
IJSPT

INSTRUCTIONS TO AUTHORS

The *International Journal of Sports Physical Therapy (IJSPT)* is a peer-reviewed journal that seeks to provide readers with current information by publishing the best papers about the latest developments in sports physical therapy. *IJSPT* welcomes submissions that enhance the practice of sports physical therapy from all disciplines in all countries.

MANUSCRIPT SUBMISSION

- All manuscripts must be submitted electronically to Kelley Rockey at ijspt@belmont.edu. Authors must submit two copies of their manuscript, one with all identifiers and one blinded. *IJSPT* has a policy of blinded peer review. The manuscript must not contain any mention of the authors' names or initials or the institution at which the study was performed.

All submissions to *IJSPT* must comply with the instructions for authors.

General Requirements:

- Any manuscript submitted to *IJSPT* for peer review is original work, has been written by the stated authors, and has not been submitted or published elsewhere.
- All manuscripts dealing with the study of human subjects must include a statement that the subjects gave informed consent to participate in the study and that the study has been approved by an institutional review board or similar committee.
- All case reports must include a statement that each subject was informed that the data concerning the case would be submitted for publication. Patient confidentiality must be protected according to the U.S. Health Insurance Portability and Accountability Act (HIPPA).

All submissions must be accompanied by a General Manuscript Submission Checklist to ensure all components of the submission are assembled.

- A cover letter for a paper should accompany the manuscript and should include one primary author, with address, phone number, and e-mail address to which the correspondence should be sent. The

category of manuscript submission should be indicated in the cover letter as well. In addition to the cover letter authors should submit the manuscript completion checklist to ensure all submission requirements have been met.

- A Copyright Release and Financial Disclosure Document, located at the end of these "Instructions to Authors," must be signed by all authors and faxed to the *IJSPT* editor-in-chief at (615) 665-1043.

All manuscripts should be written in accordance with the recommendations found in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomechanical Publication" by the International Committee of Medical Journal Editors (<http://www.icmje.org/index.html>).

- All submissions should be formatted according to AMA style guidelines.

Submissions that do not meet the above essential requirements will be returned to the author without review.

MANUSCRIPT CATEGORIES

Manuscripts submitted to the *IJSPT* are reviewed under one of the following categories: Original Research, Systematic Review of the Literature, Clinical Commentary/Current Concept Review, Case Reports (Differential Diagnosis/Critical Decision Making, Musculoskeletal Imaging, Innovative Interventions, Unique Pathological Presentations), Clinical Suggestion/Unique Practice Technique, Technical Note.

• *Original Research*

Original research relevant to the practice of sports physical therapy, including randomized controlled trials, intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, surveys, and studies of screening and diagnostic tests will be accepted. Original Research requires the manuscript to be divided into five sections: Introduction, Methods, Results, Discussion, and Conclusion.

- **Review of Literature**

A comprehensive review of the literature that addresses a topic of interest and is relevant to sports physical therapy.

- **Clinical Commentary/Current Concepts Review**

A description of a specific rehabilitation protocol, exercise progression, musculoskeletal or medical topic related to sports physical therapy, or a related sequencing of interventions that can assist the physical therapist in returning an athlete to full sports competition. The rationale for the progression through the protocol must be based on current evidence. Clinical Commentaries will require a variety of headings dependent on the information presented. The headings should relate to the progression of the patient throughout the rehabilitation protocol or exercise progression.

- **Case Report**

A detailed description of interesting, new, and unique cases. Includes an in-depth description of a patient's condition related to: differential diagnosis/critical decision making, musculoskeletal imaging, innovative interventions, and unique pathological presentations. and response to intervention using outcome measures. Elements of the treatment plan should be delineated and expectations should be presented as justification for the treatment approach chosen. Where relevant, evidence from the literature should be cited to support the rationale for treatment.

Note: Case reports submitted by residents participating in a residency approved by the American Board of Physical Therapy Specialties (ABPTS) are encouraged and will be published under the sub-heading of "Resident's Case Study." Case Studies require the manuscript be divided into four sections: Introduction, Case Description, Outcome, including examination/evaluation and diagnosis, and Discussion.

- **Clinical Suggestion/Unique Practice Technique**

A description of a unique intervention, technique, or examination procedure, and their use by clinicians. The manuscript should not only describe the innovator's clinical suggestion, but the author should describe the clinical problem that the suggestion would solve. Photographs clarifying the innovative suggestion are encouraged. Clinical Suggestions require the manuscript to be divided into three sections: the Problem, the Solution, and Discussion.

- **Technical Note**

The presentation of a new instrument or technology application relevant to the practice of sports physical therapy. Technical notes must include the following four sections: Background, Description, Outcomes, and Discussion.

MANUSCRIPT PREPARATION

- Manuscripts must be written in English. The manuscript should be provided as a Microsoft Word document with no charts, tables, or pictures embedded in the files. All tables, figures, pictures, graphs, and drawings must be sent electronically in separate files, according to technical specifications.
- Manuscripts submitted to the *IJSPT* must be double-spaced, using 12-point Times New Roman font. Pages should be consecutively numbered starting with the title page; one inch margins should be used on all sides of the page. All pages should be line numbered, starting with line one on the title page.
- The manuscript should be arranged as follows:

- ▲ **Title Page**

The title page should include the following information:

- The title of the article
- The names and credentials of all authors
- Each authors' job title, institution, city, state, and country
- Correspondence author's name, address, and e-mail address
- Statement of the sources of grant support (if any)
- Statement of the Institutional Review Board approval of the study protocol
- Acknowledgements

- ▲ **Anonymous Title Page**

The page after the title page (first page of blinded manuscript) should list only the title because all manuscripts are blinded to reviewers. Please do not include any identifying features in the body of the text, e.g. an authors initials, the names of institutions where the study was done, or a phrase such as "our study" that when followed by a citation, reveals authorship of the present manuscript in the reference list.

▲ **Abstract**

- The abstract should be a maximum of 300 words and structured to include the following sections: Purpose/Background, Methods, Results, Conclusions, and Levels of Evidence (if the study is of humans) or clinical relevance (if in vitro, basic science, or technical note).
- Use the levels of evidence published on the following website:
<http://www.cebm.net/index.aspx?o=1025>
We recognize that all forms of studies cannot be classified and may not have a descriptive level of evidence.
- Abstracts for Case Reports and Clinical commentaries should reflect the section headings noted in manuscript categories.
- An abstract is required for Clinical Commentary, Clinical Suggestion, and Technical Note, but there is no standardized format.
- All abstracts should have a section containing 3-5 key words that describes the primary content of the manuscript.

▲ **Body of Manuscript**

- **Introduction:** State the problem that led to your undertaking the study, including a concise review of only the relevant literature. Conclude the introduction by restating the purpose of the study and stating your hypothesis.
For submissions other than original research summarize the background, problem, or gap in the evidence that led to the case report, literature review, commentary, or suggestion.
- **Methods:** For original research describe the study design in detail using standard methodologic terms, such as retrospective or prospective cohort study, prospective randomized trial, case-control, cross-sectional, etc. Reports of RCT's should follow the checklist developed by the CONSORT group. Submissions reporting cohort, case-control, and cross-sectional studies should conform to the format suggested by the STROBE panel. Studies reporting diagnostic accuracy should conform to the STARD checklist.

Systematic reviews and meta-analyses should conform to the PRISMA Statement Criteria. Case Reports should conform to the submission checklist for a case report.

Other types of submissions will have few methods, but may describe likely populations for utilization of exercises and materials.

- **Statistical Methods** (Original research and meta-analyses only): Statistical analysis must be described in detail, and be related to original hypotheses as stated in the introduction. Complex statistical strategies and their justification should be described in detail. P-values are required to support any statements indicating significant differences, while meta-analyses must include a description of how data was pooled and details of any sensitivity analyses that were performed. 95% confidence intervals should accompany all estimates appearing in text or graphs.
- **Results (Research reports) or Outcomes (Clinical Case reports):** Provide a detailed summary of descriptive and statistical data obtained during the study, or the Outcomes, Diagnosis, Presentation, or illuminating information that is illustrated in a case report.
- **Discussion:** Succinctly describe the outcomes of your study, systematic review, or case report. Discuss the strength, weaknesses, and limitations of the study. Especially important is a scholarly, critical, and referenced analysis of the outcomes or suggestions related to previous evidence and clinical practice.

▲ **References**

- References should be numbered consecutively in the order in which they are first mentioned in the text. All references in the **Reference** section should be cited in the text using the reference number in superscript.
- In the **Reference** section, when a reference has four or more authors, list the first three authors, followed by "et al."

You may find CONSORT, STROBE, STARD, PRISMA and Case Report information at:

<http://www.spts.org/ijspt/instructions-for-submissions>

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- References should follow the instruction of the *AMA Manual of Style*. Abbreviations for journals should reflect current practice as set by *Index Medicus*.

Journal

Moore JH, Goss DL, Baxter RE, et al. Clinical diagnostic accuracy and magnetic resonance imagery of patients referred by physical therapists, orthopedic surgeons, and non-orthopedic providers. *J Orthop Sports Phys Ther*. 2005;35:67-71.

Book

Reese NB. *Muscle and Sensory Testing*. 2nd ed. Philadelphia, PA: Elsevier Saunders; 2005.

Chapter in a book

Soderberg GL. Handheld dynamometry for muscle testing. In: Reese NB. *Muscle and Sensory Testing*. 2nd ed. Philadelphia, PA: Elsevier Saunders; 2005:473-515.

Organization as Author and Publisher

American Physical Therapy Association. *Guide to Physical Therapy Practice*. 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.

▲ **Tables, Charts and Graphs**

- All tables, charts, and graphs must be provided at a minimum of 600 DPI, at the actual size you wish them to appear in text.
- Line art must be at least 1200 DPI. All tables, charts and graphs should be submitted as separate files.
- Number tables, charts and graphs consecutively in the order of their first citation in the text and provide a brief title for each in a separate document entitled "Table Legend".
- Place explanatory matter in footnotes. For footnotes use the following symbols, in sequence: *, †, ‡, §, **, ††, #
- Identify statistical measure of variation, such as standard deviation and standard error of the mean.
- Each table must be cited in the text.

▲ **Figures**

- Digital figures (Scans or existing files as well as new photographs) must be at least 300dpi, in RGB mode. Photographs must be in tiff file format, and

graphic art, such as illustrations, in RGB tiff file format as well. Color photographs are preferred. When using a digital camera to prepare figures, set the camera to the highest resolution possible, and set the image size to 5 x 7 inches. Use simple backgrounds, remove all visual distractors from the photograph (papers, equipment, signs, etc.), and use adequate lighting so that figures are clear.

Line art must be at least 1200 DPI. All figures should be submitted as separate files, and have be accompanied by a document entitled "Figure Legend" that has a figure descriptor for each separate figure. Photographic releases must be provided for all figures that show a patient's or client's face.

- As a rule of thumb, anything that is downloaded from a website will be at too low a resolution for use.
- All figures must be cited in the text. No figures should be embedded in the text.
- For any previously published material, written permission for both print and electronic reprint rights must be obtained from the copyright holder by the submitting author. All permissions that are granted must be forwarded (email) or faxed to the Editor-in-chief. *IJSPT* will not assume any costs for reprints.

PROTECTION OF HUMAN SUBJECTS

The *IJSPT* supports the protection of the rights of human subjects. Within the manuscript, statements must be included in the Methods Section that the study was approved by an Institutional Review Board (and the Board should be named) and that informed consent of subjects was obtained prior to the collection of data.

SUPPLEMENTAL MATERIALS - VIDEO CLIPS

Authors who are submitting to *IJSPT* are invited to submit video clips for review for potential publication on the website of the Sports Physical Therapy Section. Video clips are encouraged to be submitted as an additional illustration to those incorporated in an article the author has submitted for publication. As with submitted manuscripts, all video clips will be subject to peer review.

The video clips must be submitted in MPEG-1, MPEG-2, Quicktime (.mov), or Audio/Video Interface (.avi) formats. Maximum cumulative length of videos is 5 minutes. Each video segment may not exceed 50 MB,

and each video clip must be saved as a separate file and clearly identified. All video clips must be accompanied by a "Video Legend" document that clearly states the title, purpose, and information to be gleaned by watching the video. A sound track is desirable and is requested.

Copyright of all video clips published on the Section's website will be held by the Sports Physical Therapy Section. Each co-author of a video clip must sign a form expressly transferring copyright in the event that the video clip is published on the Section's web-site. Copies of this form may be obtained upon request of the Editor-in-Chief.

Only video submissions that meet the Journal's formatting and image quality requirements will be accepted. Authors will be notified if there are any problems with submitted files and asked to resubmit modified files. Image editing and correct formatting are the author's responsibility.