

### 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.

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

Authors of manuscripts must disclose any potential conflicts of interest at the time of submission. Statements on conflict of interest have no influence on the editorial decision to publish.

#### 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/>).

### 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 abbreviations.

viation 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., Brown<sup>1</sup>

For a reference with two authors, list both names in the citation. e.g., Brown and Copper<sup>2</sup> For a reference with three or more authors, use 'et al.', e.g., Brown et al.<sup>3</sup> The end of a sentence should be indicated by a citation number, not by a period or a comma. e.g., described.<sup>3</sup> not as described<sup>3</sup>.

- If two or more citation numbers are required, separate numbers with a comma (,) or a dash (-). e.g., Boyes<sup>1-3</sup> Chapman<sup>1,2,7</sup>

## 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, and fax number 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.

## 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 comparison 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.
    2. Bhatia S, Frank RM, Ghodadra NS, et al. The outcomes and surgical techniques of the Latarjet procedure. *Arthroscopy.* 2014;30(2):227-35.
  - 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 com-

mentaries 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.

**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 <http://www.crossref.org/crosscheck/index.html>. All manuscripts submitted to *Clinics in Shoulder and Elbow* may be screened, using the iThenticate tool, for textual similarity to other previously published works.

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

**10. AUTHOR'S CHECKLIST**

- Manuscript in MS-WORD (.doc) format.
- Double-spaced typing with 10-point font.
- Sequence of title page, abstract and keywords, introduction, methods, results, discussion, conclusion, acknowledgements, references, tables, and figure legends. All pages and manuscript text with line should be numbered sequentially, starting from the abstract.
- Title page with article title, authors' full name(s) and affiliation(s), address for correspondence (including telephone number, e-mail address, and fax number), running title (less than 10 words), and acknowledgements, if any.
- Abstract in structured format up to 250 words for original articles and in unstructured format up to 200 words for case reports. Keywords (up to 5) from the MeSH list of Index Medicus.
- All table and figure numbers are found in the text.
- Figures as separate files, in JPG, GIF, or PPT format.
- References listed in proper format. All references listed in the reference section are cited in the text and vice versa.
- Covering letter signed by the corresponding author.

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**Editorial Office Contact Information**

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The submission of this journal is free of charge. For submission, subscription, or any other information, please contact the Editorial office.  
All the figures will be printed in black and white (free of charge), unless requested to be in colors. The additional cost for color figures might be charged to the authors.

*Clinics in Shoulder and Elbow* follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA [<http://doaj.org/bestpractice>]) if not described otherwise.

### 1. Peer review process

All papers submitted to *Clinics in Shoulder and Elbow* are first reviewed by the editorial team without being sent out for external peer review on the grounds of priority, insufficient originality, scientific flaws, or the absence of a message that is important to the readers of the journal. The decision on these papers is usually taken within 2-3 weeks. The remaining articles are usually sent to two reviewers. It is very helpful if you suggest a selection of reviewers with their details. We may not always use the ones authors recommend but if everyone suggests reviewers the reviewer database is much richer, and in the end everyone benefits. We reserve the right to return manuscripts in which no reviewers are suggested. The final responsibility for the decision to accept or reject lies with the editors. In many case rejection may occur in spite of favorable reviews because of editorial policy or lack of space. The editor retains the right to determine priorities for publication and also to determine the style and if necessary request shortening of material accepted for publication.

### 2. Governing body

Editorial board governs the journal. Editor is appointed by the publisher. Editorial board members are also appointed by the publisher according to the recommendation by editor. All legal and official responsibility is belong to the publisher that may occur during the publication process.

### 3. Editorial team/contact information

Editor-in-Chief: Young-Kyu Kim, Professor, Department of Orthopedic Surgery, Gil Medical Center, Gachon University, Incheon, Korea

Editorial office of *Clinics in Shoulder and Elbow*:

Department of Orthopedic Surgery, Samsung Medical Center, Annex B302, Sungkyunkwan University, 81 Irwon-ro, Gangnam-gu, Seoul 06351, Korea

Phone: +82-2-3410-1854 / E-mail: [journal@cisejournal.org](mailto:journal@cisejournal.org)

### 4. Author fees

There are no author fees required for manuscript processing and/or publishing materials in the journal since all cost is supported by the publisher, the Korean Shoulder and Elbow Society until there is a policy change. Therefore, it is the so-called open-access journal.

### 5. Copyright and licensing information

Copyright is owned by the publisher, the Korean Shoulder and Elbow Society. Authors should transfer copyright to the publisher. This is an open-access journal distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### 6. Process for identification of and dealing with allegations of research misconduct

In the event that a publisher or editors are aware of any allegation of research and publication misconduct relating to a published article in the journal - the publisher or editor follow COPE's guidelines (<http://publicationethics.org/resources/guidelines>) in dealing with allegations if otherwise not described. Those are described more in the 'Ethical Policies' part.

### 7. Ownership and management

*Clinics in Shoulder and Elbow* is owned by the Korean Shoulder and Elbow Society and has been registered in the ISSN Center. Management team includes editorial managing staffs of the society; manuscript editors, PDF type setter, XML production engineers, journal homepage manager & illustrator from printing company; English proofreader; statistical editor; ethical editor; editorial consultant; and editors.

### 8. Website

The journal's website is available from: <http://www.cisejournal.org/>.

### 9. Name of journal

The Journal title has been *Clinics in Shoulder and Elbow* since December 2010. It continues the *Journal of the Korean Shoulder and Elbow Society* published from 1998 (Vol. 1 No. 1) to 2010 (Vol. 13 No. 1).

### 10. Conflicts of interest

Editors, authors, and reviewers should declare the potential conflicts of interest on handling manuscripts.

### 11. Access

This is an open-access journal available without any restriction through journal homepage and a variety of databases. It is also searchable from Google Scholar. No subscription or pay per view is required for online version. Print version is circulated to members of the Korean Shoulder and Elbow Society and libraries that request the subscription of print version without further payment.

### 12. Revenue sources

Budget of the journal publishing was supported by the Korean Shoulder and Elbow Society, advertisement, and the Korean Federation of Science Technological Societies granted by Korean Government. It has not pursued any financial benefit by publishing the journal since launching time. It has been published only for distribution of scientific information.

### 13. Advertising policy

Products or services eligible for editorial display advertising should be germane to medical practice, medical education, professional development or health care delivery. Consumer products and nonfinancial services that are offered by responsible advertisers and that are of interest to readers such as for the member's life plan may be eligible. Acceptance of the advertisement is determined by the editorial board. *Clinics in Shoulder and Elbow* follows to 'Principles Governing Advertising in Publications of the American Medical Association ([http://jamanetwork.com/DocumentLibrary/Advertising/AMA\\_Advertising\\_Principles\\_Feb2016.pdf](http://jamanetwork.com/DocumentLibrary/Advertising/AMA_Advertising_Principles_Feb2016.pdf)) when reviewing and accepting advertising. No advertisement is recommended for use by readers of the journal. It is only for the propagation of the

products, device, or any other information. The advertisement cost is followed by the Fair Competition Rules of the Korea Pharmaceutical Manufacturers Association.

### 14. Publishing schedule

It has been published quarterly since 2014. Before that, it had been published biannually. Accepted articles may be published as e-pub ahead of printing after acceptance.

### 15. Archiving

All electronic back issue is archived in the journal homepage and accessible as free. All or part of journal content is accessible through KoreaScience, Korea Citation Index or other databases even in the event a journal is no longer published. Archiving in the institutional repository is allowed after post-print publication not pre-print form.

### 16. Direct marketing

There are no marketing activities since it is non-profit scholarly journal published by the non-profit organization publisher, the Korean Society for Elbow and Shoulder. No article is for profit purpose.

## ARTICLE 1 (PURPOSE)

The purpose of these regulations is to establish and observe research (Clinical or Basic) ethics for research papers submitted to the *Clinics in Shoulder and Elbow* (CiSE).

## ARTICLE 2 (RESEARCHER ETHICS)

Researchers should be honest about their research. Researchers need to have a high ethical standard at all times during the research, in areas such as receiving funds for research, publishing research results, and fairly compensating participants. More specifically, research papers that are forged, altered, plagiarized, overlapped, and/or dishonest cannot be published either online or in journals and are not eligible for research funds.

### 1. Forgery, Alteration, Plagiarism

**Forgery (Fabrication):** making up data or research results that do not exist.

**Alteration (Falsification):** fabricating research materials, equipment, or processes, or changing/deleting research results intentionally to distort research contents or results.

**Plagiarism:** using others' ideas, research (process and contents), and/or results without proper authorization or citation.

### 2. Only Original Contribution That Has Not Been Previously Published or Submitted Elsewhere Can Be Submitted

(1) Submissions are accepted only when they are not submitted elsewhere and have **not been published elsewhere**. All or part of manuscripts that are already published or submitted to Intestinal Research can't publish in any other publication without permission of editorial board.

(2) **Multiple or duplicate publication** is only limited to review article or publication with other language. Otherwise multiple or duplicate publication can be allowed after a review from the Publication Council, if it is qualified under the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (<http://www.icmje.org/recommendations/>) and also after receiving approval from both journals.

(3) The Society does not accept any **divided or salami** manuscripts.

(4) Misconduct or any other ethical violation will be judged (decided) on final deliberation by Editorial Board.

### 3. Overlapped Publication and Dishonest Research

Publishing research papers that contain the same or similar

contents to that which were/are published in other journals or books, or publishing research papers that are/were published in other journals or books.

**Wrongful research paper author indication:** either refusing to grant a qualification to publish (without proper reasons) to a person who contributed to science and/or technology with his/her research contents or results, or granting qualification to publish to a person who did not contribute to science and/or technology because of a wish to express appreciation or honor.

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee (Human or Animal) of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki, available at <http://www.wma.net/en/30publications/10policies/b3/>.

Details are as follows:

(1) Researchers should fully explain the purpose and methods of research as well as any possible mental and physical harm that could occur during research participation. If he/she is to publish the research results, he/she has to indicate that on the paper.

(2) Researchers cannot write down participants' names or initials. In case of possible disclosure of participants' identification through pictures of face or anything similar, researchers should receive written informed consent from the participants or their guardians.

(3) Researchers should receive an approval from Institutional Review Board and indicate it on the paper if one wishes to publish the research results.

(4) Any research that deals with clinical trial should be registered to the primary national clinical trial registration site such as <http://cris.nih.go.kr>, or other sites accredited by WHO or International Committee of Medical Journal Editor.

If a research object is animal, researchers should follow these general rules:

(1) Researchers should indicate what he/she did to minimize the pain or discomfort that experiment subjects went through.

(2) Researchers should indicate that he/she did not violate NIH guideline (NIH Guide for the Care and Use of Laboratory Animals).

(3) When necessary, the Society can ask for a written consent and an approval letter issued by Animal Ethics Committee.

### 4. Authorship policy

(1) Authorship should be based on substantial contributions to (a) conception and design, (b) collection, analysis and interpretation of data, (c) drafting and/or revising the article, or (d) final approval of the version to be published.



(2) Person who made genuine contributions, yet not active and sufficient enough to be co-authors should be stated on Acknowledgements. All funding related to the work should be specifically stated on Acknowledgements.

(3) Any potential conflict of interest such as financial or personal connection must be stated on manuscripts.

(4) Co-authorship (co-first or co-corresponding authorship) should be permitted under the review of Research Ethics Council.

### **ARTICLE 3 (RESEARCH ETHICS COUNCIL)**

1. For consideration of research ethics and related issues, the Journal operates a Research Ethics Council (the Council hereafter).

2. Chairperson of the Publication Committee of Korean Shoulder and Elbow Society (KSES) is the Chair of the Council. The constitution of the Council is decided by the Publication Committee of KSES.

3. Operation of the Council follows separate regulations decided by the Council.

### **ARTICLE 4 (ROLE OF THE COUNCIL)**

The roles of the Research Ethics Council are as follows.

1. The Council reviews research ethics issued from the publication of the Journal and related papers (original articles, case reports, review articles and others).

2. The Council reviews any forgery, alteration, plagiarism, wrongful research paper author indication, or multiple or duplicate publication allegations for published papers and brings the results to the Editorial Board CiSE, Publication Committee, and Executive Committee of KSES.

### **ARTICLE 5 (ADMINISTRATION OF RESEARCH ETHICS VIOLATION)**

The roles of the Research Ethics Council are as follows.

1. When research ethics violations occur, the chair of the Council should call a meeting immediately to review the situa-

tion, and report the results to the executive committee of KSES.

2. The Council should keep any investigation of ethics violations confidential, and should not oppose the interests of the Journal.

3. Upon completion of the investigation, the Council decides the level of punishment appropriate for the violator (author or corresponding author) based on the level of violation. Following listed voluntary punishments will be introduced to the Council depending on a case-by-case basis in which more than 2/3 of attendees judge at the Council meeting with more than half of the voting shares. A researcher who is subject to disciplinary actions may submit written materials for the rights of exculpation.

(1) Verbal and written warning

(2) Retraction of the research article and issues of statement of apology

(3) Prohibition of submission to Clinics in Shoulder and Elbow for one year

(4) Prohibition of submission to Clinics in Shoulder and Elbow for three years

4. The Council keeps a record of the investigation and the results of ethical misconduct.

5. If the Council confirms ethical misconduct in a paper, the executive committee announces the case and disapproves the publication of the paper in the Journal. If the paper is already published in the Journal, the paper will be deleted from the paper list of the Journal and this will be announced to the members of the KSES and the readers of Journal on the following issue.

### **ARTICLE 6 (OTHER POLICIES)**

Any other cases that are not indicated in this regulation should follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication (<http://www.icmje.org>).

Any other policies not stated apply to the 'Good Publication Practice Guidelines for Medical Journals ([http://kamje.or.kr/publishing\\_ethics.html](http://kamje.or.kr/publishing_ethics.html))' or 'Guidelines on Good Publication (<http://www.publicationethics.org/resources/guidelines>)' can be applied.



Please check the below questions.

**1. Sponsorship**

I certify that I had full access to all of the data in this study and I take responsibility for the integrity of the data and the accuracy of the data analysis.

- Yes       No

**2. Affirmation of Originality**

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