Introduction: The reason for reporting the case should be stated in a clear and cohesive manner. It is not necessary to use the word “Introduction.”
- Case Report: This section should include relevant elements, such as, patient history and treatment.
- Discussion: Discussion should focus on the case and pertinent literature.
- References: References to recommended not to exceed 10.

C. Technical Notes

Technical notes should not exceed 1,500 words. The abstract should be an unstructured summary not exceeding 150 words. The body of these manuscripts should consist of Introduction, Technique, Discussion, References, and Figures/Figure legends and tables (if applicable). References should not exceed 10. A maximum of 3 figures and 1 table are allowed.

D. Current Concepts

An article that deals with most current trends and controversies of a single topic in shoulder and elbow. Authors are recommended to update all the knowledge to most recent studies and researches.

E. Systemic Review

An article that examines published material on a clearly described subject in a systematic way. There must be a description of how the evidence on this topic was tracked down, from what sources and with what inclusion and exclusion criteria.

F. Meta-analysis

A systematic overview of studies that pools results of two or more studies to obtain an overall answer to a question or interest. Summarizes quantitatively the evidence regarding a treatment, procedure, or association.

G. Letters to the Editor

The *journal* welcomes readers’ comments on articles published recently in the *journal* or orthopedic topics of interest.

H. By Invitation: Editorial

Editorials are invited by the editors and should be commentaries on articles published recently in the *journal*. Editorial topics could include active areas of research, fresh insights, and debates in the field of orthopedic surgery. Editorials should not exceed 1,000 words, excluding references, tables, and figures.

I. By Invitation: Concise Review

This is short version of systemic review requested to submit in the *journal* by the Editorial board. Usually, previous papers regarding such topic were published by the main author(s).

J. Special Reports/Expert Opinions

Special reports and expert opinions (Level V studies) of various topics in shoulder and elbow can be submitted. They are limited to 2,700 words excluding references, tables, and figures.

CONSORT (Consolidated Standards of Reporting Trials)	http://www.consort-statement.org/
STARD (Standards for Reporting of Diagnostic Accuracy)	http://www.stard-statement.org/
PRISMA (Preferred Reporting Items of Systematic Reviews and Meta-Analyses)	http://www.prisma-statement.org
STROBE (Strengthening the Reporting of Observational studies in epidemiology)	http://www.strobe-statement.org/
MOOSE (Meta-analysis of Observational Studies in Epidemiology)	http://www.consort-statement.org/mod_product/uploads/MOOSE%20Statement%202000.pdf

8. STANDARDS FOR REPORTING

For the specific study design, such as randomized control study, study of diagnostic accuracy, meta-analysis, observational study and non-randomized study, it is recommended for authors to follow the reporting guidelines listed in the following table.

9. SIMILARITY CHECK



Similarity Check is a multi-publisher initiative to screen published and submitted content for originality. To find out more about Similarity Check, visit <https://www.crossref.org/services/similarity-check/>. All manuscripts submitted to *Clinics in Shoulder and Elbow* may be screened, using the iThenticate tool, for textual similarity to other previously published works.