



## OTA Video Library Requirements and Guidelines

### Video Requirements

Videos submitted for peer review must meet certain minimum requirements, as follows:

- **Title.** Programs should have a title frame or slate indicating the subject of the program.
- **Disclosures.** Disclosures need to appear after the title frame for all authors and co-authors.
- **Authors.** Names of all authors must appear on at the beginning of the program these names match those on the abstract.
- **Video Content Description.** The abstract must briefly describe the content rather than the rationale.
- **Commercial Support.** Attribution for commercial support must be in the form of a video credit rather than advertising. This credit must appear at the beginning of the program.
- **FDA Devices.** The “off-label” use of any pharmaceuticals and/or medical devices must be specifically disclosed in the program (i.e. that the FDA has not approved labeling the device or pharmaceutical for the described purpose).
- **Copyright Information.** Permission for all copyrighted material (drawings, illustrations, video footage) must be obtained with attribution of permissions included in the closing credits.
- **Proprietary/Trade Names.** Generic product names must be used rather than proprietary or trade names.
- **Visualization.** The video must show well what it intends to show, most often from the surgeon’s point of view. Wide shots should show context, close-ups should show detail. The surgical field should be well lighted.
- **Narration.** The narration must be clear and easy to understand.
- **Indications/Contraindications.** The program describes the indications and contraindications for the technique and the patient case illustrated.
- **Preoperative and Postoperative Images.** Pre and postoperative images are very important to illustrate the patient’s condition before and after treatment and to confirm the results achieved.
- **Outcomes.** The program must present outcomes from the author’s series, which may be augmented with outcomes from published, peer reviewed orthopaedic literature.
- **Universal Precautions.** Universal precautions must be used in the operating room. All on-camera personnel in the operating room must be shown with personal protective equipment, most noticeably protective eyewear.
- **Maximum Length.** The maximum length of a video program is fifteen (15) minutes.
- **Patient Privacy.** Identifying information, including patients' names, initials, or hospital numbers, must not appear. This typically happens in pre and post-operative radiographs, and MRIs.
- **Patient Consent.** Written consent must be obtained from each person appearing in the work.
- **Digital files.** Must be high-quality, high bit-rate codecs such as h.264, ProRes 422, XDCAM, DNxHD, etc. NTSC video format is preferred but if you capture the video in PAL (25fps) please keep the final video format in PAL. 1080p/i, 720p, or widescreen programs are preferred. Please be aware of the proper aspect ratio of your visuals when creating a video program.

## Peer Review/Evaluation Guidelines

Below are some points that members of the review committee will consider when evaluating the videos.

- **Motion.** Video is a medium of motion: the effectiveness of video declines with still shots, talking heads, slides, and disproportionate use of text graphics.
- **Recommended Length.** The recommended length of a video program is between five and fifteen minutes. Programs longer than 15 minutes need a good reason for being that length.
- **Digital Zoom.** Most cameras have the option to turn off the digital zoom. Using digital zoom degrades picture quality; please turn it off.
- **Lighting.** The surgical field should be well lit. Be careful not to overexpose the surgical field. The light should be stable.
- **Visualization.** The viewer should see what the surgeon sees, from the surgeon's point of view and from the surgeon's side of the table.
- **Narration.** The narration must be clear and easy to understand.
- **Music.** Use music very sparingly if at all. At the opening and at the close music is fine. There should be no music under the narration or under the operating room footage.
- **Indications.** Programs need a presentation of indications for new techniques, but not necessarily for commonly accepted conditions.
- **Illustrations.** Even simple hand drawn sketches can help illustrate important points.
- **Preoperative and Postoperative Images.** Pre and postoperative images are very important to illustrate the patient's condition before and after treatment and to confirm the results achieved.
- **Instrumentation.** Much of orthopaedics is now instrument driven. Viewers should be informed of the important features/characteristics of tools.
- **Anatomical Landmarks.** It is often helpful to point out identify surface anatomy.
- **Structures at Risk.** Programs should identify structures at risk as the surgeon comes close to them.
- **Rationale.** Exceptional programs remind the viewer of the intraoperative options and the reasons behind important decisions.
- **Orientation.** It is often helpful to reorient the viewer after a period of close-ups. This can be done easily with narration.
- **Intra-operative Options.** Let the audience know when there are options, and why the preferred option was chosen.
- **Fluoroscopic Images.** Intra-operative images, if any, should be recorded directly from the fluoroscope and presented in real time, as the surgeon uses them.
- **Postoperative Care.** A brief description of the post-operative care is appropriate.
- **Outcomes.** The program must present outcomes from the author's series, which may be augmented with outcomes from published, peer reviewed orthopaedic literature.
- **Dark Gloves.** Dark-colored gloves should be worn as to minimize glare.
- **References.** The better programs now include selected references from the literature supporting the concepts and techniques presented.
- **Aspect Ratio/Format.** The 16:9 widescreen aspect ratio is preferred. Please edit in the native format of your camera if you can. 4:3 is acceptable. However, please do not "stretch" your video.
- **Title Safe.** When editing, please use title safe margins: Keep text and graphics away from the edges of the frame, especially if you use presentation graphics programs (e.g., PowerPoint) to make the titles.
- **Sign your Site.** While the initials may have been washed off during prep, it is important to mention either "Signing your site" or a "Timeout".
- **Universal Precautions.** Protective eyewear, face shields, or hoods must be worn during surgery by all personnel in the operating field.
- **Stereoscopic 3D/4K.** If you would like to create a 4K or stereoscopic 3D video program please contact us directly so we can do our best to present your program correctly. Also if you are creating a stereoscopic program please include a regular "left eye video" with your submission.

- **Delivery format.** To ensure quality, it is recommended you edit in the native format of your camera/editing system. Digital files must be high-quality, high bit-rate codecs such as h.264 at 20+ Mbps, ProRes 422, XDCAM, DNxHD, etc. 1080p/i, 720p, or NTSC (59.97, 29.98, or 23.98 fps) is the preferred TV format, but we will accept PAL (25fps). NTSC video format is preferred but if you capture the video in PAL (25fps) please keep the final video format in PAL. 1080p/i, 720p, or widescreen programs are preferred. Please be aware of the proper aspect ratio of your visuals when creating a video program. A playable DVD-Video or Blu-ray video disc is NOT acceptable as it will degrade the quality of your final program. Windows Media Video codec is NOT acceptable. Please keep a master copy for yourself; we do not return submissions.

### Your Camera and Equipment

- Use manual exposure and focus control, as the auto focus will constantly try to readjust, thus disorienting the viewer.
- Stabilize the picture by using a tripod. A jib or boom may be necessary to visualize some hip and spine surgery.
- Light the operating field and surrounding area evenly. This is difficult with high intensity OR lights.

Consider using only the room lights.

- Start the recording early, by at least 30 seconds before you are ready to speak. The machine needs time for the tape to get up to speed, and if you start talking immediately after starting the machine, that beginning will be lost.
- Make sure the subject is in focus and in frame before you talk about it.
- Have video recorders for any arthroscopy and/or fluoroscopy to record those signals directly.

### Special Considerations for Arthroscopic Technique Video Items that Often Yield Award Winners

Arthroscopic video production requires additional attention to detail such as:

- **Outside Shots.** Viewers need to see surface anatomy, portal placement, and how external actions (such as moving the extremity to get a view) influence arthroscopic views and techniques
- **Inside Shots.** Orientation is essential to help the viewer understand what is being shown and from which portal
- **Picture in Picture.** Picture in picture can be extremely helpful in illustrating the relationship between external movements and internal effects (probing with a spinal needle to establish a portal). Some surgeons prefer to see picture in picture, side-by-side throughout much of an arthroscopic procedure, others prefer that both views be shown only when there is a good reason to do so.

### Voiceover/Narration

- **Audio Live.** If you choose to narrate during surgery, please do not speak while utilizing powered drills, burrs, etc. The noise from these devices is distracting. Also, electrocautery may interfere with wireless microphones – be sure to test this prior to recording your program.
- **Audio Recorded.** If you choose to narrate your program after editing, be sure to lower the volume of the audio recorded during surgery – it would be acceptable to delete this audio altogether.