Editorial: A new decade of the 21st Century

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As we enter a new decade of the 21st century, The Foot and Ankle Online Journal begins its third year. Before we look forward to 2010, we will take a look back on the developments of the journal over the last year. In 2009, The Foot and Ankle Online Journal continued to evolve receiving an increase in submissions and publications compared to 2008. Various topics were published and included diabetic complications, acute trauma, congenital deformities, obesity, malignancy and infectious conditions.

In December 2009, The Foot and Ankle Online Journal welcomed Dr. Buck Willis, PhD as our new ‘Associate Editor in Chief’. Dr. Willis is the clinical research director at Landmark Medical (Austin, Texas, USA) and has extensive research credentials including knowledge of statistics and experimental design. His contribution to the development of the journal will be invaluable.

While many of the 55 manuscripts published in 2009 were case reports, there was an increase in submissions and subsequent publication of original research. (Fig. 1) The editorial team hopes this trend gains momentum and continues into 2010 (see manuscript submission guidance). Submissions based on technical notes, clinical tips, critical appraisals/literature reviews, letters to the editor and book reviews are also encouraged by the editorial board. The journal’s international recognition also continues to develop and while the majority of the publications are from the United States (i.e. North America), 2009 saw submissions from Sweden and Turkey. (Fig. 2)

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Figure 1 Distribution of case reports (■), original research (■), and literature reviews (■) published in 2009.
Technology, information and communication

‘Technology feeds on itself. Technology makes more technology possible’

Alvin Toffler

December 2009 also saw the introduction of *The Foot and Ankle Online Journal* to Facebook. At the beginning of the month following the release of each journal issue, every published manuscript will have a direct link to our Facebook application. There is a **Discussion tab** which works very much like a forum. This application has fundamentally been established for authors, editors and the mainstream to communicate about the published manuscripts. Even if you are an occasional reader of *The Foot and Ankle Online Journal* we encourage you to take part in the discussions. In addition, the Facebook application provides an alternative method of making the interaction of discussion more social.

If you are a member of Facebook, the link for review is provided below. If you are a member of Facebook, the link for review is provided below.


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**Figure 2** Continental appeal of *The Foot and Ankle Online Journal*. Although arguable the journal is still in its early stages of development the above graph illustrates and compares the publications from 2008 ( ■ ) and 2009 ( ■ ).
Objectives for 2010

The Foot and Ankle Online Journal is a peer reviewed journal which aims to advance knowledge and understanding of clinical and surgical aspects of the foot and ankle. The journal will consider manuscripts submitted from any discipline that addresses the foot and ankle. Key goals of The Foot and Ankle Online Journal for 2010 will be to continue to publish clinically and surgically relevant manuscripts. The editorial team will also strive to maintain the integrity of the peer review process and publish manuscripts within 1 – 2 months of original submission. The journal will continue to function as an open access electronic journal with no subscription fee.

Guidelines for submission of manuscripts

Below are revised guidelines for submission of manuscripts to The Foot and Ankle Online Journal.

i) Title

Should represent the content and breadth of the material reported.

ii) Author information

Name, degree, affiliation and address of all contributing authors should be provided. Email address and telephone number is required for the corresponding author.

iii) Abstract

This section provides a summary of key information of the manuscript. For case reports, critical appraisal/literature reviews and technical/clinical tips the abstract is unstructured providing ‘to the point information’ using no more than 150 words. For original research submissions the traditional IMRAD structure is used which provides the following 4 sections: Introduction and aim (why the research was done), Methods (what was done), Results (what was found) and Discussion (the interpretation of the findings – clinical and/or theoretical perspective). No more than 250 words should be used for a structured abstract.

iv) Keywords

Keywords should be presented below the abstract. Up to 5 single words or short phrases may be included and should cover the main aspect of the manuscript. Authors are encouraged to use the terms listed as Medical Subject Headings (MESH) in Index Medicus (Medline) found at http://www.medline.com/

v) Introduction/background/aim

This section should set the scene by providing pertinent information about the problem being presented and/or studied. Gaps within the existing literature, critical analysis and any conflicting evidence should be highlighted. The aim of the manuscript should be clearly stated. If the submission is based on original research a hypothesis/hypotheses or a research question should be provided.

vi) Method (original research)

The selection of participants (including how they were recruited) and setting of where the data was obtained should be described clearly. The design of the study should be stated, and the methods, equipment and materials should be provided in enough detail so they can be reproduced in future work. Full details of any randomization process must be provided (i.e. control versus placebo, selection of treatment).

Information on ethical approval should be included. This should also be supported by a statement on whether informed consent was obtained. If consent was not obtained, a clear rationale as to why this was included should be provided by the authors. Details of statistical analysis and statistical analysis software package used (i.e. Statistical Package for the Social Sciences [SPSS] and version) to perform the analysis should be provided.
vii) Results

Results should be presented in a clear and logical manner. Information from all participants should be included, unless otherwise stated. The main important findings should be highlighted and only present actual data. Summarise findings using tables and charts, but avoid repeating this information in the main text.

viii) Discussion and conclusion

This section should begin with a restatement of the aim of the study. The main discussion should build on and extend beyond the results, and consideration should be given to methodological issues as and where appropriate. Observations from the study should be related to previous studies (i.e. support or conflicting findings). The contributions of the study should be clearly stated and ideas for further research should be highlighted. The implications (clinical and theoretical) and limitations of the findings should also be discussed. The conclusion should correspond with the main findings of the study with a key message.

ix) Figures and tables

To support the clarity of the main body text, figures such as schematic, photographs, graphs and tables are encouraged. Figures or tables taken from previous published material will require evidence of copyright permission that should accompany the original submission.

x) References

Please use numerical references (i.e. 1 – 3) and list in order of appearance. When sending the manuscript, please format the reference numbers as Superscript (i.e. \(^{1-3}\)). For the main text, when an author’s surname is used and 3 or more authors are listed for the article ‘et al’ must be used (i.e. Banks, et al.,) The following are examples for journal, book and internet references:

Examples:

Journal:

Book:

Internet:

xi) General

Before using abbreviations they should be presented in full (i.e. Intraclass correlation coefficients [ICC]). Garamond style font should be used throughout. The main text and figure/table legends should be in size 12 font whilst the reference section and table contents should be in size 10 font. All subheadings should be in bold. Following the conclusion of the manuscript (prior to the reference section) the authors should acknowledge any assistance (i.e. financial, clerical, academic) provided.

xii) Conflict of interest statement

All authors should declare if there is a conflict of interest associated with the submitted manuscript.

xiii) Additional guidance for case reports

Authors are referred to Scott Malay’s editorial on the value of an interesting case. The full reference is as follows: Malay SD. The value of an interesting case. Journal of Foot and Ankle Surgery. 46 (4): 211 – 212, 2007.
Method of submission

All articles submitted to be considered for publication in The Foot and Ankle Online Journal should be sent to: picomstaff@hotmail.com or faojeditors@gmail.com as an attachment to an email. Please name your article by presenting the author's first initial and last name (i.e. SCurran). Submissions will be reviewed for their clinical and scientific merit and relevance to the journal. Authors will be informed of the status of their submission via email within a period of approximately 3 weeks. Once accepted articles are uploaded in PDF and HTML format.

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