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The editor of *OJSM*, Bruce Reider, can be contacted via e-mail at breider@ojsm.org.

The Orthopaedic Journal of Sports Medicine: An Open Access Journal for Orthopaedic Sports Medicine, Arthroscopy and Knee Arthroplasty is a publication of the American Orthopaedic Society for Sports Medicine (AOSSM).

Submit manuscripts online at <https://mc.manuscriptcentral.com/ojs>.

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Only manuscripts that meet the aims and scope of *OJSM* are reviewed. *OJSM* utilizes a double-anonymized peer-review process for **new submissions**, which includes a minimum of 2 referees as well as an Associate Editor and the Editor-in-Chief. **Revised manuscripts** are reviewed by the assigned Associate Editor, who evaluates the revision and decides whether the authors have responded adequately to the reviewers' comments and whether further revisions are required before the submission can be considered acceptable. The authors of some manuscripts originally submitted to the *American Journal of Sports Medicine (AJSM)* may be invited to revise their work according to the comments of the *AJSM* peer referees and submit the revision to *OJSM*.

These **revised AJSM manuscripts** are reviewed by an Associate Editor in the same manner as other revised manuscripts. The following criteria are used in evaluating all manuscripts: study design, quality of execution, quality of writing, contribution to current knowledge, acknowledgment of study limitations, support of the Journal's mission, and compliance with COPE and ICMJE guidelines for ethical publication. All manuscript decisions are approved by the Editor-in-Chief, who may request additional changes or modify the decision. All reviewers are required to update their disclosures each year to minimize potential reviewer bias.

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The Editor or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in the journal. In these cases, the peer review process

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Any submissions made on/after January 1, 2026, will be subject to the updated pricing structure outlined below. There are no fees payable to submit to this journal. Article processing charges are only assessed upon acceptance.

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Submissions

Authors should register on our online submission site at <https://mc.manuscriptcentral.com/ojs> 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 Title page including the information found on the [journal title page template](#).
2. The anonymized 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.

3. The [OJSM Author Disclosure Statement](#). The corresponding author must complete the form on behalf of all coauthors and upload it online as a Word file using the “conflict of interest” file type. 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.
4. A copy of the IRB or other agency approval (or waiver) if animal subjects or human subjects or tissues or health information were used.
5. 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 anonymized 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 allogenic 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

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 list. Others should be listed as a footnote or acknowledgment. While there is no limit on the number of authors, no more than 20 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.

We strongly encourage all authors of the paper to link their ORCID ID to their accounts in our online submissions system. ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name. If you do not already have an ORCID ID please follow [this link](#) to create one.

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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). There are no limitations on figures, tables, and references. The system handles most common word processing formats; however, MS Word files for text and Word or Excel tables are 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 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: Provide at least 4 key words for indexing.

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. The institution should not be mentioned in the anonymized manuscript, but should be added on acceptance. **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 (e.g., 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 is recommended for all other types of 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

Acknowledgments should be placed on the title page submitted for review. 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.

References

References should be double-spaced in alphabetical order by the last name of the first author and numbered according to alphabetical listing. 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* (11th 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 anonymized supplemental files.

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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 for providing the editorial office with that documentation before the material will be reproduced in the Journal.

Be sure to include figure legends in the text. The figure legend 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.

Authors are encouraged to submit their figures in color, as there is an unlimited use of color in the Journal.

Figures for papers accepted for publication must meet the [image resolution requirements](#) of the publisher, Sage Publications. 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 should whenever possible be submitted in the original form created (e.g., Word, Excel, or PowerPoint). Photographs or scanned drawings embedded in Word or PowerPoint, while acceptable for review, are *not* acceptable for publication. If figures are embedded in the submitted manuscript for ease of reading, they should also be submitted as separate files for use in the publication process.

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 be numbered consecutively and 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.

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Revised submissions should include a supplemental document listing all of the reviewer comments followed by the authors' response to each comment. If changes were made to the document, the line number where the change occurs should be included in the response.

In the revised manuscript, all changes should be highlighted to aid the editor in evaluating the revisions. Any material that was blinded for the first review should be added back in and the references should follow journal format and be listed in alphabetical order in the reference list.

Figures should be included in the final high-resolution format, ready for publication (see Figures and Tables).

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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. No corrections can be made after online publication, including corrections to author names and affiliations. All corrections must be made at the proofing stage.

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OJSM accepts meeting and poster abstracts from partner societies for publication in the Journal. Abstracts will appear in a supplementary issue to the Journal. Interested societies should contact Donna Tilton (donna@aossm.org). On behalf of all abstract authors, the participating society must provide permission for *OJSM* to publish the abstracts, and submissions must conform to the Journal's format and style requirements.

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The following items are required for publication:

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2. On behalf of all abstract authors, the participating society must provide permission for *OJSM* to publish the abstracts by (1) completing the [Publications Permission Form](#) and (2) confirming on the [Abstract Submissions Spreadsheet \(Schedule A\)](#) that permission has been received for each abstract. Participating societies should retain signed Publications Permission Forms in the event that a question is raised regarding permission. Abstracts will not be accepted until this process has been completed.
3. Abstracts should be submitted in English and clearly and concisely written; they may be unstructured or structured, as appropriate. Authors are required to submit their abstracts in the [OJSM Abstracts Template](#) to ensure that they conforms to the Journal's layout, style, and legal requirements. Each abstract must be in a separate Word file, named according to DOI number (**note:** please use “_” in place of “/” when saving documents). Tables must be embedded in the Word file in an editable format; do not submit images of tables. Abstracts submitted in a different format will be returned.
4. The participating society will be held responsible for submitting each abstract with the correct volume and issue number, as provided by the managing editor. This will be assigned when the Abstracts Spreadsheet is returned to the participating society.

5. Only abstracts presented at the participating society's meeting in the form of original research poster or podium presentations may be submitted for publication.

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