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Editorial

Grey Giddins

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Editorial

I thought that the task of editing the Journal would become easier as I became more experienced. Unfortunately I was wrong. With increasing knowledge and experience I am more aware of what we need to do better and how high standards are becoming. In particular research studies that were publishable even 5 years ago are sometimes not up to modern standards. This does not mean that all the studies we publish are excellent or that our editing is perfect, but we are rejecting more papers (including submissions of mine), many of which we would have accepted in the past. Here are some of the requirements that will be necessary for acceptance of studies in the future:

- All randomized intervention studies need full ethical approval which should include registration of the study.
- We are now very reluctant to accept papers with non-validated scoring systems such as a subjective review of: excellent; good; fair; and poor. There are many good scoring systems like the Disabilities of Arm, Shoulder and Hand (DASH), Patient evaluation measure (PEM) and Michigan hand score. None is perfect but they have been validated and allow for statistical analysis and comparison with other studies.
- We will no longer accept studies of implant arthroplasty with a minimum follow-up of less than 2 years and preferably 5 years, unless they are reports of high failure rates. The Hand Surgery literature is replete with short-term reviews of implants which are subsequently withdrawn from

the market with no long term reviews or that continue to be used with no evidence of good long term outcomes. For any established implants such as pyrocarbon proximal interphalangeal (PIP) joint arthroplasties or many thumb carpometacarpal (CMC) joint arthroplasties we will not accept studies with a minimum follow-up of less than 5 years and an adequate number of cases probably a minimum of 20 (ideally more) unless again there is some particular strong new message.

- We are very concerned about publishing early data on new techniques which may encourage less experienced surgeons to perform techniques that prove unreliable or harmful.

We do not want to stifle or restrict research and development in Hand Surgery but the age of single centre ad hoc research is largely over. These standards will help encourage multicentre planned long term studies measured with recognized tools. Where a new technique is proven to an acceptable standard it is likely to be taken up more quickly to the further benefit of our patients.

In an effort to encourage wider thinking about research in Hand Surgery I have commissioned a series of personal opinion reviews from recognized leaders in Hand Surgery in Europe and internationally. These will be published in the Further Knowledge section over the next 18 months. There is no single theme. The authors may well disagree but each will provide some insight and thought that we hope will stimulate current and future researchers.

Grey Giddins
Editor-in-Chief