## Journal of Orthopaedic & Sports Physical Therapy

Official Publication of the Orthopaedic and Sports Physical Therapy Sections of the American Physical Therapy Association

#### STRUCTION 0 H O R S UT

The Journal of Orthopaedic & Sports Physical Therapy is a scholarly, peer-reviewed journal that advances the science and practice of orthopaedic and sports physical therapy. The Journal accepts manuscripts for review from any discipline that addresses orthopaedic or sports physical therapy from any relevant perspective, including kinesiology, motor behavior, fitness, clinical outcomes, gerontology, neuroscience, or epidemiology. In addition, the Journal will review manuscripts that deal with clinical or basic science, but clinical implications should be discussed in all manuscripts submitted for

#### MANUSCRIPT SUBMISSION

Manuscripts submitted for publication in the Journal should be addressed to

Guy G. Simoneau, PT, PhD, ATC Editor-in-Chief Journal of Orthopaedic & Sports Physical Therapy
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Manuscripts written in the English language are welcome from any country and any discipline and are accepted for review with the understanding that the manuscript, the findings reported by the authors, or the data presented in the paper have not been published previously. Manuscripts currently under review for publication elsewhere or widespread disclosure of the findings (in a form other than published abstracts of oral presentations at a scientific meeting) will not be eligible for review or publication in the *Journal*.

Manuscripts submitted to the Journal should address scientific, clinical, or professional issues relevant to physical therapy. Authors should prepare their manuscripts in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (JAMA. 1997; 277:927 934). A version of this document is online at http://www.ama-assn.org/public/journals/jama/sc6336.htm. Manuscripts will be returned to the author without review if the essential elements required for the review process are missing or incomplete. In the peer-review process, *Journal actions* of the process reviewers are unaware of the author's identity and institutional affiliation.

#### MANUSCRIPT CATEGORIES

- 1. Research Report: a full-length report of an original basic, applied, or clinical research investigation that advances the clinical science of orthopaedic and sports physical
- 2. Literature Review: a comprehensive review of the literature that addresses a topic of interest and relevance to orthopaedic and sports physical therapists. Reviews of litera-ture may take the form of a traditional review, a blinded review, or a meta-analysis. Literature reviews submitted for review must have a structured abstract and include a *Methods* section. Manuscripts submitted in this category must be invited by the Editor-in-Chief. Self-nominations for an invitation to submit a Literature Review are welcome. Please send self-nominations with a cover letter addressed to the Editor-in-Chief and enclose a current vitae
- Case Report: a detailed description of the management of a unique clinical case problem. Case reports must include a description of relevant patient characteristics and history, outcome measures, and the results attributed to the interventions.
- 4. Resident's Case Problem: a report on the process and logic associated with differential diagnosis (ie, clinical decision making).

- Readers are challenged to deduce the diagnosis of a clinical case problem and to determine how the diagnosis relates to the care of the patient. The *Background* includes patient characteristics and history. The Diagnosis section provides the working diagnosis and the rationale for that diagnosis, including a presentation of radiographs or the results of other clinical tests. The *Discussion* section of the Resident's Case Problem should be a scholarly, critical, and referenced analysis of how the diagnosis guided the care of the patient. Interventions used to treat the patient's condition and the outcome of treatment may also be described; however, the focus of the Resident's Case Problem should be on diagnosis
- Clinical Commentary: a scholarly paper containing opinion or perspectives having relevance to orthopaedic and sports physical therapy. Clinical Commentaries submitted for review require an abstract that is not structured. Clinical Commentaries must be invited by the Editor-in-Chief. Self-nominations for an invitation to submit a Clinical Commentary are welcome. Please send self-nominations with a cover letter addressed to the Editor-in-Chief and enclose
- Technical Notes: a description of a new instrument, procedure, or technology relevant to orthopaedic or sports physical therapy practice or clinical research (authors should use the Case Report to describe new methods to evaluate or treat patients).

### Other Features

- 7. Letters to the Editor-in-Chief should relate to professional issues or articles published in the *Journal*. Letters will be reviewed and selected for publication by the Editor-in-Chief based on the relevance, importance, appropriateness, and timeliness of the topic Letters to the Editor-in-Chief should be double-spaced, and two copies should be submitted. Note: Letters to the Editor-in-Chief are copy edited and the correspondent is not typically sent a version to approve. Letters to the Editor-in-Chief should include a summary statement of any conflict of interest, including financial sup port related to the issue being addressed.
- Invited Commentary presents an expert's point of view concerning an article published in the *Journal*. Commentaries are invited by the Editor-in-Chief and immediately follow the article being discussed. Authors of the manuscript under commentary are given the opportunity to respond to the expert's point of view

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The original double-spaced manuscript on white paper, four complete copies of the manuscript (with labeled copies of tables and figures attached to each manuscript copy), and **two complete sets of originals** of all illustrative materials should be submitted for consideration for publication. The manuscript must be printed in a sans serif font of 12 points or larger. Margins of 3.81 cm (1.5 in) on both sides, top, and bottom are required. All measurements in the manuscript should be presented in SI units except angular measures, which should be presented in degrees rather than radians. Please number each page of the manuscript. The manuscript should be arranged as follows, all on separate pages:

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- A title page with author names and institutional affiliation removed. On this page, also include the sources of grant support and a brief financial disclosure and interest statement. (See item 5 of the Author Agreement and Publication Rights Form.)
- Acknowledgments.
  A structured abstract of no more than 250 words is required for Research Reports, Case Reports, and Literature Reviews. The abstract must be structured with the following headings (in this order): Study Design, Objectives, Background, Methods and Measures, Results, and Conclusions. Clinical Commentaries require an abstract that is not structured. Resident's Case Problems and Technical Notes do not require an abstract. Three to five key words that best represent the manuscript contents should be placed below the abstract. Key words should not repeat words used in the title.
- The text should be divided into five sections: Introduction, Methods, Results, Discussion, and Conclusion. These sections apply to Research Reports, Case Reports, Literature Reviews, and Technical Reports. Resident's Case Problems have three sections (Background, Diagnosis, and Discussion).

  6. References.
- Tables.
- 8. Figure captions.
- 9. Copies of figures.

Pages must be numbered consecutively beginning with the title page. The names of the authors should appear only on the title page.

Each table should begin on a separate sheet of paper. Place the table title above the table and footnotes below the table. The tables should be numbered using Arabic numerals. Each table must be self-contained and provide standalone information independent of the text. Any necessary explanatory footnotes must be included. Tables should not repeat information given in the text, but each table must be referred to in the text. Vertical rules should not be used. and only a minimal number of horizontal rules can be inserted. All abbreviations appearing in the tables should be defined in the footnote to each respective table or spelled out, whichever makes the table easier to read. When possible, allow extra white space under column headings.

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Two sets of clear, glossy, black-and-white prints or digital copies should be submitted for all photographs. Color prints may be submitted for manuscripts where color will increase the clarity of the photograph. Publication of color photo-graphs will be at the discretion of the Editor-in-Chief and at the expense of the author. Otherwise, photographs will appear as black and

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Each reference must be cited in the text by the reference number in superscript following the author's name if the author's name is listed (for example, Davies¹ or Davies et al¹ if there are more than two authors). If there are only two authors in the reference, then the text should read, Davies and Ellenbecker.¹

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#### Journals

Heiderscheit BC, McLean KP, Davies GJ. The effects of isokinetic vs. plyometric training on the shoulder internal rotators. *J Orthop Sports Phys Ther.* 1996;23:125-133.

### Books

Portney LG, Watkins MP. Foundations of Clinical Research: Applications to Practice. Norwalk, CT: Appleton and Lange; 1993.

Organization as author and publisher

US Institute of Medicine. Looking at the future of the Medicaid program. Washington, DC: US Institute of Medicine; 1992.

#### Chapter in a book

Wilk KE, Arrigo CA. Isokinetic testing and rehabilitation following microtraumatic shoulder injuries. In: Davies GJ, ed. The Compendium of Isokinetics in *Clinical Usage*. Onalaska, WI: S & S Publishers; 1992:387-431.

#### MA and PhD theses

Kaminski TW. Concentric and Eccentric Force-velocity Relationships Between Uninjured and Functionally Unstable Ankles [dissertation]. Charlottesville, VA: University of Virginia; 1996.

Published abstract of a paper presented at a conference

Kornberg C, Lew P. The effect of using slump as a stretching technique on grade one hamstring injuries [abstract]. In: Dalziel BA, Snowsill JC, eds. Fifth Biennial Conference, Manipulative Therapists' Association of Australia, Melbourne, Australia. Victoria, Australia: Manipulative Therapists' Association of Australia; 1987:183-191.

#### Universal Resource Locator (URL)

Health Services Research Unit, University of Oxford, Project Information, Assessment and Evaluation of the SF36, Version II. Available at: http://hsru.dphpc.ox.ac.uk/sf36v2.htm. Accessed August 1, 1998.

#### Paper presented at a symposium

Nashner LM. Sensory neuromuscular and biomechanical contributions to human balance. *Proceedings of the American Physical Therapy Association Forum on Balance, Nashville, TN, June 1989.* Alexandria, VA: American Physical Therapy Association; 1990:349-356.

If authors have questions about the format of items not covered in the Instructions to Authors, they should consult the following reference: Iverson C, Flanagin A, Fontanarosa PB, et al. American Medical Association Manual of Style: A Guide for Authors and Editors. 9th ed. Baltimore, MD: Williams and Wilkins; 1998.

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- A structured abstract.
- The references listed and numbered in alphabetical order and cited with superscript in the text.

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