

VCOT deals with orthopaedic and traumatology in veterinary medicine, whilst also covering common approaches in human and veterinary medicine. The Journal meets the demands of its readers by focusing on both traumatological and practical aspects.

Articles of a high scientific standard are published in English by international authors. Review articles, original research papers, clinical communications, case reports, letters to the Editor, as well as the latest news in basic research inform the reader about new operating techniques and improvements in the materials used in implants. Regular congress reports and abstracts enable post-graduates to broaden their knowledge, whilst book reviews and details of forthcoming congresses further enhance the profile of the journal.

VCOT is published six times a year in print (ISSN 0932-0814) and online ([www.vcot-online.com](http://www.vcot-online.com)). Online services include manuscript submission, eToc (electronic table of contents via E-mail), and rapid preprint publication. Subscribers to the Journal also enjoy unlimited free access to our online archive.

## General Remarks

VCOT publishes original papers. It does not publish material that has already appeared elsewhere. Submitted manuscripts should not have been published in, nor be awaiting acceptance at another journal. We do accept some papers that have been published as abstracts. All papers should contribute new information about any aspect of veterinary and comparative orthopaedics and traumatology.

All authors should have made 1) substantial contributions to the conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting of the article or revising it critically for important intellectual content; and 3) final approval of the version to be published.

## Categorisation of Manuscripts

For **Original Research and Clinical Communications**, it is essential to divide the manuscript into sections, including an introduction, materials and methods, results, and discussion. The most important sections within each main section should be stressed by subheadings. Characters, including spaces, should not exceed 20,000, and there should not be more than 40 references.

**Review Articles** should have an Introduction, and then the appropriate section headings in bold. For **Case Reports**, please include an Introduction followed by a discussion. Additional section headings can be included. Characters, including spaces, should not exceed 20,000. If more than 40 references, please consult with the Editor in Chief.

**Brief Communications**, reporting clinical or research material of special interest, are encouraged. The format should be the same as a full-length paper, but with only two main sections: Summary and/or introduction, and methods, results and discussion. Characters, including spaces, should be limited to approx. 10,000, and there should be no more than five references, and two essential figures or tables.

**Letters to the Editor** are encouraged and desirable. They can be a response to a previous article, or a comment or observation which the author would like to address to the readership. They should be limited to 6,000 characters including spaces, should have no more than two figures or tables, and may be subject to editing.

**What is your Diagnosis** are shorter articles presented in a Question-Answer format. These are encouraged when the material does not fit into one of the above categories. There should be two main sections: the case history and the discussion / diagnosis, each of which should be no more than 2,500 characters including spaces, and 6 references in total.

## Manuscript Submission

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a main document minus the aforementioned information, in the manuscript, to enable a double-blinded review. In addition, care should be taken that the institute(s) involved in submitting the paper are not identifiable within the main document.

All manuscripts must be submitted in either Microsoft Word format (.doc) or Rich Text Format (.rtf), with figures and tables uploaded as separate files. This applies to articles submitted using both Windows and Macintosh/Mac-OS.

Before completing the submission, please check carefully the proof generated by Manuscript Central, especially all Greek letters and other special symbols. The version in the proof is the version seen by the Editor and reviewers.

All manuscript submissions will be processed via the online system. Decisions and correspondence with the editor and editorial office will be communicated via E-mail.

## Manuscript Preparation

Authors are kindly requested to carefully follow all instructions on how to prepare their paper. In cases where the instructions are not followed, the paper will be returned immediately with a request for changes, and the review process will only start when the paper has been resubmitted in the correct style.

Authors are responsible for obtaining permission to reproduce any copyrighted material and this permission should be acknowledged in the paper.

Contributions should be submitted in UK English. When abbreviations are used, spell out in full the first time followed by the abbreviation in parentheses. All units of measurement should be given in the metric system or in SI units. Temperatures should be in °C. Do not use hard returns within paragraphs. Throughout the text, continuous line numbering and double-line spacing should be used.

Where an instrument or specific equipment is referred to that is not widely available or commonly known, cite the source (model number, manufacturer, city, state, and country) as a footnote (using roman letters) at the end of the paper. Do the same for all drugs mentioned.

All submitted manuscripts should be **blinded** (except for Letters to Editor). All author and clinic identification information should be removed from the manuscript, including any acknowledgements section. This information can later be added back into the manuscript should it be accepted.

All submitted manuscripts should include the following:

- **Title Page:** Title of manuscript, running title, authors, institutions, corresponding author and address (including phone, fax, and E-mail), acknowledgements, conflicts of interest, and any grants or financial support received.
- **Keywords and summary:** There should be no more than 5 keywords. The Structured Summary should not exceed 1,500 characters including spaces, and be divided into Objectives, Methods, Results, and Clinical Significance, with the exception of Review Articles.

## Care of Animals

It is not sufficient for authors to state that an experiment has been conducted under the regulations governing vivisection in a particular country. It is required that a paragraph with the side heading 'Postoperative care', be inserted in the manuscript, detailing the care given, and the drug dosages and regimes instituted for analgesia and related reasons. Failure to include this material will necessitate the manuscript being returned to the authors for its inclusion. The referees are also asked to state their opinion as to the scientific validity of the material in that paragraph (See additional instructions on Care of Animals online at [www.vcot-online.com](http://www.vcot-online.com)).

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All authors whose name appears on the manuscript will be required to indicate if there is, or has been a situation where a conflict of interest could be construed. To that end they should acknowledge the source of any extra-institutional funds or support. In addition they should acknowledge any financial interests in companies that market material that are, or have been, the subject of research reported in the manuscript. Such information will be held in confidence while the paper is under review and will not influence the editorial decision, but if the article is accepted for publication, there will be a short note included for our readers.

**Special Characters:** Greek letters and other special characters, including many mathematical symbols, must be in the font known as SYMBOL: do not use the 'insert' and 'symbol' menu tool in your word processor unless you have a version of the software that allows you to select the SYMBOL font inside the Insert Window, and make sure that 'normal text' is not also selected as an option within the 'Insert Window'.

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Avoid use of symbols, lettering, and numbering in the images, but when present it should be consistent (same font size), clear and large enough to remain legible against the background as well as after the figure size has been reduced to fit the width of a single column.

For more information on the preparation of figures, please see the information at the end of the instructions.

**Preparation of Tables:** Create tables using Word or Excel, and submit as a separate file. Do not save your table as an image file (jpg, tif, ppt) or use tab stops. Each table should be appropriately numbered; extensive tables should be avoided. Tables of 1 page or larger, will be treated as supplementary information and will be published online, but not in print.

Figures and tables respectively must be cited in parentheses in the text in numerical order, e.g. (Fig. 1, Table 1). Legends for figures and tables should not appear on the illustrations. Illustrations that have previously been published must be accompanied by a written permission from both author and publisher to reproduce the figure. The correct reference must be given in the legend.

**References:** References are identified by Arabic numerals (e.g. 1, 2, etc) and are numbered consecutively in the order in which they are first mentioned in the text. All references should be listed at the end of the paper; in the text, only the number in parentheses is given as reference. Journal names are cited according to Index Medicus, which can be found at [www.nlm.nih.gov/tsd/serials/lji.html](http://www.nlm.nih.gov/tsd/serials/lji.html). The format of references is Vancouver Style. For articles with more than three authors, use only the first three authors (last name, first initial) plus et al.

### Examples of References

#### Journal Articles

Olmstead ML, Hohn RB, Turner TM. Technique for canine total hip replacement. *J Vet Surg* 2000; 10: 44–50.

#### Books

2. Rocha E, Silva M. The kinin trail: Possible significance of bradykinin. In: *Pharmacology and the Future of Man*, vol 5. Maxwell RA, Acheson G (eds). Basel: Karger 2001; 250–266.

#### World Wide Web

3. Orthopedic Foundation for Animals (OFA). Hip Dysplasia statistics [homepage on internet] 2007. [cited on 2008 July 13]. Available from: <http://www.offa.org/hipstatbreed.html>.

**Acknowledgements:** Scientific advice, technical assistance, and credit for financial support and materials may be grouped in a section headed 'acknowledgements'. This section will be placed at the very end of the text.

## Peer Review Process

All articles submitted to the Journal will be pre-reviewed by the managing editor to ensure they conform to the above guidelines. Manuscripts that fail to meet the above requirements will not be sent for review and you will be asked to re-submit in an appropriate format. VCOT reserves the right to reject any manuscript.

Manuscripts that enter the peer review process will be examined by three referees, who are experts in the relevant field. They will be asked to comment on the scientific quality of the work, and its contribution to the field. This entire process is blinded; the authors do not know who is reviewing the paper,

and the referees do not know who the authors are nor where they come from.

Based on the recommendations from the referees, the Editor-in-Chief will then make the final decision concerning acceptance or rejection. Those which are accepted for publication are subject to the authors addressing all editorial and production concerns.

## Acceptance of Manuscripts

Manuscripts are submitted with the understanding that they are original contributions and do not contain data that have been published elsewhere. It is taken for granted that the publication has been approved by all participating authors. Moreover, in the case of the author being subject to instructions of the institute director, that individual's consent must be obtained.

Once your manuscript has been accepted, send signed copies of the following to the Central Editorial Office: Copyright Transfer Agreement and Conflict of Interest Statement, and Colour Figure Form (if applicable). These forms can be downloaded from the Manuscript Central site at <http://mc.manuscriptcentral.com/vcot> under 'Instructions and Forms', or at [www.vcot-online.com](http://www.vcot-online.com) under 'For Authors'.

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The Instructions to Authors are also available online at [www.vcot-online.com](http://www.vcot-online.com), under "For Authors".

## Guidelines for Figure Preparation

Graphics which are to be published in a journal need to fulfill certain quality criteria. Submitting photographs as well as other types of figures, charts or graphs in the most appropriate format will help ensure the highest possible degree of quality during the publication process. In order to help you out with this, here are some additional guidelines to aid you:

- Place annotations in a legend.
- Avoid the use of headings.
- Abbreviations should be avoided in tables, but can be used in images along with the accompanying explanation in the legend.
- All axes should be clearly labelled, and the same font should be used throughout.
- Colour should be used only when it is of relevance to the contents and needed for clarity.
- Use actual artwork and image manipulation programs (such as Adobe Illustrator or CorelDraw) when adding additional information to images. Then save as a pdf or eps file.
- Make sure that all added labelling and lines or symbols are clear within images. Check that lines are thick enough and symbols large enough so that they will remain visible should the image be resized.
- Check that all added information also appears clearly on images and that it is not lost in a dark background.

## Data Formats

For **publication of manuscripts**, it is important that all graphics are submitted with high quality resolution. This generally means 1200 dpi for line drawings, 800 dpi for graphics, and 300 dpi at minimum for photographs or colour and half-tone artwork. It is also important that all graphics are submitted in their original file format.

For the **initial submission**, it is not required that the highest quality files be used, and oftentimes it is not possible as the file size is too large for the online submission at ScholarOne Manuscripts. Lower resolution formats (72-150 d.p.i.), as long as the resolution is high enough for viewing, are acceptable. However once accepted, all original files, in high quality, will need to be sent to the Managing Editor.

As a **general rule of thumb**, images that are between 12 and 15 centimeters wide with at least 600 dpi resolution at 100% of final size work best. This will allow the necessary resolution for images during the review, process.

**Image files** should not be larger than 40 megapixels as otherwise the system will not be able to convert them into the pdf document for review. This can be calculated by multiplying the width in pixels by the height in pixels. If this number exceeds 40 megapixels, you can either separate your image into A, B, and C, etc. or to reduce the dimensions of the original image.

Do not copy the graphic into a Word or PowerPoint document, but submit as an image file with clear labelling (e.g. Fig. 1). For **graphs** that are created in excel, please submit as a pdf or word document upon initial submission, but once accepted the original excel files will be needed - the only exception to this is when graphs have been altered in another program, such as PowerPoint, with additional information.

## Resolution can not be achieved through mathematics

There are programs that can increase the number of image

## Convention for radiographic orientation

When radiographic images are used, please follow the following guidelines.

### Radiographs

Lateral views of any part should be orientated with the cranial or rostral part to the viewers left. Ventrodorsal or dorsoventral images should be viewed with the left side on the reader's right. Images of extremities should have the proximal portion of the limb at the top of the image. There is not a convention as to whether the lateral or medial aspect of the limb should be to the right or the left, but the orientation should be consistent within the manuscript.

### Ultrasound

For abdominal imaging with the patient in dorsal recumbency, sagittal images should be orientated with the ventral surface at the top of the image, and the cranial aspect to the left. In the transverse plane, the patient's right side should be on the left of the image. If the transducer has been placed on the right side of the abdomen in a transverse plane, ventral should be on the right or the image and dorsal on the left. For images obtained from the left side of the abdomen, ventral

dots by splitting each dot into several dots; however in print the image will still look very pixelated, because splitting of image dots does not add information to the image. Therefore, make sure that you always use the highest resolution your computer can offer when creating digital images.

- Use the highest resolution when scanning.
- Choose the highest resolution when taking photographs with a digital computer. It is recommended to use a camera model with at least 5 megapixels.

## Vector graphics have no resolution problems

Some programs, such as Excel, produce images not with a limited number of dots but as a vector graphic. Vectorisation eliminates the problem of resolution. However, if halftone images (photos) are copied into such a program, these images retain their low resolution.

should be on the left side of the image and dorsal on the right.

## Echocardiographic images

Computed tomography (CT) and magnetic resonance images (MRI) should be orientated in the following manner:

### Head and spine

- Sagittal plane: cranial (rostral) to the left, dorsal at the top.
- Transverse plane: dorsal at the top, left to the reader's right.
- Dorsal plane: cranial (rostral) at the top, left to the reader's right.

### Thorax and abdomen

- Images should be displayed as they were acquired.

## References

1. Thrall DE. Textbook of Veterinary Diagnostic Imaging (3rd Ed). Philadelphia, WB Saunders 1998; 26.
2. Nyland TG, Mattoon JS. Veterinary Diagnostic Ultrasound. Philadelphia, WB Saunders 1995; 11-12.
3. Thomas WP, Gaber CE, Jacobs GJ, et al. Recommendations for standards in transthoracic two dimensional echocardiography in dogs and cats. J Vet Intern Med 1993; 7: 247-252.
4. Anon. Instructions to authors. Vet Radiol Ultrasound 2000; 41: 584.