**CLINICAL RESEARCH MANUSCRIPTS** (Fewer than 3000 words)

Clinical research manuscripts use patients to explore treatment, diagnosis, prognosis, or economic-decision analyses.

All manuscripts must follow the General Author Guidelines found in Author Tools at [www.clinorthop.org](http://www.clinorthop.org) and recommendations in [Research is a Team Sport: Updated Authorship Guidelines for *CORR®*](http://link.springer.com/article/10.1007%2Fs11999-013-2796-y/fulltext.html).

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* *CORR®* manuscripts are organized as **QUESTION-DRIVEN** text: authors must pose two to four specific questions (or hypotheses or purposes) in the Introduction and then have two to four corresponding paragraphs in Results and Discussion. It may be easiest for you to consider the points you think most important or you want the reader to remember, then to formulate your questions or purposes based on those points.
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**General Guidelines for Clinical Followup**

* Articles reporting **total joint arthroplasty** require a minimum of 2 years followup on each patient when the device is relatively new. For older devices with previously reported results, we request a mean of 5 years followup. If the data suggest a high complication or failure rate, we have no minimum followup time requirements.
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* Articles reporting **trauma** have a minimum time for all patients of the time required for greater than 90% of the patients with that injury to heal, but typically 1 year for major long bone fractures. For ligament repairs we recommend a minimum followup of 2 years in the absence of substantial failures.
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* Articles reporting followup of **previously reported studies** – In the Introduction briefly describe why longer followup should be reported (eg, new findings). Patients and Methods should be brief and refer to the previous study. The Discussion should be brief and focus on new findings. The manuscript (Introduction through Discussion) for these studies should contain no more than 2000 words.

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This page must include the following:

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**FOOTNOTES**

Footnotes on the title page are not given reference symbols. We do not allow footnotes in the body of the manuscript. Footnotes in tables should be indicated by superscript lower-case letters or asterisks.

**MANUSCRIPT BODY**

**BACKGROUND**

In this section, please provideone or two sentences of what is known about the topic, followed by a sentence describing the deficiency in the literature that makes this study interesting and original.

**QUESTIONS/PURPOSES**

Provide two to four explicit, testable questions or research purposes oriented around specific endpoints. Words like “results,” “outcomes,” and “success” are usually too vague to be useful. Please put the questions into a numbered sentence. These are meant to focus the reader on the messages you think are most important. For example, “Does spinal manipulation reduce pain in patients with acute lumbar disc herniation?” and “Does spinal manipulation return patients with acute lumbar disc herniations to work faster than physical therapy?” are examples of focused questions. By contrast, “What are the outcomes with spinal manipulation for lumbar disc herniation?” is too vague to be useful.

Use the word “hypothesis” only if you have compared one or more interventions to a control group or groups; otherwise simply articulate experimental questions or research purposes.

**PATIENTS/METHODS**

The patients and methods section should contain information on the following:

* Study design and setting
* Participants
* Randomization (if applicable)
* Description of experiment, treatment or surgery
* Aftercare/followup routine (if applicable)
* Variables, outcome measures, data sources, and bias
* Statistical analysis, study size
* Demographics, description of study population (if applicable)
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**RESULTS**

In this section, you will use your research questions as subheadings. Please answer each question with one paragraph of results.

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The discussion section should contain:

* Background and rationale
* Limitations
* A paragraph for each question noted under “Questions/Purposes”
* A one-paragraph conclusion

**ACKNOWLEDGMENTS**

Acknowledgments should be placed in a separate section before the reference list. Note any nonfinancial acknowledgments. Begin with, “We thank…” and specify the nature of the contribution of the individual or individuals.

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* Use only official PubMed journal abbreviations and italicize those names.
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Examples references:

* Journal article: Kaplan FS, August CS, Dalinka MK. Bone densitometry observations of osteopetrosis in response to bone marrow transplantation. *Clin Orthop Relat Res. 1993;29*4:79-84.
* Chapter: Glick JM. Arthroscopic ankle arthrodesis. In: Guhl JF, Parisien JS, Boynton MD, eds. *Foot and Ankle Arthroscopy*. 3rd ed. New York, NY: *Springer; 2004:163-174.*
* Book: Watkins RG. *Surgical Approaches to the Spine*. 2nd ed. New York, NY: Springer; 2003.
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Citations in the text should be identified by numbers in square brackets, not superscript. Some examples:

* Negotiation research spans many disciplines [3].
* Carrier systems include inorganic material synthetic polymer [10, 14, 18], natural polymers [14, 25, 33], and bone allograft [2, 16].
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