



# International SportMed Journal

## Author Instructions

The *International SportMed Journal* (ISMJ) is an electronically delivered international, peer-reviewed journal for professionals with a primary interest in sports medicine and exercise science. In addition to invited review articles, the ISMJ publishes original research covering diagnostics, therapeutics and rehabilitation in healthy and physically challenged individuals of all ages and levels of sport and exercise participation.

Manuscripts are welcomed from all countries, and may be submitted for consideration on the understanding that they have not been previously published elsewhere, either in print or electronically, and that they are not under consideration by any other publisher.

All manuscripts must be submitted in English, and original research articles, review articles and short articles are subject to peer review.

### Scope

The *International SportMed Journal* invites articles for submission from the areas of: (1) diagnosis, treatment, and rehabilitation of sport- and exercise-related injuries; (2) medical illnesses induced by or exacerbated by exercise; (3) the relationship between exercise and health, including exercise physiology; (4) the medical care of physically active individuals; (5) biomechanics related to sport; (6) sports psychology; (7) sports nutrition; (8) sports pharmacology; (9) sports radiology.

### Editorial Office

All manuscripts should be submitted electronically via email, or if this is not possible, send by courier on a CD to the

Technical Editor, Ms Yvonne Blomkamp. Her contact details are:  
UCT/MRC Research Unit for Exercise Science and Sports Medicine, Department of Human Biology, University of Cape Town, Sports Science Institute of South Africa, Boundary Road, Newlands 7700, South Africa. Tel. +27 (21) 650 4579; Fax: +27 (21) 686 7530; Email: [Yvonne.Blomkamp@uct.ac.za](mailto:Yvonne.Blomkamp@uct.ac.za)

The Editorial Office will assist with any other queries about the journal's requirements.

### Preparation of manuscript

#### Style

Manuscripts should be prepared in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals as set out by the International Committee of Medical Journal Editors. (Available at: <http://www.icmje.org>).

When preparing the manuscript, kindly bear the following points in mind:

- The author must be able to certify that he/she participated sufficiently in the work to take responsibility for the content and that the work is valid.
- All affiliations, financial or otherwise, with any organisation or entity with a financial interest in the subject matter or materials discussed in the manuscript must be fully disclosed.
- All financial and material support for the work must be clearly identified.

### Submission details

Kindly email manuscripts in electronic format to the Editorial Office for the attention of: Ms



Yvonne Blomkamp at the following email address: [Yvonne.Blomkamp@uct.ac.za](mailto:Yvonne.Blomkamp@uct.ac.za). The physical address and other contact details are repeated here: UCT/MRC Research Unit for Exercise Science and Sports Medicine, Department of Human Biology, University of Cape Town, Sports Science Institute of South Africa, Boundary Road, Newlands 7700, South Africa. Tel. +27 (21) 650 4579; Fax: +27 (21) 686 7530

### Formatting guidelines for all manuscripts

All manuscripts must be prepared in UK English and produced using one of the following standard word processing formats: Microsoft Word (Version 6-2000) (preferred), WordPerfect 5 or 6, or Rich Text format. The files must be Windows-based.

Double-spaced text, with 2.5 cm (1") left, right, top and bottom margins, with single line spacing, and 10-point font in Arial should be used.

The manuscript must be typeset and should not contain any extraneous formatting instructions. For example, use hard carriage returns only at the end of paragraphs and display lines (e.g. titles, subheadings). Please observe the following conventions concerning dashes:

- a single hyphen with a space before it for a minus sign,
- a double hyphen (with space before and after) to indicate a 'long dash' in text
- a single hyphen (with no extra space before or after) to indicate a range of numbers (e.g. 23-45).

For clarity, subheadings are recommended wherever appropriate.

Authors should retain a copy of their article for reference, as manuscripts are not routinely returned.

**Non-standard characters** (Greek letters, mathematical symbols, etc.) should be coded consistently throughout the text. Please make a list of such characters and provide a listing of the codes used at the end of the manuscript.

**Abbreviations** should be kept to a minimum, and if necessary, should first be written in full with the abbreviation given in brackets afterwards. Thereafter only the abbreviation can be used. Follow the *CBE Style Manual* (available from the Council of Biology Editors, 9650 Rockville Pike, Bethesda, Maryland 20814, USA) or other standard sources. For abbreviations of journal names, refer to the *List of Journals Indexed in Index Medicus* (available in .pdf format from: <http://www.nlm.nih.gov/tsd/serials/lji.html>).

**Drug names:** Use generic names *only* on referring to drugs, followed in parentheses after first mention by a commonly used variant generic.

**Units of measurement** should be in metric (SI) units. Exceptions include calories, hematocrit, blood cell counts, fluid pressures etc. If in doubt, include both with the conventional units in parentheses. Temperature should be expressed in degrees Celsius, blood pressure in millimetres of mercury, and time in terms of the 24-hour clock.

**Acknowledgements:** These should be made where appropriate, particularly any source of funding provided for the study, technical assistance, and intellectual contributions not associated with authorship.

**References:** The authors are responsible for the accuracy and completeness of the references. These are to be numbered consecutively in the order that they appear in the text, Tables, Figures, cited in the text by number. List all authors when there are three or fewer. If there are more than three, list the first three followed by et al. The reference section should be typed at the end of the text, following the sample formats given below. Journal titles should be abbreviated according to the abbreviations approved by *Index Medicus* (<http://www.nlm.nih.gov/tsd/serials/lji.html>). All single word journal titles should be spelled out. Complete information should be given for each reference, including titles of journal articles, names of the first three authors followed by et al. and editors, and inclusive pagination. It is the author's



responsibility to verify references from the original sources.

Journal article

1. Stratford PW, Miserfi D, Ogilvie R, et al. Assessing the responsiveness of Five KT1000 knee arthrometer measures used to evaluate anterior laxity at the knee joint. *Clin J Sport Med* 1991; 1: 225-228.

Online journal article

2. Grant S, Corbett K, Todd K, et al. A comparison of physiological responses and rating of perceived exertion in two modes of aerobic exercise in men and women over 50 years of age. *BJSM* 2002; 36: 276-281. Available at URL: <http://bjsm.bmjournals.com/cgi/content/full/36/4/276>

World Wide Web

3. International Federation of Sports Medicine (FIMS). Ventilatory muscle training in patients with chronic obstructive pulmonary disease (COPD). Available at: URL: [http://www.fims.org/position statements](http://www.fims.org/position%20statements). Accessed 30 September 2002.

Book

4. Antonaccio MJ. *Cardiovascular pharmacology*. New York: Raven Press, 1990.

Chapter in book

5. Pedersen BK, Rohde T, Bruunsgard H. In: Pedersen BK, ed. *Exercise Immunology*. Austin, TX: RG Landes, 1997: 89-111.

Unpublished materials: Refer to these as "In press". Authors of such papers should obtain written permission to cite them, and include verification that they have been accepted for publication.

**Tables:** Tables should be typed neatly, each on a separate page, with the title above and any notes below. Tabs should be used to separate columns. Explain all abbreviations. Do not give the same information in Tables and Figures. Each Table should be accompanied by an explicit, detailed legend. Number Tables sequentially as they appear in the text. If any tables submitted have been published elsewhere, written consent to republish them should be obtained by the author from the copyright holder and/or the author(s).

**Illustrations (including Images):** These must be mentioned in the text and should be referred to as Figures in the text (e.g. Figure 1, Figure 2, etc.). Pictures, photographs, drawings, X-Rays or radiological images should be submitted as attached **.jpeg** files and should be of a high quality but should not exceed 1MB. Figure legend/s should be clearly indicated and they should be numbered sequentially in the text. There should be no markings on X-Rays before photographing (such as patient's initials, dates, degree markings). Any arrows or lettering must be applied with a professional product. These identifying marks should be large enough to be seen when the photo is reduced. Sequences of radiographs should be of the same magnification. The subject should be centred in clinical photographs. A consent form from the subject must be included, or the subject and case details must be made unidentifiable. Crop out extraneous material and background. Graphs should be submitted as attached **.gif** files.

If any of these illustrations have been published elsewhere, written consent to use them should be obtained by the author from the copyright holder and/or the author(s). Each figure should have a separate, detailed, fully explicit legend. All sections of the figure and all abbreviations and symbols used should be clearly defined.

Articles reporting results on *human subjects or patients* must be accompanied by a statement that the subject(s) gave written, **informed consent**, and the necessary documentation of approval from the appropriate Ethics Committee.

If necessary, the author(s) must be prepared to produce the data on which the manuscript is based for examination by the Editor-in-Chief.

**Rejected articles:** In the event of an article being rejected as unsuitable for publication by the ISMJ, the Editor's decision must be regarded as final.

**Proofs**

Proofs will be sent via email or fax must be returned within 3 days of receipt; late return



may cause a delay in publication of an article. Please check text, tables, legends, and references carefully. To expedite publication, page proofs rather than galleys will be sent to the author, and it may therefore be necessary to charge for alterations other than correction of printing errors.

### **Reprints**

Once an article has been published on the web site, the authors will have access for a limited time to the article. The ISMJ will email a copy of the .pdf file of the article to each author on publication of the issue of the journal on the web site.

### **Copyright**

The International Federation of Sports Medicine (FIMS) will hold copyright on all published articles. In view of the present copyright law, it is necessary that the author and each co-author of a submitted manuscript sign a statement expressly transferring copyright in the event the paper is published in the journal. The Editorial Office will send a Copyright Transfer form to the corresponding author when receipt of a manuscript is acknowledged.

### **Types of articles**

The ISMJ publishes original research articles, review articles, short articles, and letters to the editor.

The detailed author instructions for each are discussed below:

#### **1. Original research articles**

This should be clinically relevant original research, and the length of the article should not exceed 3000 words.

All articles should contain *original data* concerning the course (prognosis), cause (aetiology), diagnosis, treatment, prevention, or economic analysis of a clinical disorder or an intervention to improve the quality of health care.

A *structured abstract* of no longer than 250 words must be included, using the following headings;

- *Background*: State in 1-2 sentences the background for performing the study.
- *Research question*. State the main research question or objective of the study and the major hypothesis tested, if any.
- *Type of study*: Indicate the type of study design used to answer the question, e.g. randomised controlled study.
- *Methods*: Describe in 1-2 paragraphs the methodology used to answer the research question. The following sub-headings are useful: subjects (or participants, patients), sampling, experimental procedure (including if any interventions), and main measures of outcome.
- *Results*: Describe the results, including actual numerical values and statistical test results.
- *Conclusions*: State only those conclusions of the study that are directly supported by data, along with their clinical application (avoiding over-generalisation) or whether additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

The text of the manuscript with regard to original research articles should be arranged in the following sequence:

- Title page  
This should contain the title and sub-title (where relevant) of the article, the full names, highest academic degrees, and affiliations of all authors. The full contact details (including address, tel. no., fax no., and email address), of the corresponding author must appear at the bottom left of the page. An appropriate running title header, not



exceeding 45 letters and spaces, should also be included. Unless otherwise indicated, the proofs will be sent to the corresponding author. Information concerning sources of financial support should be placed in the Acknowledgement section.

- **Abstract** (including 5 keywords)  
The page following the title page should include a structured abstract (link this) as described above. The abstract should be followed by 5 keywords (e.g. Keywords: )
- **Author biography (ies)**  
Each author should include a short biography that includes academic title/degrees, affiliation, research focus, awards and societal affiliations, and previous publications of note (not more than 10 of the most recent).
- **Introduction**  
An outline of the article's background and rationale should be included, ending with a clear statement of the research question, where relevant.
- **Methods**  
This should provide sufficient detail for the reader to be able to replicate the study. Published methods should be described in brief, with appropriate citation.
- **Results**  
These should be concise and not contain repetition of the methods. Data in the text should not be replicated in the tables or figures or vice versa.
- **Discussion**  
There should be a distinction between deduction and speculation.
- **Conclusions**  
Only conclusions directly supported by the evidence should be included, as well as applications in clinical and other settings. Implications for further study should also be mentioned. A short section should summarise the clinical relevance of the research.

Suitable Tables and Figures can be included, followed by the References.

## 2. Review articles

These are systematic, critical assessments of literature and data sources pertaining to the course (prognosis), cause (aetiology), diagnosis, treatment, prevention, or economic analysis of a clinical disorder or an intervention to improve the quality of health care, covering established and new concepts in sports medicine. Their length should be 2500-4000 words.

There should be an abstract of not more than 250 words summarising the main points in the review, under the following headings:

- ***Objective:*** State the primary objective of the article.
- ***Data sources:*** Describe the data sources that were searched, including dates, terms and constraints.
- ***Study section:*** Identify the number of studies reviewed and the criteria used for their selection.
- ***Data extraction:*** Summarise guidelines used for abstracting data and how they were applied.
- ***Data synthesis:*** State the main results of the review and the methods used to obtain these results.
- ***Conclusions:*** State primary conclusions and their clinical applications, avoiding overgeneralization. Suggest areas for additional research if needed.

The abstract should be followed by 5 keywords.

The text of the manuscript with regard to review articles should be arranged in the following sequence:

- **Title page**  
This should contain the title and sub-title (where relevant) of the article, the full names, highest academic degrees, and affiliations of all authors. The full contact details



(including address, tel. no., fax no. and email address), of the corresponding author must appear at the bottom left of the page. An appropriate running title header, not exceeding 45 letters and spaces, should also be included. Unless otherwise indicated, the proofs will be sent to the corresponding author. Information concerning sources of financial support should be placed in the Acknowledgement section.

- **Abstract** (including 5 keywords)  
The page following the title page should include a structured abstract (link this) as described above. The abstract should be followed by 5 keywords (e.g. Keywords: )
- **Author biography (ies)**  
Each author should include a short biography that includes academic title/degrees, affiliation, research focus, awards and societal affiliations, and previous publications of note (not more than 10 of the most recent).
- **Introduction**  
An outline of the article's background and rationale should be included, ending with a clear statement of the research question, where relevant.
- **Methods**  
This should provide sufficient detail for the reader to be able to replicate the study. Published methods should be described in brief, with appropriate citation.
- **Results**  
These should be concise and not contain repetition of the methods. Data in the text should not be replicated in the Tables or Figures or vice versa.
- **Discussion**  
There should be a distinction between deduction and speculation.
- **Conclusions**  
Only conclusion directly supported by the evidence should be included, as well as applications in clinical and other settings. Implications for further study should also be mentioned.

Suitable Tables and Figures can be included, followed by the References.

### 3. Short articles

These articles can be a case report, an office procedure, or a clinical examination, and should not exceed 2000 words.

The articles should have an unstructured abstract of no more than 200 words that summarises the objective, main points, and conclusions of the article. The abstract should be followed by up to 5 keywords

In general, the text of the manuscript with regard to short articles should be arranged in the following sequence:

- **Title page**  
This should contain the title and sub-title (where relevant) of the article, the full names, highest academic degrees, and affiliations of all authors. The full contact details (including address, tel. no., fax no. and email address), of the corresponding author must appear at the bottom left of the page. An appropriate running title header, not exceeding 45 letters and spaces, should also be included. Unless otherwise indicated, the proofs will be sent to the corresponding author. Information concerning sources of financial support should be placed in the Acknowledgement section.
- **Abstract**  
The page following the title page should include a structured abstract (link this) as described above. The abstract should be followed by 5 keywords (e.g. Keywords: )
- **Author biography (ies)**  
Each author should include a short biography that includes academic title/degrees, affiliation, research focus, awards and societal affiliations.

Then follow the guidelines listed below, based on the type of short article.



**Types of short articles:**

**(a) Case report**

An Introduction should outline the unique importance for presenting the case report.

Clinical history should follow (1-2 paragraphs) and the differential diagnosis.

Under Clinical examination, relevant findings (both positive and negative) should be outlined in 1-2 paragraphs, followed by the clinical diagnosis (this can be a list).

Special investigations. If undertaken, their results should be described in 1-2 paragraphs.

These can be illustrated with a maximum of 2 images.

Final diagnosis should be expressed in 1-2 lines.

Management should be discussed in 1-2 paragraphs.

**(b) Office procedure**

This should be discussed under the following headings:

Introduction

Indications and contra-indications

Description of the clinical procedure, including a maximum of 2 images where relevant.

Main clinical importance of the procedure. A summary of the main clinical practice points should conclude the report (i.e. what can a clinician learn from this case).

**(c) Clinical examination technique**

The following headings can be used as guidelines:

Introduction, discussing the reason(s) for the test.

Indications

Results

Notes on the repeatability and validity of the test.

Where relevant, a maximum of 2 images can be included for illustration.

**4. Letters to the Editor**

The ISMJ welcomes letters discussing recent articles published in the journal. They should not exceed 300 words and contain not more than 3 references. The author's name and affiliation, as well as an email address should be included. Letters should be submitted online via the web site.

**Important**

**When manuscripts are submitted to the Editorial Office, kindly include the names of 3 international reviewers, with their contact details (tel./fax numbers, and/or email addresses). This will assist in speeding up the review process.**

In all cases the length of the articles excludes Tables, Figures, Images and References.

