

AJSM Manuscript Submission Guidelines

The *American Journal of Sports Medicine* (AJSM) is the official publication of the American Orthopaedic Society for Sports Medicine.

The editor of AJSM, Bruce Reider, can be contacted via email at breider@ajsm.org.

Manuscripts must not be under simultaneous consideration by any other publication, before or during the peer-review process and cannot be uploaded to any preprint server. Papers presented at AOSSM meetings must be submitted to the Journal for first rights of refusal. Authors are responsible for submitting papers of presentations directly to the Journal. Articles published in AJSM may not be published elsewhere without written permission from the publisher.

Manuscripts should cite any other work by one or more of the co-authors that is relevant to the subject matter of the current submission or that used any of the same subjects, animals, or specimens being reported in the current submission. This includes manuscripts that are currently under preparation, are being considered by journals, are accepted for publication, or already published. In any of these cases, the relationship to the current submission should be made clear.

All review articles (such as systematic review, meta-analysis) submitted will be considered for the Current Concepts section. Authors with ideas for current concepts should contact the associate editor, Timothy Foster, MD, to find out if AJSM has recently published a review article on that topic or if there is a similar submission in progress. Contact Dr Foster at CurrentConcepts@ajsm.org to inquire about your idea or submit already completed papers directly to the journal at <https://submit.ajsm.org>.

SUBMISSIONS

Authors should register on our online submission site at <https://submit.ajsm.org> to submit manuscripts.

When manuscripts have been received by the editorial office, the corresponding author will be sent an acknowledgment giving an assigned manuscript number, which should be used with all subsequent correspondence for anything related to that particular manuscript.

The following items are required on submission:

1. The blinded manuscript including the abstract and any tables and figures where they occur in the text. No identifying information should appear in the uploaded manuscript. Please remove author names, initials, and institutions. State or country names may be used, but do not include specific locations such as cities or regions.
2. The [Journal Contributor Publishing Agreement](#) and [AJSM Author Disclosure Statement](#). These forms are available for download from the author area of the submission site. The corresponding author must complete the forms on behalf of all coauthors and return them to AJSM by email or upload them online as a PDF or Word file using the “upload legal documents” option. All legal forms must be submitted with a handwritten (not typed) signature. As an alternative to the AJSM disclosure form, authors may submit the ICMJE disclosure form *along with* the [AJSM supplemental form](#) available on

our website. The AOSSM checks author disclosures against the Open Payments Database (<https://openpaymentsdata.cms.gov>). Any combined payments listed over \$500/year from a single company should be included. Authors should include payments from the previous 5 years.

3. A copy of the IRB or other agency approval (or waiver) if animal subjects or human subjects or tissues or health information were used. Please see further instructions on page 2 under “Text.” This information should be uploaded with the disclosure and publishing forms and not as a supplemental file.

4. Requirements for specific study types:
Randomized Controlled Trials. **All clinical trials started after January 1, 2016 must be registered prospectively at [ClinicalTrials.gov](https://clinicaltrials.gov) or a similar database recognized by the ICMJE to be considered for publication.** See list of ICMJE acceptable registries at <http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/>. The original study protocol for all registered clinical trials must be included and can be uploaded as a supplemental file. This information should be blinded for peer review (remove author name and location as well as trial registration number). The protocol information from the registration site or the formal protocol for the study design are acceptable. Use of a CONSORT flow diagram is required to illustrate the grouping and flow of patients for all randomized clinical trials. The [CONSORT checklist](#) must also be completed and uploaded as a supplemental file.

Observational Studies. Cohort, case-control, or cross-sectional studies should include the CONSORT flow diagram in the paper. The [STROBE checklist](#) must also be completed and uploaded as a supplemental file.

Biologics Studies. Studies reporting the use of autologous blood-based therapies (such as platelet-rich plasma, autologous conditioned serum, autologous protein solution) or cell-based therapies (including autologous cells derived from bone marrow or adipose tissue and allogeneic cells) should include the [Minimum Information for Studies Evaluating Biologics in Orthopaedics \(MIBO\)](#) checklist uploaded as a supplemental file.

Animal Studies. Studies involving live animals models should include the completed [ARRIVE Guidelines checklist](#) as a supplemental file.

Authors may be asked to supply full supporting data for their study. If the author refuses this request, the paper will be rejected without further review. Cover letter, acknowledgments, and suggested reviewers are optional. If a paper has more than 5 authors, a cover letter detailing the contributions of all authors should be included in the appropriate box on the submission page. Only those involved in writing the paper should be included in the author line. Others should be listed as a footnote or acknowledgment. While there is no limit on the number of authors, no more than 12 will be listed on the masthead of the published article; additional authors will be listed at the end of the article. These authors will be indexed in Index Medicus as full authors.

MANUSCRIPT FORMATS

Manuscript pages should be double-spaced with consecutive page numbers and continuous line numbers. The abstract should be included with the manuscript as well as being entered in the Metadata section (except for case reports, which do not require abstracts). Manuscripts should be 6000 words or fewer (including abstract and references). There are also limitations on figures, tables, and references; see guidelines below. The system handles most common word processing formats; however, Microsoft Word is preferred.

MANUSCRIPT PREPARATION

Abstract

Abstracts should summarize the contents of the article in 350 words or less. The abstract should be structured in the following format:

Background: In one or two sentences, summarize the scientific body of knowledge surrounding your study and how this led to your investigation.

Hypothesis/Purpose: State the theory(ies) that you are attempting to prove or disprove by your study or the purpose if no hypothesis exists.

Study Design: Identify the overall design of your study. See list below.

Methods: Succinctly summarize the overall methods you used in your investigation. Include the study population, type of intervention, method of data collection, and length of the study.

Results: Report the most important results of your study. Only include positive results that are statistically significant, or important negative results that are supported by adequate power. Report actual data, not just *P* values.

Conclusion: State the answer to your original question or hypothesis. Summarize the most important conclusions that can be directly drawn from your study.

Clinical Relevance: If yours was a laboratory study, describe its relevance to clinical sports medicine.

Key Terms: Include at least 4 key terms for indexing. When submitting an article, you will be asked to choose from a list of terms that are used for assigning reviewers. These terms can be used in the manuscript as well. The list can be found at <http://ajsm-submit.highwire.org/submission/editexpertise>.

What is known about the subject: Please state what is currently known about this subject to place your study in perspective for the reviewers.

What this study adds to existing knowledge: Please state what this study adds to the existing knowledge.

The last two items are for reviewers only and are not included in the word count, but should appear at the end of the abstract in the uploaded text.

Study Designs

Meta-analysis: A systematic overview of studies that pools results of two or more studies to obtain an overall answer to a question or interest. Summarizes quantitatively the evidence regarding a treatment, procedure, or association.

Systematic Review: An article that examines published material on a clearly described subject in a systematic way. There must be a description of how the evidence on

this topic was tracked down, from what sources and with what inclusion and exclusion criteria.

Randomized Controlled Clinical Trial: A group of patients is randomized into an experimental group and a control group. These groups are followed up for the variables / outcomes of interest. **NOTE: All clinical trials started after January 1, 2016 must be prospectively registered at ClinicalTrials.gov or a similar database recognized by the ICMJE to be considered for publication.** See list of ICMJE-acceptable registries at <http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/>.

Crossover Study Design: The administration of two or more experimental therapies one after the other in a specified or random order to the same group of patients.

Cohort Study: Involves identification of two groups (cohorts) of patients, one which did receive the exposure of interest, and one which did not, and following these cohorts forward for the outcome of interest.

Case-Control Study: A study that involves identifying patients who have the outcome of interest (cases) and patients without the same outcome (controls), and looking back to see if they had the exposure of interest.

Cross-Sectional Study: The observation of a defined population at a single point in time or time interval. Exposure and outcome are determined simultaneously.

Case Series: Describes characteristics of a group of patients with a particular disease or who have undergone a particular procedure. Design may be prospective or retrospective. No control group is used in the study, although the discussion may compare the results to other published outcomes.

Case Report: Similar to the case series, except that only one or a small group of cases is reported.

Descriptive Epidemiology Study: Observational study describing the injuries occurring in a particular sport.

Controlled Laboratory Study: An in vitro or in vivo investigation in which 1 group receiving an experimental treatment is compared to 1 or more groups receiving no treatment or an alternate treatment.

Descriptive Laboratory Study: An in vivo or in vitro study that describes characteristics such as anatomy, physiology, or kinesiology of a broad range of subjects or a specific group of interest. Authors should choose the design that best fits the study.

The Editor will make the final determination of the study design and level of evidence based on the [Center for Evidence Based Medicine guidelines](#).

Text

In general, follow the standard IMRAD (Introduction, Methods, Results, Discussion) format for writing scientific articles. The author is responsible for all statements made in the work, including copyeditor changes, which the author will have an opportunity to verify. Authors with limited fluency in English should have the paper reviewed or edited by a native English speaker to ensure clear presentation of the work.

Papers including human or animal subjects must include a statement of approval by appropriate agencies in the text, and a copy of the approval letter must be uploaded with the submission. If approval was not required, authors must upload a waiver statement from the appropriate agency. Additionally, all studies with human subjects must include the date range for enrollment in the study.

For retrospective studies, please include the date of treatment. For human cadaveric specimens, please provide source (eg, donation to university anatomy program) and state if permission was obtained for use. Additionally, all studies involving animals must conform to [ARRIVE guidelines](#). If available, please include the source of animal joint or tissue specimens. For case reports, a letter from the patient granting permission for his/her information to be included in the publication is required.

Reports on surgery, except in rare instances, require a minimum follow-up of 2 years.

Use generic names of drugs or devices. If a particular brand was used in a study, insert the brand name along with the name and location of the manufacturer in parentheses after the generic name when the drug or device is first mentioned in the text.

Use metric units in measurements (centimeter vs inch, kilogram vs pound).

Abbreviations should be used sparingly. When abbreviations are used, give the full term followed by the abbreviation in parentheses the first time it is mentioned in the text, such as femur-ACL-tibia complex (FATC).

Use of a CONSORT flow diagram is required to illustrate the grouping and flow of patients in all randomized controlled trials and observational clinical studies.

Statistical methods should be described in detail. Actual *P* values should be used unless less than .001. Reporting of 95% confidence intervals is encouraged.

Acknowledgment

Type the acknowledgments in the box provided on the submission page; do not include it in the manuscript. This information will be added to the accepted manuscript at the time of publication. Give credit to technical assistants and professional colleagues who contributed to the quality of the paper but are not listed as authors. Please briefly describe the contributions made by persons being acknowledged. **Note: anyone who has contributed to the preparation of the submitted text must be included on the author disclosure form, under Statement of Authorship, and his or her disclosures included there.**

References

References should be double-spaced in alphabetical order by the last name of the first author and numbered according to alphabetical listing. Except for review articles, references should be limited to 60. If references are not in alphabetical order the uploaded file will be REJECTED and will have to be resubmitted with the references in the correct form. When author entries are the same, alphabetize by the first word of the title. In general, use the Index Medicus form for abbreviating journal titles and the *AMA Manual of Style* (10th ed) for format. *Note:* References must be retrievable. Published papers and papers published on preprint servers can be listed in the reference list. Do not include in the reference list meeting presentations that have not been published. Data such as presentations and articles that have been submitted for publication but have not been accepted must be put in the text as unpublished data immediately after mention of the information (for example, "Smith and Jones (unpublished data, 2000) noted ..."). Personal communications and other references to unpublished data are discouraged. For review purposes, unpublished references that are closely related to the submitted paper or are important for understanding it should be uploaded as blinded supplemental files.

References will be linked to Medline citations for the reviewers. Authors can include articles that are in Epub

mode. To ensure that these Epub references are linked correctly, please provide the PMID number from Medline at the end of the reference. For example: Emery CA, Meeuwisse WH. Injury rates, risk factors, and mechanisms of injury in minor hockey. *Am J Sports Med.* 2006 Jul 21; [Epub ahead of print] PMID: 16861577

Figures and Tables

Figures and tables should appear in the body of the paper near the place where they are mentioned. High-resolution images should also be uploaded separately as Figure files. The figures and tables should be cited in numeric order in the text and should not exceed 3 journal pages. One journal page equals 1 large table or figure, 2 medium-sized tables or figures, or 4 small tables or figures. Medium-sized tables and figures will be a page width and half the length of the page; small tables and figures are 1-column width and take up half the length of the page or less.

Any material that is submitted with an article that has been reproduced from another source (that is, has been copyrighted previously) must conform to the current copyright regulations. It is the author's responsibility to obtain written permission for reproduction of copyrighted material and provide the editorial office with that documentation before the material will be reproduced in the Journal.

All image files for figures should be labeled with the Figure number (label each part if figures include multiple parts, eg, 2A, 2B). The figure legend should be placed below each figure and should include descriptions of each figure part and identify the meaning of any symbols or arrows. Terms used for labels and in the legend must be consistent with those in the text. A CONSORT flow diagram should be included for all randomized clinical trials to illustrate the grouping and flow of patients.

Color will be used in the Journal where needed (eg, histology slides or surgical photographs). All other figures, such as bar graphs and charts, should be submitted in black and white.

Figures for papers accepted for publication must meet the [image resolution requirements](#) of the publisher, SAGE Publishing. Files for line-based drawings (no grayscale) should ideally be submitted in the format they were originally created; if submitting scanned versions, files should be 1200 dots per inch (dpi). Color photos should be submitted at 600 dpi and black-and-white photos at 300 dpi.

Charts and graphs can be submitted in the original form created (eg, Word, Excel, or PowerPoint). Photographs or scanned drawings embedded in Word or PowerPoint, while acceptable for review, are not acceptable for publication.

All photographs of patients that disclose their identity must be accompanied by a signed photographic release granting permission for their likeness to be reproduced in the article. If this is not provided, the patient's eyes must be occluded to prevent recognition.

For tables, the system accepts most common word processing formats. Tables should have a title that describes the content and purpose of the table. Tables should enhance, not duplicate, information in the text.

Videos

Use of supplementary video is encouraged. Videos may be submitted with a manuscript and, if approved by the editor, will be posted online with the article when published. Video submission is strongly encouraged for manuscripts reporting surgical, examination, or exercise techniques or injury mechanisms. For more information about the format requirements for videos,

please review our [Author Gateway](#). For detailed information pertaining to copyright and permissions requirements, view the [Video Permission](#) and [Fair Use Quick Guide](#). For videos with identifiable subjects, subjects will need to sign the [Audio-Visual Likeness Release Form](#). It is the author's responsibility to submit signed release forms, if necessary, for each video.

ACCEPTED MANUSCRIPTS

Once an article is accepted and typeset, authors will be required to carefully read and correct their manuscript proofs that have been copyedited by the publisher. Any extensive changes made by authors on the proofs will be charged to authors at the rate of \$2 a line. Authors are responsible for ordering reprints of their articles. Completed articles will be published on our website before print publication. No corrections can be made after online publication, including corrections to author names and affiliations. All corrections must be made at the proofing stage.

NIH-Supported Studies

Authors of studies funded by grants from the National Institutes of Health can deposit a copy of their accepted final peer-reviewed manuscript and associated figure/table files (pre-typeset versions) to the NIH database after a 12-month embargo period from the time their article is published in AJSM.

Letters to the Editor

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