REVISTA
ESPAÑOLA DE PODOLOGÍA

Publicación Oficial del Consejo General de Colegios Oficiales de Podólogos

Instructions for Authors

The *Revista Española de Podología* (spanish podiatry journal) is the official journal of the *Consejo General de Colegios Oficiales de Podólogos* (Council of Colleges of Podiatry in Spain). It is an online scientific journal published biannually, each six months, in Open Access format and peer reviewed. It encompasses all aspects of research and clinical practice related to the assessment, diagnoses, prevention and treatment of foot and ankle disorders. It also includes politicial, ethical and organizational issues of the Podiatry profession.

The journal accepts english written and spanish written manuscripts for their publication. All manuscripts will be reviewed by two independent peers designated by de Editorial Board with a double blinded system (neither the reviewers nor the authors will know each other).

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Reviews: systematic review without meta-analysis and comprehensive or narrative reviews about a particular issue of a topic covered by the journal.

Clinical Cases and Clinical Notes: Short type papers focused on clinical aspects of an interesting or an unusual case in which relevant or original conclusions can be extracted. This section also encompasses detailed diagnostic, clinical or surgical descriptions of a new or a helpful technique for use with good and detailed pictures of the maneuver.

Updates: Papers focused on a concrete issue of the scope of the journal, that are accompanied by personal opinions or comments by the authors. Those papers are requested from the editorial office of the journal to selected authors that are considered leaders of opinion on a particular subject.

Letters to Editor: Short type of manuscripts that can fall into one of these three forms: 1) substantial analysis of a previously published paper in the journal with opinions, comments or critiques about the paper; 2) an answer of the authors of a paper to a letter discussing their work; 3) any other type of manuscript that do not cover any previous detailed types of papers accepted in the journal.

Before submitting the manuscript, authors are encouraged to read the Recommendation for Authors section (Authors Recommendations) (https://www.revesppod.com/autores-esp_normas-de-publicacion-esp) where the principal parts of each type of paper are discussed as well as general recommendations.

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The manuscript will be sent by one of the authors who will be the corresponding author during the editorial process of the manuscript. All notifications to the corresponding author will be sent by e-mail. It is assumed that all authors have participated in the work and are in agreement with the final content of the manuscript as the standards of the International Committee of Medical Journal Editors (ICMJE). For more information about authorship, go to Authors Recommendations**.**

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Human and Animal Rights

When the study was performed on human persons, authors should clearly indicate if the procedures performed had previously been assessed by the responsible review ethics committee (institutional, regional o national). If no formal ethics committee is available, authors should clearly state if procedures were in accordance with the Helsinki Declaration of WHO, revised in 2013 (https://www.wma.net/es/policies-post/declaracion-de-helsinki-de-la-amm-principios-eticos-para-las-investigaciones-medicas-en-seres-humanos/). If the study did not require the review of an ethics comitee (retrospective studies, non invasive observational studies...) this aspect should be stated in the manuscript. Papers could be rejected if editors consider that the study has not been carried out within an appropiate ethical framework.

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All research involving human participants need to obtained an informed consent to participate in the study from the participants (or their parents or legal guardian in cases of children under 18). The use of medical information related to patients without its consent is considered an ethical misconduct. A statement to this effect should appear in the manuscript. The editor can ask to the authors a white model paper of the informed consent used in the study during the review of the manuscript. In clinical cases type of manuscripts, the informed consent of the patient could also be required to the authors.

At the same time, nonessential identifying information details of the subjects of the study should be omitted. Pictures and identifiable information of subjects (such us names, initials, history numbers...) should not be published unless the information is absolutely essential for scientific purposes of the paper and the patient (or parent o guardian) have given written informed consent for publication.

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The editorial board of the journal will investigate any action considered an ethical misconduct and will take effective actions to solve them. Actions will always be proportionally given and investigation centers and universities of the authors and reviewers could be also implecated in cases needed. The most common misconduct practices that will be investigated are:

- Redundant publication (duplicate publication): it occurs when then content of a manuscript coincides substantially with other manuscript written for the same author(s). This could be by sending the manuscript to several journal for its publication at the same time.
- Plagiarism: it occurs when an author copy substantially the content of a published manuscript of other authors and it is intended to pass as its own work.
- Data fabrication or falsification: the fabrication, falsificaton or omission of data deliverately with the aim of variate the results and conclusions of the study are considered misconduct. This include manipulation and edition of pictures.
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Relative contribution of authors will be required during the manuscript submission process.

Originality and Plagiarism policies

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Reports of clinical trials that want to be published in the journal should be previously registered in a registry which is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP) such us www.clinicaltrials.gov, Current Controlled Trials (http://www.isrctn.com), or the ICTRP itself (https://www.who.int/clinical-trials-registry-platform) as many others. Registration of clinical trials in which exists intervention on humans is a scientific and ethical responsibility of authors and is considered the first step of transparency of the investigation and the trial. The ICMJE strongly recommends registration of clinical trials in a public trial registry before the start of the study in which any kind of intervention have been done on humans. The ICMJE defines a clinical trial as "any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome". Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes. Health outcomes are any biomedical or health related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

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All manuscripts will be submitted electronically in the platform of journal with a text processor such us Word or similar. For the edi-

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1. Complete Tittle Title (less than 40 characters).
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Manuscript

Specific Norms for Manuscripts

The following norms are referred to the different types of manuscripts that the Journal considers for publication. These are general recommendations. For more specific recommendations of each type of manuscript, please, go to Authors Recommendations at the end of this text.

Reporting Guidelines for Different Study Types

Presently, several guidelines have been developed for the report of different study designs. Authors are encouraged to follow these reporting guidelines because they help authors to describe the study in enough detail to be evaluated by the Editorial Board, reviewers and readers in general. Examples include CONSORT for clinical trials (https://www.nlm.nih.gov/services/research_report_guide.html), PRISMA for systematic reviews and meta-analysis (http:prisma-statement.org/), STROBE for observational studies (http:strobe-statement.org/) and STARD for studies of diagnostic accuracy (www.stard-statement.org/). Following these guidelines helps authors to report all important data of the investigation in the manuscript. Good sources for reporting guidelines are the EQUATOR (www.equator-network.org/home/) and the NLM's Research Reporting Guidelines and Initiatives (https://www.nlm.nih.gov/services/research_report_guide.html).

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The manuscript should be double-spaced, left margin justified and numbered consecutively in the bottom right corner. It should have a maximum extension of 4500 words, counting from the Tittle page to the end excluding tables. The content of the original manuscripts will have the following order:

1. Title: It should be concise and informative and should include the study design, for example: "Use of XXX and YYY in the Treatment of ZZZ: a randomized controlled trial." Avoid abbreviations.
2. Structured abstract: the abstract of the manuscript should not exceed 250 words and must be structured in separate sections: *a)* Objectives, *b)* Material and Methods or Patient and Methods (when the study was performed on patients), *c)* Results, y *d)* Conclusions. The abstract should include all relevant information of the study with no references.
3. Key Words.
4. Main text. It should include the following parts: a) Introduction; b) Material and Methods or Patients and Methods (when the study was performed on patients); c) Results; and d) Discussion. Conclusions should be included as a separate and last paragraph of the discussion. Each part of the main text should have adequate subheadings. Use these subheadings as much they are needed for clarity reasons specially in the Material and Methods or Patients and Methods section. Acknowledgments will appear at the end of the main text.
5. References.
6. Figures (optional).
7. Text of the Figures (optional).
8. Tables (optional)

Go to the Recommendations for Authors section for a more detailed description of the parts of the original paper.

Reviews

Double-spaced, left margin justified and numbered consecutively in the bottom right corner. There are no word limits for review manuscripts, although it is desirable that authors should be as concise as possible. In case of systematic reviews that do not contain a meta-analysis, manuscripts will have the following order:

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3. Key Words.
4. Main text. It should include the following parts: a) Introduction; b) Material and Methods; c) Results; and d) Discussion. Conclusions should be included as a separate and last paragraph of the discussion. Each part of the main text should have adequate subheadings. Acknowledgments will appear at the end of the main text.
5. References.
6. Figures (optional).
7. Text of the Figures (optional).
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4. Main text. The main text of narrative reviews can have different parts depending on authors criteria. Each part should have adequate subheadings. Acknowledgments will appear at the end of the main text.
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6. Figures (optional).
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3. Key Words.
4. Main text. It should include the following parts: a) Introduction; b) Clinical Case/Technique; c) Discussion. Acknowledgments will appear at the end of the main text.
5. References.
6. Figures
7. Text of the Figures.
8. Tables (optional)

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2. Text without subheadings.
3. References.
4. Figures (optional).
5. Text of the Figures (optional).
6. Tables (optional).

General Rules for Manuscripts

As a general rule, past tense should be used to describe the activities performed during the investigation process, as well as the observed outcomes. Present tense is reserved for discussions of states of knowledge, which are considered ongoing (for example: "... conservative measures are the initial choice of treatment for plantar fasciitis...". In case of doubt, regarding to style or format, authors are encouraged to follow the "AMA Manual of Style: A Guide for Authors and Editors, 10th Edition". Main parts of the manuscripts, such us Introduction, Material and Methods..., will be identified by bold, capitalized, left-margin subheadings. In case of need of subheadings inside the main segments of the manuscript, these will appear by bold, capitalized first letter and left-margin. Notes at the bottom are not allowed.

Keywords

Authors should provide 4 to 10 keywords of the manuscript. This keywords should preferably be selected from the list published of Medical Subject Headings (MeSH) of the National Library of Medicine, available in: www.nlm.nih.gov/mesh/meshhome.html.

Abbreviations

The use of abbreviations should be limited as much as possible in the text of the manuscript. Avoid abbreviations in the title of the manuscript. Abbreviations must be defined at their first mention (for example, "... tibial posterior tendon (TPT)") and should be consistent throughout the manuscript. For reasons of clarity, try not to use more than 6 abbreviations per manuscript.

Trade Names

As a general rule, authors are encouraged to use generic names rather than trade names, especially in the title of the manuscript. In the case that a trade name owned for a drug, software or any other appliances , it is recommended to use the mark â or ä (according to the owner's preference) to indicate that there is a trademark of that substance or device. Trade Names should be followed by the name of the company and the country in brackets (for example: Ibuprofen Cinfa â 600 mg [Laboratorios Cinfa SA, España]).

References

References should be cited in sequential numeric order following the order of appearance in the text beginning with the number "1" and continuing in order the first time that a particular reference is cited, until the last citation is noted. Citation numbers will appear in brackets [ ]. References cited in a table or figure should be numbered according to the sequence in which the table or figure in question appear in the text. Personal communications, manuscripts or any unpublished data should not be included in the reference list, although they may be included in brackets in the text of the paper or manuscript as "personal communication" with the name of the investigator or investigators and the date of the communication. For example: "(Kevin Kirby , DPM , personal communication , dd / mm / yyyy)". All references cited in the text should appear in the literature of the Reference List and vice versa.

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Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References (available in https://www.nlm.nih.gov/bsd/uniform_requirements.html) and *NLM's Citing Medicine, 2nd edition* (www.ncbi.nlm.nih.gov/books/NBK7256). No more than 6 authors will be cited for each manuscript. In case of more than 6 authors, list the first 6 authors followed by the term "et al." Manuscripts accepted for publication but not published yet will appear as "In Press" at the end of the reference. Journals names should appear abbreviated following the List of Title Word Abbreviations: http://www.issn.org/services/online-services/access-to-the-ltwa/. It is the authors' responsibility (not the journal's responsibility) for the accuracy of citations. Authors should ensure absence of errors in the reference list before submission. To minimize that bias, authors are encouraged to review their reference list with electronic database such us PubMed (https://pubmed.ncbi.nlm.nih.gov/).

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Paper in a Journal:

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If the journal has continual numbers in a volume (most of medical journals do) month and number can be omitted.

Martínez-Nova A, Sánchez-Rodríguez R, Pérez-Soriano P, Llana-Belloch S, Leal-Muro A, Pedrera-Zamorano JD. Plantar pressures determinants in mild Hallux Valgus. Gait Posture. 2010;32:425-7.

Paper in a Journal with DOI:

Landorf KB, Menz HB, Armstrong DG, Herbert RD. Methodological quality of randomized trials published in the Journal of the American Podiatric Medical Association, 1999-2013. J Am Podiatr Med Assoc. 2015 Jul;105(4):320-9. doi: 10.7547/14-014.1.

Paper in a Supplement of a Journal:

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short and long-term use for treatment of migraine and in comparison with sumatriptan. Headache. 2002;42 Suppl 2:S93-9.

Book Chapter:

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. New York: McGraw-Hill; 2002. p. 93-113.

Book:

Munuera-Martinez PV. El Primer Radio. Biomecánica y Ortopodología. Santander: Exa Editores; 2009.

Document in electronic format:

Foley KM, Gelband H, editors. Improving palliative care for cancer [Internet]. Washington: National Academy Press; 2001 [cited 2015 Dic 12]. Available from: http://www.nap.edu/books/0309074029/html/.

Web Pages:

Clinical Practice Guideline Heel Pain Panel. Diagnosis and Treatment of Heel Pain. American College of Foot and Ankle Surgeons. Available at: http://www.acfas.org/Research-and-Publications/Clinical-Consensus-Documents/Clinical-Consensus-Documents/. Accessed December 2015.

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Figures corresponding to pictures, graphics or drawings will be sent as separate archives (not included in the main text). They should be sent in TIFF or JPEG format, with a resolution not inferior to 300 dpi and using black and white color for lines and text inside the figure. Figures will be published in color in the electronic version of the journal and in black and white in the printed version of the journal. They will be numbered in Arabic numerals sequential order as they appear in the text, cited in brackets (figure 1).

Graphics, symbols and letters inside the figure will be big enough to be clearly identified. Special details of the figures will be marked with arrows using the best contrast available for this arrows and also any other symbol. As previously noted, pictures will not contain identifiable details of patients. Otherwise, informed consent of the patient will be submitted with the manuscript submission.

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Recommendations for Authors

GENERAL RECOMMENDATIONS

The following recommendations have been done to help authors that want to publish their work in the journal. These recommendations contain technical issues related to the different types of manuscripts. They contain all the aspects that ideally should appear in each section of each type of the manuscripts that the journal accepts for its publication. These recommendations will help expert and novel authors in preparing their manuscripts and will accelerate the editorial process of the manuscripts submitted to the journal.

The spanish journal of podiatry follows the recommendations of the ICMJE (*International Committee of Medical Journals Editors* – www.icmje.org/journals.HTML, last version - June 2010) for manuscript preparation and publication. The Editorial Board of the journal encourage authors to read these recommendations prior to submitting their manuscripts.

Authorship

Following ICMJE recommendations, authorship of a manuscript should be based on the following four criteria: "1) Substantial con-

tributions to the conception or design of the work or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; 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." All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should appear in the acknowledgements section of the manuscript.

It is the authors' responsibility (not the journal), to determine that all people named as authors meet all four criteria; it is not the role of the journal editors to determine who qualifies or does not qualify for authorship or to arbitrate authorship conflicts of the manuscripts.

Reporting Guidelines for Different Types of Studies

Presently, several guidelines have been developed for the report of different study designs. Authors are encouraged to follow these reporting guidelines because they help authors to describe the study in enough detail to be evaluated by the editorial board, reviewers and readers in general. Examples include CONSORT for clinical trials (www.consortstatement.org), PRISMA for systematic reviews and meta-analysis (http://prisma-statement.org/), STROBE for observational studies (https://www.strobe-statement.org/) and STARD for studies of diagnostic accuracy (www.stard-statement.org/). Following these guidelines help authors to report all important data of the investigation in the manuscript. Good sources for reporting guidelines are the EQUATOR (https://www.equator-network.org/) and the NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html).

SPECIFIC RECOMMENDATIONS FOR THE DIFFERENT SEGMENTS OF THE MANUSCRIPTS

Title

The title should contain a formal description of the manuscript explaining clearly the type of study and important aspects of it such us randomization, interventions, variables and results. It is desirable to avoid conclusions in the title that could be not totally supported by the paper content. For example, instead of: "Sclerosing alcohol injections are not valid for the conservative treatment of Morton's Neuroma", an adequate title would be: "Short Term Effect of sclerosing alcohol injections for the symptomatic treatment of Morton's Neuroma: Prospective Case Series".

Abstract

Several electronic databases index only the abstract of the paper as the only substantial part of the paper and for many readers that is the only part they are going to read of the whole paper. For these reasons, authors should be sure that the abstract contain the most important parts of the content of their manuscript in their abstracts. Original papers and systematic reviews (with or without meta-analysis) required a structured abstract with subheadings of Objectives, Materials & Methods or Patients & Methods, Results and Conclusions. The abstract should contain the purpose of the study, objectives, basic procedures such us participant selection, equipment, study variables, measurements taken and statistical methods. It should also contain the main outcomes (with statistical significance or not) and main conclusions. Authors should also point out the most important or new findings of the study trying not to "overestimate" their results.

Introduction

The introduction must put the content of the study and the actual state of knowledge about the specific issue of the study trying to explain the problem and its significance. The last paragraph of introduction should contain the specific purpose of the study and the hypothesis that are going to be tested. Avoid any type of result of the investigation in the introduction.

Material & Methods or Patients & Methods

All studies made on humans should use the subheading Patients & Methods and it should be stated if the study was approved by an Ethics Committee (local or national). If no formal Ethics Committee approval is available, it should be indicated that the study was performed in accordance with the Helsinki Declaration as revised in 2013. Absence of observation of these requirements will be a major reason for rejection of the manuscript. When the study was performed on animals, specimens, simulators, computer models or any other type of *in vitro* methods, the subheading Material & Methods will be used.

The key feature of this section is clarity about how the study was performed. Ideally, every process of the study should be so clearly detailed that any person could repeat it just after reading this section. In general, this section should describe the following elements of the research: a) Study population, b) Research or researchers that performed the study, c) Interventions, d) Variables and measurements of the study, and, e) Statistical methods used for interpretation of results.

Study Population: Manuscript should describe clearly which were the inclusion and exclusion criteria of the study population and the period time in which the study was performed, giving the date of the first enrollment and the last case of the study (dd/mm/aaaa – dd/mm/aaaa). For cohort prospective studies, case control studies and case series, specify if the patients were consecutively admitted to the study.

Researchers: Describe the members of the research team and its participation in the different aspects of the study (for example: which research/researchers performed interventions on patients, which only made measurements of the data or which extract data from medical records in retrospective studies.)

It should be noted if researchers that made measurements were also involved in the treatment or the intervention of the patients of the study (principal surgeon, physician that prescribe conservative treatments such us braces or insoles, etc.). In randomized clinical trials specify if researchers where blinded to intervention.

Intervention: The intervention used in the study should be clearly specify. If the study has different treatment branches, it should

be clearly noted if randomization where made of the different intervention groups and the method of randomization. Avoid detailed description of standard procedures or techniques that has been previously described. In those cases, it is useful to use a reference for the description of the procedure. However, if new procedures or substantial variations in the technique have been employed, they should be described entirely. In cases of drug interventions, doses, administration routes, and lengths of treatments should be detailed.

Variables Measurements: The manuscript should have a detailed description of the variables used in the study, specially how it was measured, when measurements where taken and who made the measurements. It should be clearly stated if variables where based on physical exams, radiographic angular measurements, interviews, questionnaires (AOFAS scale, Bristol Foot Score, Foot Function Index, etc.) or any other method of measurement.

The use of "hard" or "solid" endpoints such us laboratory analytical variables, microbiology laboratory results, radiology angles and other specific measurements are preferred. If "soft" endpoints are used, health measurement instruments that have been previously shown to be reliable and provide valid information, are preferred.

Statistical Methods: Describe the statistical analysis plan including all descriptive and inferential statistics used. Statistical tests should be based on the type and distribution of the data.

Regarding the descriptive statistical analysis, the central tendency parameters (mean or median average) should be described as well as the measures of dispersion (standard deviation or range). Continuous numeric data that are normally distributed may be analyzed using mean-based statistical tests such us Student's t-test. Categorical data and data that are non-normally distributed may be analyzed using median-based (nonparametric) methods such us the Wilcoxon matched-pairs signed-ranks test, sign test, Wilcoxon rank-sum test, and the Kruskal Wallis rank test.

Authors should choose between signification test or hypothesis testing for the description and interpretation of their results and it should be noted in this part of the manuscript. Both, signification test and hypothesis testing are two different conceptual entities that had been wrongly used as interchangeably terms. If authors choose a signification test for interpretation of their results, they will report a *p* value, assessing how that result is compatible with the null hypothesis. In contrast, if the authors choose a hypothesis testing for interpretation of their results, they will choose a limit values of error type I and II (a y b) *prior* to analysis of the results from which null hypothesis will be accepted or rejected. Authors will choose the a value from which null hypothesis will be rejected, although it is recommended that value to be less than 5% (p<0,05). b value is recommended between 0,2 or 0,1. The term "*statistical significance*" will be used only in the case of hypothesis testing in which a p value has been calculated. Because of the problems derived with the hypothesis testing approach the journal encourages authors not to describe *p*-value as the only value to report their results. Ninety-five percent confidence intervals are recommended and values of effect size are also recommended for reporting of results. For clarity purpose, the terms "correlation" or "is correlated with" should only be used when a correlation coefficient is calculated and reported.

Additional references that explain more clearly the methods for the statistical plan of manuscripts include:

- Prieto Valiente L, Herranz Tejedor I. ¿Qué significa "estadísticamente significativo"? La falacia del criterio del 5% en la investigación científica. Madrid: Ediciones Díaz de Santos; 2005.
- Biau DJ, Jolles BM, Porcher R. P Value and the Theory of Hypothesis Testing. Clin Orthop Relat Res. 2010;468:885-892.
- Rebasa P. Entendiendo la "p<0,001". Cir Esp. 2003;73:361-5.

The Methods section should not include any result of the data taken during the research process. External help for manuscript development such us equipment cession, or help with the analysis and interpretation of the results should be detailed in the acknowledgements of the manuscript.

Results

Results should be presented clearly and following a logic sequence of the steps taken to data analysis. All results pointed as objectives in the methods section should be described in this section. Look for consistency of data throughout the manuscript. Relevant information about study population should include demographic data of each of the groups of the study (treatment vs. control) as well as exclusions and missing data. Appropriate inferential statistical analysis is recommended to test group heterogeneity at the beginning of the study based on the type of variables, sample size and data distribution. It is important in this section to clearly specify the number of patients vs. the numbers of feet or lower limbs used in the study.

It is recommended to summarized the quantitative information data in the text. For more detailed information of the data, readers will be referred to appropriate tables. As a general rule for the results section, three result tables are recommended for presentation of data. Table 1 usually represents demographic characteristics of study population, showing if it exists any difference between the groups of the study. Table 2 usually indicate the results of univariate analysis and Table 3 the results of multiple variable analysis.

As a general rule, use two decimals for results presentation and use more than two when it is absolute essential for manuscript comprehension. Use de symbol ± when referring to mean and standard deviation (ej: 4,28º ± 1,12º). For median and range, use [ ] brackets (for example: 7,25 [4,35–9,83]). When the text if referring to a number of concrete case it should be also referred with the percentage of the sample, for example: "Only 5 cases (2,12%) developed serious complications from the intervention". If you are referring to a probability as a *p* value, it should appear cursive. By convention use two decimals for the *p* value if this is bigger than 0.01, three decimals if it is between 0,01 and 0,001, and for values less than 0,001 use *p*<0,001. Do not use *p*=0,000.

For randomized clinical trials, a flow chart will appear in the result section as the first figure of this section. (See http://www.consort-statement.org/). It is recommended the same for systematic reviews. In cases of meta-analysis of systematic reviews, a Forest Plot should be presented in the results section.

Discussion

The discussion part offers a unique opportunity for the authors to discuss the results of their work. The authors themselves have the best position to critically discuss their work pointing the strengths and lim-

itations of their study. Authors are encouraged to note important or new aspects of their study in the context of the best evidence available at the moment of its publication. For original articles a useful guide for the discussion include the following points: a) a brief sum up of the objectives of the study, b) a brief summary of the main findings of the study, c) possible explanations to explain the findings, d) comparison of the findings with the results of other studies, e) limitations, f) implications of the findings for clinical practice, and, g) planning of future investigations for future studies. Detailed description of the results of the investigation or any other information detailed in previous parts of the manuscript should not be repeated in the discussion.

Do not include a final subheading with Conclusions. Conclusions should be detailed in the last paragraph of the discussion. It is useful to start with: "In conclusion, the finding of this study show..." or "As a conclusion, this study has found...". It is important for the authors to remember that conclusions found in a single study are usually not applicable to the whole population and authors should be cautious about their conclusions in this sense.

Acknowledgements

People that made a special contribution to the study should be acknowledged while trying to avoid acknowledgements to those people who contributed to the manuscript while doing the regular duties of their work. For clarity about authorship, please see the authorship section in this text.