

Orthopaedic Surgery

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I. Editorial and Content Consideration

Aims and Scope

Orthopaedic Surgery (OS) is the official journal of the Chinese Orthopaedic Association, focusing on all aspects of orthopaedic technique and surgery.

The journal publishes peer-reviewed articles in the following categories: Clinical Article, Scientific Article, Review Article, Traditional Chinese Medicine in Orthopaedics, Surgical Technique, Video of Orthopaedic Technique, Guideline and Consensus, Instructional Course, Brief Report, Case Report, Letter to the Editor, Commentary, Editorial, Meeting Report, and Special Issue and Special Section.

Editorial Review and Acceptance

Submission implies that the content has not been published or submitted for publication elsewhere.

- **Acceptance criteria.** The acceptance criteria for all papers are the quality and originality of the research, excellence in the writing and organization, and its significance to our readership.
- **Review process.** Manuscripts are peer reviewed typically by two anonymous reviewers. Final acceptance or rejection rests with the Editor-in-Chief. A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief finds it inappropriate for publication in the journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such ‘fast-track decisions’ will normally occur within one week of receipt of the manuscript.
- **Reviewers.** Authors may provide the Editor-in-Chief with the names, addresses and email addresses of suitably qualified individuals of international standing who would be competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.
- **Rebuttal process.** The Editor-in-Chief’s decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In such cases authors should write to the Editor-in-Chief as a first step.
- **After acceptance.** Where contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity

and repetition and improve communication between author and reader.

Ethical Considerations

The journal is committed to integrity in scientific research and recognizes the importance of maintaining the highest ethical standards.

Author Responsibility

Prior to the submission of a manuscript, authors should familiarize themselves with and comply with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.icmje.org) relating to:

- [Authorship](#) (see below)
- [Protection of Research Participants](#)
- [Overlapping publication](#)

Authorship and Acknowledgements

The journal adheres to the [definition of authorship set up by The International Committee of Medical Journal Editors \(ICMJE\)](#). The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work;
- Drafting the work or revising it critically for important intellectual content;
- Final approval of the version to be published;
- 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. Contributors who do not qualify as authors should be mentioned under ‘Acknowledgements’.

Human Studies

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Brazil in 2013), available at: <http://www.wma.net/e/policy/b3.htm>.

All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used). In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent,

the onus will be on the authors to demonstrate that this exception applies in their case.

Animal studies

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research. Reports of animal experiments must state that the ‘Principles of Laboratory Animal Care’ (NIH Publication Vol 25, No. 28 revised 1996; <http://grants.nih.gov/grants/guide/notice-files/not96-208.html>) were followed, as well as specific national laws (e.g. the current version of the German Law on the Protection of Animals) where applicable.

Disclosure

All authors are required to disclose any potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript. A disclosure statement must be included on the title page, and the submitting author will also be asked to include the disclosure statement in the submission system. Authors without conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject of their manuscript, should also include a statement of no such interests. Failure to include this information in the manuscript may delay evaluation and review of the manuscript.

Clinical Trials Registry

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria:

- Accessible to the public at no charge;
- Searchable by standard, electronic (Internet-based) methods;
- Open to all prospective registrants free of charge or at minimal cost;
- Validate registered information;
- Identify trials with a unique number;
- Include information on the investigator(s), research question or hypothesis, methodology,

intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include:

- The registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov);
- The International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>);
- The Australian Clinical Trials Registry (<http://www.actr.org.au>);
- The Chinese Clinical Trials Register (<http://www.chictr.org>);
- The Clinical Trials Registry - India (<http://www.ctri.in>).

Randomized Control Trials

Reporting of randomized controlled trials should follow the guidelines of The CONSORT Statement: <http://www.consort-statement.org>

Plagiarism Detection

The journal employs a plagiarism detection system. By submitting your manuscript to this journal you accept that your manuscript may be screened for plagiarism against previously published works.

Reproduction of Copyright Material

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Committee on Publication Ethics

The journal is a member of, and subscribes to the principles of the [Committee on Publication Ethics \(COPE\)](#).

II. Article Types

Clinical Article and Scientific Article

Full-length reports of current research in either basic or clinical science.
Word limit: no limit.

Abstract: about 400 words, structured (sub-headers): Objectives, Methods, Results, Conclusions.

References: no maximum.

Figures/ tables: no limit.

Review Article

Review Articles are authoritative analyses of specific topics, which includes literature review, systematic review, pictorial review and meta-analysis. Their references should cover the existing literature and include recent studies. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

Word limit: no limit..

Abstract: about 400 words, unstructured.

References: no maximum.

Figures/tables: no limit.

Traditional Chinese Medicine in Orthopaedics

Advanced researches on Traditional Chinese Medicine in Orthopaedics are regularly published, and the general manuscript format should follow Clinical Articles.

Word limit: no limit.

Abstract: about 400 words, structured (sub-headers): Objectives, Methods, Results, Conclusions.

References: no maximum.

Figures/ tables: no limit.

Surgical Technique

Surgical Technique should present an innovative technique which may be new, updated or improved compared to an existing one. To highlight the surgical technique, the description of the technique should account for the main part of the manuscript.. Diagrams, series images or animations along with the articles are also required to visualize the surgical technique. Follow-up duration and number of cases are not the major focus of the article.

Word limit: about 2,000 words.

Abstract: about 250 words.

References: no maximum.

Figures/tables: no limit.

Video of Orthopaedic Technique

A Video of Orthopaedic Technique visually demonstrates the essential techniques of a surgical case. It should be accompanied by a descriptive text about the case within 1500 words. Video content should be independent of the article text. Animations, diagrams or 3-D images along with the video in form of PIP (picture-in-picture) are recommended to explain the key procedures of the surgery, helping readers better understand the techniques. Highlights of the surgery are required as the concluding remarks of the video.

Requirements:

- Use the highest resolution possible. A minimum of 640 × 480 is suggested.
- 3- 5 minutes' duration. Longer ones are possible with the approval of the Editor-in-Chief.
- Accept "MP4" format only.
- Videos should be named after the corresponding number of the video in the text.
- Embed audio narration in English.
- Exclude manufacturer logos or commercial trademarks.

Guideline and Consensus

Guideline and Consensus refer to instructional articles with academic authority, the content of which should be supported by evidence-based medicine, acknowledged by authoritative experts and validated by clinical data. Definite aim and scope should be specified in articles, and a typical topic with extensive application is necessary. The manuscripts should be well-organized in rigorous and clear expression.

Word limit: no limit.

Abstract: about 250 words.

Instructional Course

Instructional Courses is submitted for introducing classic, basic and detailed knowledge about orthopaedic researches or techniques, providing excellent resources for continuing medical education. Enough pictures should be provided for articles on surgery technique.

Word limit: no limit.

Abstract: about 250 words.

Brief Report

Brief Reports is submitted for preliminary findings of research in progress or a case report of particular interest.

Word limit: 2,000 words maximum.

Abstract: about 250 words.

Case Report

New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in the field. The text must be arranged as follows: Abstract, Introduction, Case Report, Discussion.

Word limit: 2,000 words maximum.

Abstract: about 250 words, structured (sub-headers): Background, Case presentation, Conclusions.

References: 20 maximum.

Figures/tables: 4 maximum.

Letter to the Editor

Comments regarding articles published in the Journal, or other current matters, are solicited and should be submitted as 'Letter to the Editor'.

Letters are no more than 1000 words, no tables or figures, and maximum 8 references.

Commentary

Commentaries are evidence-based opinion pieces involving areas of broad interest (1500 word limit) and invited commentaries (1000 word limit).

Editorial

Editorial articles are usually commissioned but unsolicited material. Please approach the Editor-in-Chief before submitting this material (Email: yongchenghu@126.com).

Meeting Report

The theme, scale and summary of the conference should be contained in the report, and it should focus on the update of technique, summary of academic research, recent achievements as well as consensus. References are strongly encouraged to be included in meeting reports. The length of the article should be in accordance with the scale of the conference.

Special Issue and Special Section

Special Issues and Special Sections on topics of interest are also regularly published.

III. Preparation of Manuscript

Style of the manuscript

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>

- Spelling. The journal uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster's Collegiate Dictionary.
- Units. All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>
- Abbreviations. Must be used sparingly – only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.
- Trade names. Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the

proprietary name, and the name and location of the manufacturer, in parentheses.

Parts of the manuscript

The manuscript should be submitted in separate files: title page; main text file; figures.

Title Page

The title page should contain:

- The title of the paper. The title should be concise, informative and contain the major key words so that readers will discover the article easily in online searches. In general, abbreviations should not be used in the title. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
- Running title. A short running title of less than 50 characters, and contain at least 2 informative key words. Abbreviations used in the text can be used in the running title.
- The full names of the authors. Each author's given name should be followed by family name, and capitalize your name in the same format as other papers in your publication history.
- The institutional affiliations of all authors at the time during which the work was carried out. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote.
- The full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent.
- An authorship declaration. This must acknowledge i) that all authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and ii) that all authors are in agreement with the manuscript.
- Acknowledgements. This should include sources of support, including federal and industry support. All authors who have contributed to the manuscript must be acknowledged. Medical writers, proofreaders and editors should not be listed as authors, but may be acknowledged here. Thanks to anonymous reviewers is not appropriate.
- Disclosure statement. Authors must declare any financial support or relationships that may pose conflict of interest. For more detail refer to the section 'Disclosure' above.

Main text file

The length of papers should adhere to the guidelines outlined for each manuscript type in the 'Manuscript Categories and Length' section. As papers are double-blind peer reviewed the main text file should not include any information that might identify the authors.

The main text file should be presented in the following order: (i) abstract and key words, (ii) main text, (iv) references, (v) tables (each table complete with title and footnotes) and (vi) figure legends. Figures and supporting information should be supplied as separate files. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

Abstract

For Clinical Articles and Scientific Articles, abstract should be structured to include the following sections: objective (background for the study as well as the precise objective); methods (type of study and level of evidence, selection of patients, details on the intervention, outcome measures as well as other sufficient details of the method); results (significant data and observations); conclusions (principal conclusions that can help the readers understand the relevance of your findings). For Review Articles, the abstract should be an unstructured summary. For abstracts of other types of articles, please refer to the “Article Types” Section.

The abstract must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided.

Keywords

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

Text

The main text of Clinical Articles and Scientific Articles should be structured using the following sections: Introduction, Methods, Results, Discussion.

Introduction

The Introduction section should be 800-1500 words, and contain the background that motivated the study, problem that led to your undertaking the study, concise review of the most relevant literature. Conclude the introduction by stating the purpose of the study and then stating your hypothesis. A structured introduction is required.

Methods

The Methods section should include the study design and setting, participants/study subjects, description of experiment, treatment or surgery, data sources, statistical analysis and other details relevant to the conduct and interpretation of the study.

Results

The Results section should describe in detail the data obtained during the study. Avoid undue

repetition of data in text and table. Brief comments on the significance of the results are appropriate, but broader aspects of interpretation are reserved for discussion. Use of subheadings to aid clarity is encouraged.

Discussion

The Discussion section should define the unanswered questions related to the topic, discuss the findings in context of relevant published data and provide clear directions for future research. A section on limitations of the study is often recommended.

References

- The Vancouver system of referencing should be used (examples are given below).
- In the text, references should be cited using superscript Arabic numerals in the order in which they appear.
- If cited in tables or figure legends, number according to the first identification of the table or figure in the text.
- In the reference list, cite the names of all authors when there are six or fewer; when seven or more, list the first three followed by *et al.*
- Do not use *ibid.* or *op cit.*
- Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data).
- All citations mentioned in the text, tables or figures must be listed in the reference list.
- Names of journals should be abbreviated in the style used in Index Medicus.
- Authors are responsible for the accuracy of the references.

Examples of references:

Journal article

1. Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet.* 1986, **19**: 254-252.

Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier(DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

2. Kengne Ap, Nakamura K, Barzi F, et al. Smoking , Diabetes and cardiovascular diseases in men in the Asia-Pacific Region. *J Diabetes* 2009; doi: 10.1111/j.1753-0407.2009.00028.x

Book

3. Ernstoff M. *Urologic Cancer.* Blackwell Science, Boston, 1997:132-154.

Chapter in a Book

4. Gilchrist RK. *Further commentary: Continent stroma*. In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago, 1987; 204-205.

Electronic material

5. Cancer-Pain.org [homepage on the internet]. New York: Association of Cancer Online Resources, Inc.; c2000–01 [Cited 2015 May 11]. Available from: <http://www.cancer-pain.org/>.

Figure legends

Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Figures

- All illustrations (line drawings and photographs) are classified as figures.
- Figures should be cited in consecutive order in the text.
- Magnifications should be indicated using a scale bar on the illustration.
- Size Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).
- Resolution Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.
- Color figures Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the journal.

More advice on figures can be found at Wiley’s guidelines for preparation of figures: <http://authorservices.wiley.com/bauthor/illustration.asp>

Tables

- Tables should be self-contained and complement, but not duplicate, information contained in the text.
- Number tables consecutively in the text in Arabic numerals.
- Type tables on a separate page with the legend above.
- Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text.
- Vertical lines should not be used to separate columns.
- Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes.
- Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be

reserved for P-values.

- Statistical measures such as SD or SEM should be identified in the headings.
- If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

Supporting Information

Supporting information is not essential to the article but provides greater depth and background and may include tables, figures, videos, datasets, etc. This material can be submitted with your manuscript, and will appear online, without editing or typesetting. Guidelines on how to prepare this material and which formats and files sizes are acceptable can be found at: <http://authorservices.wiley.com/bauthor/suppmat.asp>

Please note that the provision of supporting information is not encouraged as a general rule. It will be assessed critically by reviewers and editors and will only be accepted if it is essential.

IV. Submission of Manuscript

Submission System and Contact Details

Please read the complete Author Guidelines carefully prior to submission, including the section on copyright.

Once you have prepared your submission in accordance with the Guidelines, manuscripts should be submitted online at <http://mc.manuscriptcentral.com/os>

Should authors have any queries, please contact: Apple Yu Wan, Associate Senior Editor, Orthopaedic Surgery, Tianjin Hospital, 406 Jiefangnan Road, Tianjin 300211, China (email:orthopsurg2009@aliyun.com, wanyu0990@126.com; telephone: +86 22 2833 4734; fax: +86 22 2824 1184).

Submission Requirements

- A cover letter should be included in the 'Cover Letter Field' of the ScholarOne system. The text can be entered directly into the field or uploaded as a file.
- The covering letter must contain
 - An acknowledgment that all authors have contributed significantly
 - A statement that all authors are in agreement with the content of the manuscript.

- A statement confirming that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium.
- Authors must declare any financial support or relationships that may pose conflict of interest in the 'Conflict of Interest' field in the ScholarOne System.
- Two Word-files need to be included upon submission: A title page file and a main text file that includes all parts of the text in the sequence indicated in the section 'Parts of the manuscript', including tables and figure legends but excluding figures which should be supplied separately.
- The main text file should be prepared using Microsoft Word, doubled-spaced, on one side only of A4 paper. The top, bottom and side margins should be 30 mm. All pages should be numbered consecutively in the top right-hand corner, beginning with the first page of the main text file.
- Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 d.p.i.) saved as .eps or .tif files will be required.

V. Publication Process after Acceptance

Accepted papers will be passed to Wiley's production team for publication. The author identified as the formal corresponding author for the paper will receive an email prompting them to login into Wiley's Author Services, where via the Wiley Author Licensing Service (WALS) they will be asked to complete an electronic license agreement on behalf of all authors on the paper. More details on the Copyright and Licencing options for the journal appear below in section VI below.

Wiley's Author Services: Tracking your paper's progress

Author Services also enables authors to track their article through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated e-mails at key stages of production. The corresponding author will receive a unique link that enables them to register and have their article automatically added to the system. Please ensure that a complete e-mail address is provided when submitting the manuscript. Visit <http://www.authorservices.wiley.com/bauthor/eachecklist.asp> for more details on online production tracking and for a wealth of resources including FAQs and tips on article preparation, submission and more.

Proofing

Once the paper has been typeset the corresponding author will receive an e-mail alert containing instructions on how to provide proof corrections to the article. It is therefore essential that a

working e-mail address is provided for the corresponding author. Proofs should be corrected carefully; responsibility for detecting errors lies with the author.

Offprints

A PDF reprint of the article will be supplied free of charge to the corresponding author. Additional printed offprints may be ordered online for a fee. Please click on the following link and fill in the necessary details and ensure that you type information in all of the required fields: <http://offprint.cosprinters.com/cos>. If you have queries about offprints please e-mail: offprint@cosprinters.com.

Author Marketing Toolkit

The [Wiley Author Marketing Toolkit](#) provide authors with support on how to use social media, publicity, conferences, multimedia, email and the web to promote their article.

VI. Copyright, Licensing and Online Open

Accepted papers will be passed to Wiley's production team for publication. The author identified as the formal corresponding author for the paper will receive an email prompting them to login into Wiley's Author Services, where via the Wiley Author Licensing Service (WALS) they will be asked to complete an electronic license agreement on behalf of all authors on the paper.

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