

Reviewer Guidelines for JSES Family of Journals

When you are invited to review please consider if you are able to do the review in both a timely and appropriate manner. You have 7 days to accept the invitation to review. Normally, you will be asked to review papers on which you have some expertise. However, if you do not feel qualified to review on a topic, if you feel you have a conflict of interest, or if you are unable to finish the review with 14 days, these are reasons to decline to review. If you must decline, please do so promptly as delays in obtaining reviewers often upset authors; you may have experienced this yourself. It is also helpful if you can suggest another reviewer that may be able to review the manuscript, along with contact information. Declining to review a manuscript is understood and is not viewed negatively by the journal or any shoulder/elbow society.

We ask you to finish your review within 14 days. If for some reason you are unable to do this, please let us know and either ask for an extension or ask us to obtain another reviewer.

The types of papers for review are as follows: original clinical articles, basic science articles, review articles, case reports, technique articles, and commentaries. Each has their own specific needs in terms of reviews. Clinical articles and case reports should be reviewed with a specific question of whether or not this paper will affect clinical practice in anyway. Review articles are normally only considered as systematic reviews or meta-analyses. There are specific instructions on how to do such studies and the review should follow the provided guidelines. Technique articles are rarely considered but should highlight a new, important technical procedure. Commentaries are usually solicited and are not typically sent to reviewers.

In your reviews always try to provide constructive criticism. The purpose of a review is to try to help the author make their work better and suggestions are helpful. The tone of a review should be polite and helpful, providing respectful, constructive, and honest feedback to authors about their manuscript. Disparaging or derogatory comments are inappropriate. Do not spend a lot of time correcting language, grammar, and spelling as editors and copy editors handle many of these problems. However, if the paper is obviously very poorly written it is appropriate to ask the authors to consider a re-write with help in English editing.

Your review should include a summary paragraph detailing what you feel are the strong points and weak points of the manuscript. The summary should give reasons why you are making your recommendation, whether that is Accept, Revise, or Reject.

We allow three (3) decisions by reviews: Accept, Revise, and Reject. Accept is very rarely chosen as most papers need some editing and revision. As of 2020 JSES accepts only about 20% of submitted manuscripts. Most papers sent back for Revision eventually get accepted so a guideline should be that you choose Revise 20% of the time. The remainder of papers will be rejected, which is a high percentage of our submitted manuscripts.

Reviewers are also asked to make a rating on the relative merits of the papers as follows: Top 10%, Top 25%, Top 50%, Bottom 50% - all based on papers submitted or published in JSES. Please be consistent between your recommended decision and your rating. If you recommend Revise, these papers should likely be graded as Top 10% or Top 25%. Papers recommended for Rejection should be graded at Top 50% or Bottom 50%. The rare paper recommended for Accept should be graded as Top 10%.

After making your recommended decision and your ratings, it is important to provide specific comments on the paper, in terms of criticisms and compliments. These should be done in a line-by-line method, stating as an example, "Line 17 – why did you exclude these patients?" These specific line-by-line comments are the most important part of a review and allow the author to be able to revise a paper more readily. Other comments may be made discussing a section, such as "Materials and Methods – did you do a power analysis?"

Most papers begin with an Abstract, which should give short details of each section of the manuscript. Reviewers should be able to understand the topic of the paper and what it is trying to show if the Abstract is well-written and well-done. If not, it is appropriate to ask this section to be re-written.

In the Introduction the authors should discuss in some detail why this study is being performed. The introduction should state a hypothesis or define the research question, and this should be made clear. Be careful of authors who treat an Introduction as a discussion topic – the Introduction should be relatively short. One thing to look for in the Introduction is if you feel this is an important topic, and especially one that you feel may change practice patterns. If not, the paper probably has less importance to clinicians. You may wish to add comments about this in the general summary paragraph.

Materials and Methods (M/M) are the most important part of the manuscript. This section should always start by telling us the type of study – Case Control, Retrospective Cohort, Randomized Controlled Trial, Basic Science Study. Don't make us guess. The amount of follow-up in any clinical study must be included. JSES asks for a minimum 2-year follow-up, but we realize for certain diagnoses or syndromes this is not necessary or inappropriate. However, for certain conditions, such as arthroplasty or tumors, it is absolutely mandatory.

M/M should include information on the statistical analysis done on the study. If you do not feel comfortable with the statistical analysis, or you think the paper needs a detailed critique of the statistics, we do have statistical editors and it is appropriate to make this recommendation, which you may do in the section comments to the editor.

The Results section should include both the text of the result but also the tables and figures detailing those results. They should be consistent. In general, the Results section should be written in prose summarizing the results and not overburden the reader or reviewer with endless statistics. Those should be placed in Tables and reference made to them.

The Discussion section should summarize what was done with a brief summary of the results, why this study is important, and the strengths and weaknesses of the study. Discussions should not be overly long, trying to serve as a literature review on the topic. The discussion should be limited to the findings of the study and should not drift to topics not directly related to the research question. At the end of the Discussion the authors should provide a Conclusion, giving the reader and reviewer the most important take-home points from this paper. The Conclusion should be consistent with the results of the study. Beware of articles that make claims in the Conclusion that are not fully supported by the study.

Finally, it is important to make comments on the tables or figures, as needed. Tables should be checked for statistical consistency and figures should be high-quality.

All submissions are confidential so please do not discuss any aspect of the submissions with a third party. Reviewers are blinded during the review process and similarly, authors will not know the identity of reviewers. Reviewers should not cite the work or use the information in any article for their own research prior to publication. If you suspect that an article is a substantial copy of another work, please let the editor know, citing the previous work in as much detail as possible.

Reviewers are graded on the strength and quality of their reviews by the Associate Editors. A review which receives a grade of 80 or greater will make the reviewer eligible for 1 hour of Continuing Medical Education (CME) credit. Details of the grading system are below.

Our journal could not exist without reviewers and good reviews. In addition to CME, we will acknowledge our reviewers in the journal at the end of each year. We appreciate all of our reviewers more than you know. Thank you.

William J. Mallon, MD
Editor-in-Chief

Journal of Shoulder and Elbow Surgery (JSES)
Executive Editor
JSES Family of Journals

RATING SYSTEM FOR SCORING REVIEWS

(A score of 80 or higher is considered to be an acceptable review and eligible for CME credit.)

95 = Outstanding review of the manuscript. The summary of the manuscript was accurate, thoughtful and concise. Comments demonstrate a superior understanding of the strengths, weaknesses, and novelty/importance of the manuscript, greatly aiding in the editorial decision. Detailed comments on each section of the manuscript were provided, and revisions based on these suggestions will significantly improve the manuscript.

90 = Excellent review of the manuscript. The summary of the manuscript was also accurate, thoughtful and concise. Comments demonstrate an excellent understanding of the strengths, weaknesses, and novelty/importance of the manuscript, also greatly aiding in the editorial decision. Comments on each section of the manuscript were provided, and revisions based on most of these suggestions will improve the manuscript although occasional suggestions were unclear or of minor importance.

85 = Good review of the manuscript. The summary of the manuscript was good. Comments regarding the strengths, weaknesses, and novelty/importance of the manuscript were also good, overall aiding in the editorial decision. Comments on each section of the manuscript could have been more detailed and/or comprehensive.

80 = Sufficient review of the manuscript. The summary of the manuscript was adequate. Comments regarding the strengths and weaknesses were provided but some may have been missed, and manuscript novelty/importance was minimally assessed, thus overall of limited value in aiding in the editorial decision. Suggestions for revisions to improve the manuscripts were minimal.

75 = Insufficient review of the manuscript. Required components of the review (summary, strengths/weakness/novelty, comments on each section of the manuscript) were either a) missing, b) of little help in aiding in editorial decision or author manuscript revision, and/or c) at times too confusing or critical.

70 and below = Completely unacceptable review of the manuscript. The reviewer provided insufficient comments to explain the recommendation. Additionally, required components of the review (summary, strengths/weakness/novelty, comments on each section of the manuscript) were either a) missing, b) of no help in aiding in editorial decision or author manuscript revision, and/or c) at times too confusing, critical or inappropriate.