

Instructions to authors

Enacted from June 1, 2009

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June 1, 2013

March 1, 2014

May 13, 2014

September 1, 2017

March 1, 2019

December 1, 2019

November 30, 2022

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.

Manuscripts submitted to CiSE should be prepared according to the following instructions. CiSE follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

2. RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics [COPE], Directory of Open Access Journals [DOAJ], World Association of Medical Editors [WAME], and Open Access Scholarly Publishers Association [OASPA]; <https://doaj.org/bestpractice>). Further, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki ([https://](https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/)

www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For human subjects, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, and other protected health care information, should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals. The ethical treatment of all experimental animals should be maintained.

Statement of Informed Consent and Institutional Approval

Copies of written informed consent should be kept for studies on human subjects. Clinical studies with human subjects should provide a certificate, an agreement, or the approval by the Institutional Review Board (IRB) of the author's affiliated institution. For research with animal subjects, studies should be approved by an Institutional Animal Care and Use Committee (IACUC). If necessary, the editor or reviewers may request copies of these documents to resolve questions regarding IRB/IACUC approval and study conduct.

Conflict of Interest Statement

The author is responsible for disclosing any financial support or benefit that might affect the content of the manuscript or might cause a conflict of interest. When submitting the manuscript, the author must attach the letter of conflict of interest statement (http://cisejournal.org/authors/copyright_transfer_agreement.php). Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

Originality, Plagiarism, and Duplicate Publication

Redundant or duplicate publication refers to the publication of a paper that overlaps substantially with one already published. Upon receipt, submitted manuscripts are screened for possible

plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to the editorial committee. If redundant or duplicate publication is attempted or occurs without such notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the conditions for secondary publication of the ICMJE Recommendations.

Authorship and Author's Responsibility

Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, and analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet these four conditions.

- The contributions of all authors must be described. CiSE has adopted the CRediT Taxonomy (<https://www.casrai.org/credit.html>) to describe each author's individual contributions to the work. The role of each author and ORCID number should be addressed in the title page.
- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or re-arranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or e-mail from all authors. This letter must be signed by all authors of the paper. A copyright assignment must be completed by every author.
- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the

details of authorship, ethics committee approval, clinical trial registration documentation, and conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.

- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problems with a submitted manuscript, appropriation by a reviewer of an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of academic records; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarized and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoid any conflict of interest with respect to articles they reject or accept; promote the publication of corrections or retractions when errors are found; and preserve the anonymity of reviewers.

3. EDITORIAL POLICY

Copyright

Copyright in all published material is owned by the Korean Shoulder and Elbow Society. Authors must agree to transfer copyright (http://cisejournal.org/authors/copyright_transfer_agreement).

php) during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher.

Open Access Policy

CiSE is an open-access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need to permission to use tables or figures published in CiSE in other journals, books, or media for scholarly and educational purposes. This policy is in accordance with the Budapest Open Access Initiative definition of open access.

Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial be registered with a clinical trial registration site, such as <http://cris.nih.go.kr>, <http://www.who.int/ictcp/en>, and <http://clinicaltrials.gov>.

Data Sharing

ICiSE encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical Trials: CiSE accepts the ICMJE Recommendations for data sharing statement policy. Authors may refer to the editorial, "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in the Journal of Korean Medical Science (<https://dx.doi.org/10.3346/jkms.2017.32.7.1051>).

Archiving Policy

CiSE provides electronic archiving and preservation of access to the journal content in the event the journal is no longer published, by archiving in the National Library of Korea. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors cannot archive pre-print (i.e., pre-refereeing) but they can archive post-print (i.e., final draft post-refereeing). Authors can archive the publisher's version/PDF.

4. SUBMISSION AND PEER-REVIEW PROCESS

Submission

All manuscripts should be submitted online via the journal's website (<https://submit.cisejournal.org/>) by the corresponding author.

Once you have logged into your account, the online system will lead you through the submission process in a stepwise orderly process. Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in the return of the manuscript and possible delay in publication.

Peer Review Process

All papers, including those invited by the Editor, are subject to peer review. Manuscripts will be peer-reviewed by two accredited experts in the shoulder and elbow with one additional review by prominent member from our editorial board. CiSE's average turnaround time from submission to decision is 4 weeks. The editor is responsible for the final decision whether the manuscript is accepted or rejected.

- The journal uses a double-blind peer review process: the reviewers do not know the identity of the authors, and vice versa.
- Decision letter will be sent to corresponding author via registered e-mail. Reviewers can request authors to revise the content. The corresponding author must indicate the modifications made in their item-by-item response to the reviewers' comments. Failure to resubmit the revised manuscript within 4 weeks of the editorial decision is regarded as a withdrawal.
- The editorial committee has the right to revise the manuscript without the authors' consent, unless the revision substantially affects the original content.
- After review, the editorial board determines whether the manuscript is accepted for publication or not. Once rejected, the manuscript does not undergo another round of review.

Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). CiSE does not consider second appeals.

5. MANUSCRIPT PREPARATION

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.

General Requirements

- All manuscripts should be written in English.
- The manuscript must be written using Microsoft Word and saved as “.doc” or “.docx” file format. The font size must be 12 points. The body text must be left aligned, double spaced, and presented in one column. The left, right, and bottom margins must be 3 cm, but the top margin must be 3.5 cm.
- The page numbers must be indicated in Arabic numerals in the middle of the bottom margin, starting from the abstract page.
- Neither the authors’ names nor their affiliations should appear on the manuscript pages.
- Only standard abbreviations should be used. Abbreviations should be avoided in the title of the manuscript. Abbreviations should be spelled out when first used in the text and the use of abbreviations should be kept to a minimum.
- The names and locations (city, state, and country only) of manufacturers of equipment and non-generic drugs should be given.
- Authors should express all measurements in conventional units using International System (SI) units.
- P-value from statistical testing is expressed as capital P.

Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

Composition of Manuscripts

- The manuscript types are divided into Original Article, Review Article, Case Report, and other types. There is no limit to the length of each manuscript; however, if unnecessarily long, the author may be penalized during the review process.
- Original Articles should be written in the following order: title page, abstract, keywords, main body (introduction, methods, results, discussion, and conclusions), acknowledgments (if necessary), references, tables, figure legends, and figures. The number of references is limited to 30.
- 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.
- Case Reports should be written in the following order: title page, abstract, keywords, main body (introduction, case report, discussion), acknowledgments (if necessary), references, tables, figure legends, and figures. The number of references is limited to 10.

The Abstract should not exceed 200 words, and must be written as one unstructured paragraph. Authors are warned that these have a high rejection rate.

- 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 figure legends and tables (if applicable). References should not exceed 10. A maximum of 3 figures and 1 table are allowed.
- Current Concepts deal 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.
- Systematic Review 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.
- 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.
- Letters to the Editor: The journal welcomes readers’ comments on articles published recently in the journal or orthopedic topics of interest.
- Editorial is 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.
- Concise Review 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).
- Special Reports/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.

Title Page

- The title page must include a title, the authors’ names and academic degrees (include ORCID*), affiliations, and corresponding authors’ names and contact information. In addition, a running title must be written in English within up to 50 characters including spaces. The corresponding authors’ contact information must include a name, addresses, e-mails, telephone numbers, and fax numbers.
- ORCID: We recommend that the open researcher and contributor ID (ORCID) of all authors be provided. To have an ORCID,

authors should register in the ORCID website: <http://orcid.org/>. Registration is free to every researcher in the world.

- If there are more than two authors, a comma must be placed between their names (with academic titles). Authors' academic titles must be indicated after their names.
- The contributions of all authors must be described using the CRediT (<https://www.casrai.org/credit.html>) Taxonomy of author roles. All persons who have made substantial contributions, but who have not met the criteria for authorship, are acknowledged here.
- All sources of funding applicable to the study should be stated here explicitly.

Abstract and Keywords

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.

- **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.
- **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.
- **Results:** The most important study results and analysis should be presented in a logical manner with specific experimental data.
- **Conclusions:** The conclusions derived from the results should be described in one to two sentences, and must match the study objective.

A Structured Abstract consisting of 5 paragraphs, totaling no more than 325 words, with the headings: Background (stating the primary research question), Methods, Results, Conclusions, and Level of Evidence (for Clinical Research articles) or Clinical Relevance (for Basic-Science Research articles). The Level of Evidence should be assigned according to the definitions in the Level of Evidence table.

Guidelines for the Main Body

- All articles using clinical samples or data and those involving animals must include information on the IRB/IACUC approval

or waiver and informed consent. An example is shown below. "We conducted this study in compliance with the principles of the Declaration of Helsinki. The study's protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consent was obtained / Informed consent was waived."

- **Description of participants:** Ensure the 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., ovarian cancer). Authors should define how they determined race or ethnicity and justify their relevance.
- **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.
- **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.
- **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.
- **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 dis-

discussion of study weaknesses and limitations should be included in the last paragraph of the discussion.

- Conclusions: Briefly state the answer to your question or hypothesis in the Introduction. Describe carefully to draw conclusions only from your results and verify that your data firmly support your conclusions. The conclusions in the text and those in the abstract must have the same content.
- References must be numbered with superscripts according to their quotation order. When more than two quotations of the same authors are indicated in the main body, a comma must be placed between a discontinuous set of numbers, whereas a dash must be placed between the first and last numerals of a continuous set of numbers: “Kim et al. [2,8,9] insisted...” and “However, Park et al. [11–14] showed opposing research results.”
- Figures and tables used in the main body must be indicated as “Fig.” and “Table.” For example, “Magnetic resonance imaging of the brain revealed... (Figs. 1–3).

Figures and Figure Legends

Figures should be cited in the text and are numbered using Arabic numbers in the order of their citation (e.g., Fig. 1). Figures are not embedded within the text. Each figure should be submitted as an individual file. Location of figure legends begins at the next page after last table. Every figure has its own legend. Abbreviation and additional information for any clarification should be described within each figure legend. Figure files are submitted in EPS, TIFF, or PDF formats. Requirement for minimum resolutions are dependent on figure types. For line drawings, 1,200 dpi are required. For grey color works (i.e., picture of gel or blots), 600 dpi are required. For color or half-tone artworks, 300 dpi are required. The files are named by the figure number.

- Staining techniques used should be described. Photomicrographs with no inset scale should have the magnification of the print in the legend.
- Papers containing unclear photographic prints may be rejected.
- Remove any writing that could identify a patient.
- Any illustrations previously published should be accompanied by the written consent of the copyright holder.

Tables

- Tables should be numbered sequentially with Arabic numerals 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.
- Additional information for any clarification is designated for citation using alphabetical superscripts (^a, ^b...) or asterisks (*). Explanation for superscript citation should be done as following

examples: ^a)Not tested. *P < 0.05, **P < 0.01, ***P < 0.001.

- Tables should be understandable and self-explanatory, without references to the text.

References

- The number of references is recommended to 30 for original article and 10 for case report and technical note.
- All references must be cited in the text. The number assigned to the reference citation is according to the first appearance in the manuscript. References in tables or figures are also numbered according to the appearance order. Reference number in the text, tables, and figures should in a bracket ([]).
- 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.
- The journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).
- The overlapped numerals between the first page and the last page must be omitted (e.g., 2025-6).
- References to unpublished material, such as personal communications and unpublished data, should be noted within the text and not cited in the References. Personal communications and unpublished data must include the individual’s name, location, and date of communication.
- Other types of references not described below should follow IC-MJE Recommendations (https://www.nlm.nih.gov/bsd/uniform_requirements.html).
- Examples of references are as follows:

Journal article

1. Kim IB, Kim EY, Lim KP, Heo KS, Does the use of injectable atelocollagen during arthroscopic rotator cuff repair improve clinical and structural outcomes? Clin Shoulder Elbow 2019;22: 183-9.
2. Kovacevic D, Fox AJ, Bedi A, et al. Calcium-phosphate matrix with or without TGF-β3 improves tendon-bone healing after rotator cuff repair. Am J Sports Med 2011;39:811-9.
3. Nord KD, Masterson JP, Mauck BM. Superior labrum anterior posterior (SLAP) repair using the Neviaser portal. Arthroscopy 2004;20 Suppl 2:129-33.
4. Rohner E, Jacob B, Bohle S, et al. Sodium hypochlorite is more effective than chlorhexidine for eradication of bacterial biofilm of staphylococci and Pseudomonas aeruginosa. Knee Surg Sports Traumatol Arthrosc 2020 Feb 7 [Epub]. <https://doi.org/10.1007/s00167-020-05887-9>

Book & book chapter

5. Iannotti JP, Williams Jr GR. Disorders of the shoulder: diagnosis & management. 2nd ed. Lippincott Williams & Wilkins; 2007. p. 66-80
6. Provencher MP, LeClere LE, Van Thiel GS, et al. Posterior instability of the shoulder. In: Angelo RL, Esch JC, Ryu RK, eds. AANA advanced arthroscopy the shoulder. Saunders; 2010. p. 115-23.

Website

7. American Cancer Society. Cancer facts & figures 2020 [Internet]. American Cancer Society; c2020 [cited 2020 Feb 5]. Available from: <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html>

6. FINAL PREPARATION FOR PUBLICATION**Final Version**

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within two days when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

Gallery Proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within two days. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

Errata and Corrigenda

To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published as corrigenda (corrections of the author's errors) or errata (corrections of the publisher's errors) in a later issue of the journal.

7. ARTICLE PROCESSING CHARGES

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 platinum open access journal.