

Réunion ordinaire SORBCOT 25-3-2017

# Comment écrire un article scientifique ?

Mahaudens Ph, PT, PhD  
Detrembleur Ch, PT, PhD

**1. IMRD**

**2. Aide à la rédaction**

**3. Titre et résumé**

**4. Mots-clés**

**5. Références (bibliographie)**

**6. Tableaux et figures**

**7. Take home message**

# 1. IMRD

Section	Rôles
Introduction	<ul style="list-style-type: none"><li>- Annoncer quelle est la question posée</li><li>- Exposer les raisons qui ont amené à faire l'étude</li></ul>
Méthode	<ul style="list-style-type: none"><li>- Décrire ce qui a été fait pour répondre à la question posée</li><li>- Montrer que les résultats sont valides</li><li>- Permettre la réplication éventuelle de l'étude</li></ul>
Résultats	<ul style="list-style-type: none"><li>- Fournir avec précision les éléments de réponse à la question posée</li></ul>
Discussion / Conclusion	<ul style="list-style-type: none"><li>- Proposer une interprétation des résultats</li></ul>

# 1.1. Introduction

## a) Plan

- Contexte général :
  - Nature et importance du phénomène de santé étudié
  - Etat de la recherche / des connaissances :
    - Revue brève et très synthétique

Paragraphes



1

2

# 1.1. Introduction

## a) Plan

- Contexte général :
  - Nature et importance du phénomène de santé étudié
  - Etat de la recherche / des connaissances :
    - Revue brève et très synthétique
  
- Contexte spécifique de l'étude
  - Situer le problème, les inconnues, les lacunes
  - Faire ressortir la nécessité de recherches complémentaires
  - Insister sur son importance clinique
  - Question ou hypothèse

Paragraphes



1

2

3

4

5

# 1.1. Introduction

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  - Insister sur son importance clinique
  - Question ou hypothèse
  
- Formulation des objectifs principaux de l'étude
  - Verbe à l'infinitif
  - Type de question posée
  - Schéma d'étude
  - Type de population

Paragraphes



1

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# 1.1. Introduction

## b) Pièges à éviter

- Longueur
  - Trop courte / trop longue
  - Cfr revue

# 1.1. Introduction

## b) Pièges à éviter

- Longueur
  - Trop courte / trop longue
  - Cfr revue
  
- Style
  - Mal utiliser les temps des verbes
    - Faits établis : présent
    - Résultats d'études : passé
  - Objectif de l'étude : imparfait
  - Manque de références systématiques
  - Les abréviations
    - Utiliser sans les avoir définies lors de la 1<sup>ère</sup> utilisation
    - abuser

# 1.1. Introduction

## c) A retenir

- Pas une simple revue de la littérature
- Synthèse de la littérature brève
- Extraire et exposer l'info utile à la question de recherche
- Inconnues et lacunes en relation avec l'étude en cours
- Formuler un objectif clair : type de question, type d'étude, population

## 1.2. Méthode

### a) Plan

- Population :
  - Schéma de l'étude (structure générale )
  - Contexte (géographique, historique, éthique)
  - Définition
  - Mode de sélection de la / des populations
  - Méthodes de répartition en groupes

## 1.2. Méthode

### a) Plan

- Population :
  - Schéma de l'étude (structure générale )
  - Contexte (géographique, historique, éthique)
  - Définition
  - Mode de sélection de la / des populations
  - Méthodes de répartition en groupes
  
- Méthode
  - Matériel
  - Variables
    - Définir les variables
    - Définir les modalités pratiques de mesure
    - Variables indépendantes / variables dépendantes
  - Protocole : comment les données sont récoltées
  - Analyse des données (statistique)
    - Logiciel de statistique
    - Distribution des données
    - Quelle stat pour quelle question
    - Calcul des effectifs nécessaires (taille d'échantillon)

## 1.2. Méthode

### b) Pièges à éviter

- Manque de détails
- Méthode standard : référencer
- pas de résultats
- Sujets inclus (sans recrutement)
- Variables (sans mesure)
- Verbes au présent

## 1.2. Méthode

### c) A retenir

- Exhaustive
- Pas de résultats
- Voir directives de la revue
- Verbes au passé
- Utilisation de figures, tableaux, annexes peuvent simplifier l'énoncé des méthodes
- Statistique dans le même ordre que objectifs

## 1.3. Résultats

### a) Plan

- Description de la population étudiée + tableau
- Résultat des données relatives à la question principale
- Résultats des analyses secondaires

## 1.3. Résultats

### b) Pièges à éviter

- ne pas exposer tout ce qui a été fait
- ne pas exposer tous les résultats négatifs
- Style :
  - Utilisation du passé
  - Ton neutre

## 1.3. Résultats

### c) A retenir

- Ne présenter que les résultats importants pour le lecteur
- Résultats en cohérence avec la méthode décrite
- Résultats au passé
- Ton neutre
- Utiliser les tables et figures à bon escient

## 1.4. Discussion

### a) Plan

- Résumé des principaux faits
- Discussion de la validité des résultats (limites et forces)
- Discussion du caractère généralisable des résultats
- Mise en perspective des résultats
  - Confirmation des connaissances
  - Nouvelles connaissances
  - En contradiction avec les connaissances
- Énoncé de leur implication
- Recommandations
- Conclusion (parfois section séparée)

Paragraphes



1

2

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## 1.4. Discussion

### b) Pièges à éviter

- Répéter les résultats
- Répéter des méthodes
- Trop de détails dans la mise en perspective
- Catalogue d'erreurs
- Publications récentes
- Style :
  - Passé : résultats d'études publiées
  - Présent : faits et concepts établis
  - Futur : perspectives
  - Conditionnel : nouvelles hypothèses

## 1.4. Discussion

### c) A retenir

- Rappel succinct des résultats pertinents
- Discussion honnête des problèmes méthodologiques
- Revue de la littérature mise à jour jusqu'au dernier moment
- Respect des temps

## 2. Aide à la rédaction

<http://www.equator-network.org/>

Types d'étude	Acronyme
RCT	CONSORT
Etudes observationnelles (prospectives)	STROBE
Case reports	CARE
Etudes qualitatives	COREQ
	SRQR
Etudes diagnostic/pronostic (rétrospectives)	STARD
Systematic reviews	PRISMA
Recommandations de pratiques cliniques	AGREE
	GRADE
Protocoles d'étude	SPIRIT

# 2. Aide à la rédaction

<http://www.equator-network.org/reporting-guidelines/strobe/>



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Home > [Library](#) > [Reporting guideline](#) > The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies

## Search for reporting guidelines

Use your browser's Back button to return to your search results



### The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies

Reporting guideline provided for? (i.e. exactly what the authors state in the paper)

Observational studies in epidemiology (cohort, case-control studies, cross-sectional studies)

STROBE checklist for cohort, case-control, and cross-sectional studies (combined) [Word](#)

Full bibliographic reference

von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies.



## Reporting guidelines for main study types

<a href="#">Randomised trials</a>	<a href="#">CONSORT</a>	<a href="#">Extensions</a>
<a href="#">Observational studies</a>	<a href="#">STROBE</a>	<a href="#">Extensions</a>
<a href="#">Systematic reviews</a>	<a href="#">PRISMA</a>	<a href="#">Extensions</a>
<a href="#">Case reports</a>	<a href="#">CARE</a>	<a href="#">Extensions</a>
<a href="#">Qualitative research</a>	<a href="#">SRQR</a>	<a href="#">COREQ</a>
<a href="#">Diagnostic / prognostic studies</a>	<a href="#">STARD</a>	<a href="#">TRIPOD</a>
<a href="#">Quality improvement studies</a>	<a href="#">SQUIRE</a>	
<a href="#">Economic evaluations</a>	<a href="#">CHEERS</a>	
<a href="#">Animal pre-clinical studies</a>	<a href="#">ARRIVE</a>	
<a href="#">Study protocols</a>	<a href="#">SPIRIT</a>	<a href="#">PRISMA-P</a>
<a href="#">Clinical practice guidelines</a>	<a href="#">AGREE</a>	<a href="#">RIGHT</a> 21

# 2. Aide à la rédaction

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found
<b>Introduction</b>		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
<b>Methods</b>		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <i>Case-control study</i> —Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls <i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants (b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed <i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy (e) Describe any sensitivity analyses

Continued on next page

<b>Results</b>		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time <i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure <i>Cross-sectional study</i> —Report numbers of outcome events or summary measures
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
<b>Discussion</b>		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
<b>Other information</b>		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

\* Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).

# 3. Titre et résumé

- Intérêt

- Rôle :

- Informer rapidement
- Être attractif

[Surgical treatment of para-osteoarthropathy\].](#)

Gacon G, Deidier C, Rhenter JL.

Rev Chir Orthop Reparatrice Appar Mot. 1975;61  
Suppl 2:269-75. French. No abstract available.

- Types de titre :

- Indicatif
- informatif

[Intramedullary compressive nail fixation for the treatment of severe Charcot deformity of the ankle and rear foot.](#)

Caravaggi C, Cimmino M, Caruso S, Dalla Noce S.  
J Foot Ankle Surg. 2006 Jan-Feb;45(1):20-4.

# 3. Titre et résumé

- Contenu d'un bon titre

- Succession de mots clés
- 2 règles :
  - Ordonnés :
    - position forte
    - Sous-titres
  - Éviter les éléments non définis

# 3. Titre et résumé

## - Contenu d'un résumé

- Types :
  - Indicatif
  - Informatif
  - Structuré : IMRD



- **Intro** : énoncé de l'objectif principal
- **Méthode** : schéma de l'étude, type de population et mesures (statistique)
- **Résultats** : principaux
- **Discussion** : principale conclusion

# 3. Titre et résumé

## A retenir

- Informer rapidement sur le contenu
- Indicatifs ou informatifs
- Préférence pour résumés structurés
- Structure du résumé : IMRD

## 4. Mots clés

- Localisation
- Nombre
- Règles
- Importance

# 5. Références

The screenshot shows the EndNote X7 interface with a search filter set to 'Author' and 'Contains'. The main window displays a list of references with columns for Author, Year, Title, Journal, and Journal Abbr. The left sidebar shows library navigation options like 'My Library', 'All Referenc...', 'Document3', 'Unfiled', 'Trash', 'My Groups', 'Online Search', and 'Find Full Text'.

Author	Year	Title	Journal	Journal Abbr
Abbott, A.; Molle...	2013	CONTRAIS: CONservative TRreatment for Adolescent Idiopathic S...	BMC musculos...	BMC Musculos...
Abedrabbo, G.; C...	2015	Computation of spine intervertebral motions in scoliotic patie...	Computer met...	Comput Metho...
Abedrabbo, G.; C...	2015	Computation of spine intervertebral motions in scoliotic patie...	Comput Metho...	Computer met...
Abedrabbo, G.; Fi...	2012	A multibody-based approach to the computation of spine interv...	Studies in healt...	Stud Health Tec...
Abelin-Genevois...	2015	Spino-pelvic alignment influences disc hydration properties af...	European spine...	Eur Spine J
Abraham, D. J.; H...	1998	Indications for thoracic and lumbar spine fusion and trends in use	The Orthopedic...	Orthop Clin Nor...
Abul-Kasim, K.; O...	2012	Patients with adolescent idiopathic scoliosis of Lenke type-1 curv...	Eur Spine J	European spine ...
Addo, O. Y.; Him...	2014	Are field measures of adiposity sufficient to establish fatness-...	European journ...	Eur J Clin Nutr
Agadir, M.; Seva...	1989	Effects of intercostal nerve resection on the longitudinal rib g...	Journal of orth...	J Orthop Res
Alexander, M. A...	1978	Idiopathic scoliosis: an electromyographic study	Archives of ph...	Arch Phys Med ...
Allard, P.; Chavet...	2004	Effect of body morphology on standing balance in adolescent i...	American journ...	Am J Phys Med...
Allenbach, E.; Wi...	1953	[Condition of the paravertebral musculature in idiopathic scoli...	Revue de chiru...	Rev Chir Ortho...
Alves, V. L.; Avan...	2009	Objective assessment of the cardiorespiratory function of ado...	Spine	Spine (Phila Pa ...
Amiel, D.; Nimni...	1993	The collagen in normal ligaments	The Iowa ortho...	Iowa Orthop J
Amiel, D.; Woo, ...	1982	The effect of im mobilization on collagen turnover in connecti...	Acta orthopae...	Acta Orthop Sc...
Anker, L. C.; We...	2008	The relation between postural stability and weight distributio...	Gait & posture	Gait Posture
Armand, S.; Mer...	2005	A comparison of gait in spinal muscular atrophy, type II and D...	Gait & posture	Gait Posture

Téléchargement ENDNOTE : <https://www.uclouvain.be/447798.html>

# 5. Références

PubMed.gov

US National Library of Medicine  
National Institutes of Health

PubMed

hip prosthesis OR "hip replacement") AND (pain AND "quality of life") AND effectiveness NOT knee

Create RSS Create alert Advanced

## Article types

Clinical Trial  
Review  
Customize ...

## Text availability

Abstract

✓ Free full text

Full text

## PubMed

Commons

Reader comments

Trending articles

## Publication dates

5 years

10 years

Custom range...

## Species

Humans

Other Animals

[Clear all](#)

[Show additional filters](#)

Format: Summary Sort by: Most Recent

Send to Filters: [M](#)

## Search results

Items: 3

Filters activated: Free full text. [Clear all](#) to show 10 items.

- [The impact of preoperative patient characteristics on health states after total hip replacement and related satisfaction thresholds: a cohort study.](#)  
Vogl M, Wilkesmann R, Lausmann C, Hunger M, Plötz W.  
Health Qual Life Outcomes. 2014 Aug 7;12:108. doi: 10.1186/s12955-014-0108-1.  
PMID: 25273621
- [A randomised controlled trial of total hip arthroplasty versus resurfacing arthroplasty in the treatment of young patients with arthritis of the hip joint.](#)  
Achten J, Parsons NR, Edlin RP, Griffin DR, Costa ML.  
BMC Musculoskelet Disord. 2010 Jan 14;11:8. doi: 10.1186/1471-2474-11-8.  
PMID: 20074324
- [Patient-reported outcome in total hip replacement. A comparison of five instruments of health status.](#)  
Ostendorf M, van Stel HF, Buskens E, Schrijvers AJ, Marting LN, Verbout AJ, Dhert WJ.  
J Bone Joint Surg Br. 2004 Aug;86(6):801-8.  
PMID: 15330018

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# 5. Références

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Filters: [Manage Filter](#)

## Search results

Items: 1 to 20 of 224 Selected: 1

**Choose Destination**

<input type="radio"/> File	<input type="radio"/> Clipboard
<input type="radio"/> Collections	<input type="radio"/> E-mail
<input type="radio"/> Order	<input type="radio"/> My Bibliography
<input type="radio"/> Citation manager	

**i** Filters activated: Free full text. [Clear all](#) to show 875 items.

**i** Showing results for *hip arthroplasty an effectiveness*. Your search for *hip arthroplastyAND effectiveness* retrieved no results.

- [The design of a randomised controlled trial to evaluate the \(cost-\) effectiveness of the posterolateral versus the direct anterior approach for THA \(POLADA - trial\).](#)

Rykov K, Reininga IH, Knobben BA, Sietsma MS, Ten Have BL.

BMC Musculoskelet Disord. 2016 Nov 15;17(1):476.

PMID: 27846875 [Free PMC Article](#)

[Similar articles](#)

## Search details

```
(("hip"[MeSH]  
OR "hip"[All  
("arthroplast  
Terms]  
OR "arthropla
```

# 5. Références

PubMed

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Send to ▾ Filters: [Manage Filters](#)

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**i** Filters activated: Free full text. [Clear all](#) to show 875 items.

**i** Showing results for *hip arthroplasty an effectiveness*. Your search for *hip a* retrieved no results.

[The design of a randomised controlled trial to evaluate the \(cost-\) effe](#)

1. [versus the direct anterior approach for THA \(POLADA - trial\).](#)  
Rykov K, Reininga IH, Knobben BA, Sietsma MS, Ten Have BL.  
BMC Musculoskelet Disord. 2016 Nov 15;17(1):476.  
PMID: 27846875 [Free PMC Article](#)

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Citation manager

Generate a file for use with external citation management software.

Download 1 citation.

OR "arthroplas

# 5. Références

The screenshot displays the EndNote X7 interface. The title bar reads "EndNote X7 - [EndNote Library PMS.en]". The menu bar includes "File", "Edit", "References", "Groups", "Tools", "Window", and "Help". The toolbar contains various icons for file operations and a "Quick Search" field. The left sidebar shows a tree view of the library structure, including "My Library", "All Referenc... (671)", "Imported Refe... (1)", "Unfiled (666)", "Trash (76)", "My Groups" (with sub-groups "3D Printing (0)" and "Vertebral ... (5)"), "Online Search" (with "Library of... (0)", "LISTA (EB... (0)", "PubMed ... (0)", and "Web of S... (0)"), and "Find Full Text (0)".

The main window shows a search panel with "Search" and "Options" buttons. Below it, a search filter is set to "Author" and "Contains". The search results are displayed in a table with the following columns: Author, Year, Title, Journal, Journal Abbr, Reference Type, Added to Library, and Last Updated.

Author	Year	Title	Journal	Journal Abbr	Reference Type	Added to Library	Last Updated
Rykov, K.; Reinin...	2016	The design of a randomised controlled trial to evaluate the (cos...	BMC Musculos...	BMC musculos...	Journal Article	05/12/2016	05/12/2016

## 5. Références

Exemple :

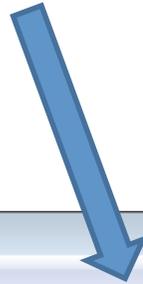
“Histologic studies have demonstrated lower types I fibers as well as types II fibers on the concave paravertebral muscles of the scoliotic curves. Khosla et al. study showed discontinuities in the sarcolemmal membranes mainly at the myotendinous junction on concave multifidus muscles. A lower EMG activit and less strength have been observed for the concave paraspinal mucles .”



# 5. Références

Search		Options ▾		
Author ▾		Contains ▾		
Author	Year	Title	Journal	Journal Abbr
Ashford, S.; De So...	2000	A comparison of the timing of muscle activity during sitting dow...	Physiother Res Int	
Avikainen, V. J.; ...	1999	Asymmetry of paraspinal <b>EMG</b> -time characteristics in idiopath...	J Spinal Disord	
Cheung, J.; Halb...	2005	A preliminary study on electromyographic analysis of the para...	Eur Spine J	
Cheung, J.; Veld...	2006	Geometric and electromyographic assessments in the evaluat...	Spine	
Grasso, R.; Bianc...	1998	Motor patterns for human gait: backward versus forward loco...	J Neurophysiol	
Hodges, P. W.; G...	1997	Contractions of specific abdominal muscles in postural tasks ar...	J Appl Physiol (...	Journal of appli...
Hodges, P. W.; M...	2003	Experimental muscle pain changes feedforward postural resp...	Exp Brain Res	Experimental b...
Mahaudens, P.; B...	2009	Gait in adolescent idiopathic scoliosis: kinematics and electro...	Eur Spine J	
Mahaudens, P.; B...	2013	Very short-term effect of brace wearing on gait in adolescent...	Eur Spine J	European spine...
Mahaudens, P.; ...	2010	Gait in adolescent idiopathic scoliosis. Kinematics, electromyo...	Stud Health Te...	Studies in healt...
Mahaudens, P.; R...	2014	Effect of long-term orthotic treatment on gait biomechanics i...	Spine J	The spine journ...
Mahaudens, P.; R...	2014	Effect of long-term orthotic treatment on gait biomechanics i...	Spine J	The spine journ...
Mahaudens, P.; T...	2005	Influence of structural pelvic disorders during standing and w...	Spine J	
Masse-Alarie, H.;...	2015	Task-specificity of bilateral anticipatory activation of the dee...	Gait Posture	Gait & posture
Murray, M. P.; M...	1984	Kinematic and <b>EMG</b> patterns during slow, free, and fast walking	J Orthop Res	
Odermatt, D.; M...	2003	Electromyography of scoliotic patients treated with a brace	J Orthop Res	
Olson, M. W.	2010	Trunk extensor fatigue influences trunk muscle activities duri...	Journal of elec...	J Electromyogr...
Tsao, H.; Druitt, ...	2010	Motor training of the lumbar paraspinal muscles induces im m...	J Pain	The journal of ...
Tsao, H.; Overs, ...	2008	Bilateral activation of the abdominal muscles induces longer r...	Clin Neurophys...	Clinical neurop...
Van Boxtel GJ, G...	1993	Detection of <b>EMG</b> onset in ERP research	Psychophysiol...	
van Poppel, M. N...	2000	Mechanisms of action of lumbar supports: a systematic review	Spine	

# 5. Références



EndNote X7 - [EndNote Library PMS.en]

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Spine Journal Quick Search

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- Online Search
  - Library of (0)

Author	Year	Title	Journal	Journal Abbr	Ref
Abbott, A.; Molle...	2013	CONTRAIS: CONservative TRreatment for Adolescent Idiopathic S...	BMC musculos...	BMC Musculos...	Jou
<b>Abedrabbo, G.; C...</b>	<b>2015</b>	<b>Computation of spine intervertebral motions in scoliotic patie...</b>	<b>Computer met...</b>	<b>Comput Metho...</b>	<b>Jou</b>
<b>Abedrabbo, G.; C...</b>	<b>2015</b>	<b>Computation of spine intervertebral motions in scoliotic patie...</b>	<b>Comput Metho...</b>	<b>Computer met...</b>	<b>Jou</b>
Abedrabbo, G.; Fi...	2012	A multibody-based approach to the computation of spine interv...	Studies in healt...	Stud Health Tec...	Jou
<b>Abelin-Genevois...</b>	<b>2015</b>	<b>Spino-pelvic alignment influences disc hydration properties af...</b>	<b>European spine...</b>	<b>Eur Spine J</b>	<b>Jou</b>
Abraham, D. J.; H...	1998	Indications for thoracic and lumbar spine fusion and trends in use	The Orthopedic...	Orthop Clin Nor...	Jou

## 5. Références

Histologic studies have demonstrated lower types I fibers as well as types II fibers [1-4] on the concave paravertebral muscles of the scoliotic curves. Khosla et al. study showed discontinuities in the sarcolemmal membranes mainly at the myotendinous junction on concave multifidus muscles [2]. A lower EMG activity and less strength have been observed for the concave paraspinal muscles [5-7].

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4. Spencer, G.S. and P.A. Zorab, *Spinal muscle in scoliosis. Comparison of normal and scoliotic rabbits*. J Neurol Sci, 1976. 30(2-3): p. 405-10.
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6. Murray, M.P., et al., *Kinematic and EMG patterns during slow, free, and fast walking*. J Orthop Res, 1984. 2(3): p. 272-80.
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## 6. Tableaux et figures

- Présentations graphiques / illustrations
- Règles générales :
  - éviter les répétitions
  - 4 tables et 2 figures

# 6. Tableaux et figures

- Présentations graphiques / illustrations
- Règles générales :
  - éviter les répétitions
  - 4 tables et 2 figures
- Règles pour tableaux
  - Sens de lecture
  - 4 parties superposées :
    - Titre
    - Bannières et têtes de colonne
    - Têtes de ligne et corps
    - Notes de bas de page
  - Corps du tableau : données

Table I. Patient demographics details presented as mean and standard deviation (SD)

	Standard reaming	Peripheral reaming	p-value
Age (yrs)	64.7 (SD 8.6)	65.3 (SD 7.9)	0.71*
BMI (kg/m <sup>2</sup> )	28.4 (SD 3.9)	28.2 (SD 4.8)	0.91*
Gender n (M/F)	17/33	15/35	0.72†
Vertical offset (mm)	11.7 (SD 3.3)	13.2 (SD 3.2)	0.41*
Horizontal offset (mm)	92.2 (SD 7.1)	91.0 (SD 6.3)	0.56*
Floor depth (mm)	7.7 (SD 3.5)	7.9 (SD 3.0)	0.81*

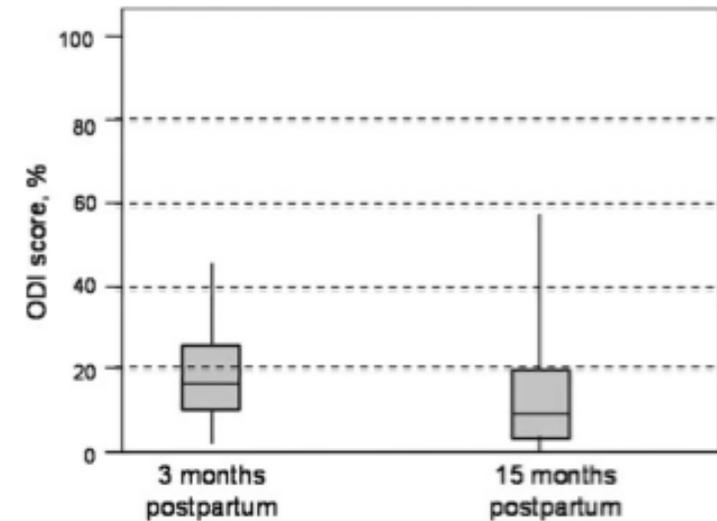
\* Student's t-test

† chi-squared test

BMI, body mass index

## 6. Tableaux et figures

- Règles pour figures
  - 4 parties :
    - Titre sous la figure
    - Explication de la figure
    - Axe des ordonnées
    - Axe des abscisses
  - Contenu :
    - Variation intéressante
    - Variable indépendante : axe des abscisses
    - Variable dépendante : axe des ordonnées
    - Échelles



**Fig. 2** Distribution of Oswestry (ODI) score at approximately 3 months postpartum (*baseline*) and 15 months postpartum. Median values given by *horizontal line*, boxes show the interquartiles and whiskers the range.  $P < 0.01$ ;  $n = 50$ ; scale range from 0 to 100 %, 0–20 % = minimal disability; 21–40 % = moderate disability; 41–60 % = severe disability; 61–80 % = crippled; 81–100 % = bedbound or exaggerating the symptoms

## 7. Take home message

- Sélectionner la revue (lecteurs, topic, impact factor)
- Lire les instructions aux auteurs
- Utilisation de la structure IMRD
- Respect du nombre de termes
- Soumission en ligne et création des fichiers selon instructions
- Utilisation d'une base de données pour référence
- Anglais scientifique