

Sports Health: A Multidisciplinary Approach

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Submission guidelines



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Please read the guidelines in full before submitting your manuscript. Manuscripts not conforming to these guidelines may be returned.

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The Editor-in-Chief of *Sports Health*, Edward Wojtys, MD, can be contacted via e-mail at ewojtys@sportshealthjournal.org. General inquiries may be sent to jeanine@aossm.org.

Sports Health: A Multidisciplinary Approach is an official publication of the American Orthopaedic Society for Sports Medicine (AOSSM) in collaboration with the American Medical Society for Sports Medicine (AMSSM), the National Athletic Trainers' Association (NATA), and the Sports Physical Therapy Section (AASPT). *Sports Health* welcomes the submission of articles related to sports medicine from all countries and various disciplines.

Only manuscripts that meet the aims and scopes of *Sports Health* are reviewed. *Sports Health* utilizes a double-blind peer review process for new submissions, which includes a minimum of 2 referees as well as an Associate Editor and the Editor-in-Chief. 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 IMCJE guidelines of ethical publication. In the exception of Guest Editorials, *Sports Health* does not accept opinion papers. 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. This journal is a member of the [Committee on Publication Ethics \(COPE\)](#).

Authors should familiarize themselves with [Sage's Accessibility Guidelines](#) to ensure their manuscripts meet recognized accessibility standards.

There are no fees to publish in *Sports Health*. However, *Sports Health* offers optional open access publishing for an article processing fee of \$4,400 USD. For more information, please visit the [Sage Choice website](#).

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1. Submissions

Manuscripts should be submitted electronically to the [Sports Health submission site](#). Submissions that have been started but not fully submitted will be deleted 10 days after submission creation.

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.

All authors must include an [exclusive license agreement \(copyright\) form](#), physically signed by the corresponding author. Authors of systematic reviews and meta-analyses must also complete the [Sports Health Systematic Review Checklist](#).

With an exclusive license, authors in *Sports Health* are allowed to (1) post their original manuscript online immediately with no permission needed; (2) post on any

noncommercial repository or website the accepted/peer-review version online 12 months after print publication; (3) distribute a not-for-profit basis photocopies of the published Contribution for teaching purposes or to research colleagues; (4) and republish the whole or any part of their work without permission as long as they cite the original source 12 months after print publication. Articles, tables, and figures that have been published in *Sports Health* may not be published elsewhere by anyone other than the authors without written permission from the exclusive license holder. Authors are responsible for ordering reprints of their articles, which can be done by contacting reprint@sagepub.com.

Please make sure prior to submission that all author names are spelled correctly and consistent with authors' other publications. This will ensure that articles will index correctly in PubMed. We are unable to make changes for author order/name inconsistency after final proofs are reviewed and accepted.

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2. Ethics Policies

All papers reporting animal and human studies must include whether written consent was obtained from the local Ethics Committee or Institutional Review Board. Please ensure that you have provided the full name and institution of the review committee and an Ethics Committee reference number.

We accept manuscripts that report human and/or animal studies for publication only if it is made clear that investigations were carried out to a high ethical standard. Studies in humans that might be interpreted as experimental (eg, controlled trials) should conform to the [Declaration of Helsinki](#), and manuscripts must include a statement that the research protocol was approved by the appropriate ethical committee. **Registration of clinical trials in an appropriate repository (<http://clinicaltrials.gov> or other suitable databases identified by the ICMJE) is required for all trials starting after January 1, 2019. Submissions of clinical trials should include the registration number and name of the trial register.**

As of June 15, 2021, submissions must include IRB/ethics approval letters be submitted before review. These must be copies of the original approval documents. Please upload documentation of approval as a legal document to the copyright area.

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Patient Consent

Authors are required to ensure the following guidelines are followed, as recommended by the International Committee of Medical Journal Editors, Uniform Requirements for

Manuscripts Submitted to Biomedical Journals. Patients have a right to privacy that should not be infringed without informed consent. Identifying information, including patients' names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication.

Identifying details should be omitted if they are not essential. Complete anonymity is difficult to achieve, however, and informed consent should be obtained if there is any doubt. When informed consent has been obtained it should be indicated in the submitted article.

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3. Manuscript Formats

Manuscript pages should be typed double-spaced with the pages and lines numbered. Generally, manuscripts should be 4,500 words or less (see below for guidelines specific to video tutorials and case reports). Manuscripts will be converted to a PDF file that reviewers download. It is important that NO identifying material is in the submitted manuscript.

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4. Manuscript Preparation

4.1 Abstract

An abstract that summarizes the content of the article in <350 words is required for a manuscript submission. The abstract is an important piece because the Editor-in-Chief sometimes makes decisions based on the quality of the information presented in the abstract. Once published, abstracts are the first piece that researchers see when deciding what to read and download. Please also include the abstract in the manuscript text file when it is uploaded, and include at least 3-5 keywords at the end of all abstracts. The keywords selected in the submission site are used to match reviewers while the keywords in your abstract will help your article appear in the appropriate searches.

Abstracts for **Systematic Reviews and Meta-analyses** should include the headings context, objective, data sources, study selection, study design, level of evidence, data extraction, results, and conclusions.

Example: A method for systematically combining pertinent qualitative and quantitative study data from several selected studies to develop a single conclusion that has greater statistical power. This conclusion is statistically stronger than the analysis of any single study, due to increased numbers of subjects, greater diversity among subjects, or accumulated effects and

results.

Abstracts for **Clinical Reviews** should include the headings context, evidence acquisition, study design, level of evidence, results, conclusions, and Strength-of-Recommendation Taxonomy (SORT) (see **Section 4.5** for more information).

Example: A way to provide a clear, up-to-date account of the topic. The review should include a broad update of recent developments (from the past 1-2 years) and their likely clinical applications in primary and secondary care. The article should also try to highlight the bridge between primary and secondary care and offer specific information on what general practitioners should know about the condition.

Abstracts for **Clinical Research** should include the headings background, hypothesis, study design, level of evidence, methods, results, conclusions, and clinical relevance.

Example: A scientific study of how a new medicine or treatment works in people. Through clinical studies, doctors find new and better ways to prevent, detect, diagnose, control, and treat illnesses.

[Level of Evidence should be based on this scale.](#)

Abstracts for **Case Reports, Infographics, and Video Tutorials** may be unstructured, but should be sufficiently detailed to summarize work and its importance.

Example: An article that describes and interprets an individual case, often written in the form of a detailed story.

Abstracts for **Translational and Basic Science Research** should follow the same format described for *Clinical Research* abstract guidelines above.

4.2 Text

Maximum recommended text length is usually 8 pages, or 4,500 words. *Sports Health* follows the American Medical Association (AMA) Manual of Style. Use generic names of drugs. 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. The name and location of equipment manufacturers also should be included in parentheses behind the name of the product.

Units of measure following a number are abbreviated (such as kg, cm). Use metric units in measurements (that is, centimeter vs inch, kilogram vs pound). Limit use of abbreviations;

abbreviated terms not used >3 times should be spelled out. When uncommon 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).

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

P values should be reported in 3 digits, such as 0.05, < 0.01, 0.25, etc. *P* values reported differently will be edited to this format.

Any material that is submitted with an article (eg, tables and figures) that has been reproduced in another source must conform to the current copyright regulations. It is the author's responsibility to obtain written permission for reproduction of copyrighted material and to provide that documentation to the editorial office before publication. Download a [permission form](#) here.

The author is responsible for all statements made in the work, including copy editor changes.

4.3. Article Types

Sports Health publishes Guest Editorials, Letters to the Editor, Author's Response, Systematic Reviews or Meta-analysis, Clinical Reviews, Clinical Research, Case Report, Video Tutorial, and Infographics. For an in-depth definition of each article types, please click [here](#).

If there are specific requirements for submission types, they are outlined below.

4.3.1 Systematic Reviews

Submissions should include a Systematic Review Checklist with other submission requirements. [This form can be accessed here](#).

4.3.2 Clinical Research

At the end of each Clinical Research paper, Clinical Recommendations should be included. These will be highlighted for the reader. The [Strength-of-Recommendation Taxonomy \(SORT\)](#) is required for all clinical recommendations (see below). Use SORT to rate the recommendation based on the strength of the scientific or clinical evidence available to support it. SORT is required for all clinical recommendations. (*American Family Physician*, July 1, 2006; Vol 74, Number 1.)

4.3.3 Infographics

An infographic is a clear and concise pictorial representation of research, technology, or technique. All Infographics should include an abstract, infographic file and references.

Infographics submitted for peer-review may take one of two formats:

1. **Standalone Infographics.** If the infographic presents a complete and scientifically robust visual of a message, it may be published alone without accompanying text.
2. **Supplemented Infographic.** If the infographic visual requires support for the message, it should be accompanied by a short clinical or research review presented in our standard journal format.

4.3.4 Video Tutorials

Video tutorials should be submitted using the below guidelines. These articles are meant to be visual synopses of current physical tests, rehabilitation maneuvers, surgical techniques, etc. Text is limited to 1,500 words, with an unstructured abstract (250 words, followed by 3-5 MeSH keywords) and maximum of 8 references. Tables should be used sparingly, and there is unlimited use of figures; however, figures should be restricted to only those images that cannot be shown clearly within the video file. Please be sure that all figures include a legend that describes what is being shown.

The video files should be supplied as an MPEG (preferred), Apple QuickTime, or Microsoft Audio/Video Interlaced file and as small as possible without affecting quality for optimal streaming per best-practice guidelines (please utilize file -reducing software if possible). Videos should be of professional quality, and narration is expected. Subjects should be in focus, and all exam maneuvers should be clearly seen by the viewer. Please be careful with the background (including images, devices, and lighting); plain, light colors work best.

Any individual shown within the video will need to provide a signed [visual likeness release](#) prior to publication. We cannot “black out” any individuals or body parts from video files. Anyone from whom you cannot obtain release should not be included.

*If you believe that the subject matter that you’d like to present cannot be sufficiently presented within these guidelines, please contact Ed Wojtys, Editor-in-Chief, at ewojtys@sportshealthjournal.org.

4.3.5 Case Reports

Case reports should have no more than 1,200 words, inclusive of the abstract, text, any relevant figure legends, and references. Abstracts should be unstructured. Case reports should not include tables but rather relevant figures with legends describing what is being shown. If anything provided within the case report (images or text) makes the patient identifiable, then you must include a statement confirming that permission was granted by the patient, family, or parent/guardian to publish the case report.

4.4 Authorship and Acknowledgment

Submission of a manuscript implies that all authors have contributed substantially to the work and know and approve the content of the submitted manuscript. Please refer to the [ICMJE Authorship guidelines](#). Our policy discourages the inclusion of >7 authors on an article. If >7 authors are listed, the contribution of each author to the work should be explained in the cover letter. Any person who contributed to the work but does not qualify for authorship should be included in the "Acknowledgments" section. Type acknowledgments in the box provided on the submission page. Please briefly describe the contributions made by acknowledged persons.

Please note that AI chatbots, for example ChatGPT, should not be listed as authors. For more [information see the policy on Use of ChatGPT and generative AI tools](#).

4.5 References

References should be typed double-spaced in alphabetical order and numbered according to the alphabetical listing. If references are not in alphabetical order, the uploaded file will be returned to the corresponding author for correction and resubmission 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* for format.

References must be retrievable. Do not include in the reference list presentations from meetings 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 in their study ...").

4.6 Tables

For tables, the system accepts most common word processing formats, but Word and PDF are preferred. Tables should be included at the end of the manuscript text file so that they are included in the PDF used by reviewers. Tables should be numbered consecutively and have a title. Please be sure the title describes the content and purpose of the table. Tables should enhance, not duplicate, information in the text. Simple tables that repeat textual material will be deleted. It is the author's responsibility to submit permission to reproduce any tables that have been published previously. Download a [permission form](#) here.

4.7 Figures and Illustrations



Figures for papers accepted for publication must meet the requirements of the publisher, Sage Publications. Files for line drawings should be created at 1200 dpi, for color photographs at 600 dpi, and for black and white photographs at 300 dpi. Please remember that many image formats are *not* acceptable for reproduction. Please ensure the quality of your figures match the [guidelines](#) provided.

Figures should be submitted in the original form created. Images embedded in Word or PowerPoint files are not acceptable. Glossy prints can be sent to the journal once the paper is accepted if you cannot meet the digital art requirements for publication. Color images are preferred for photographs and bar graphs/charts. Be sure all symbols or arrows are described in the legend. If figure parts (such as A, B) are provided, the legend must explain each part of the figure. Terms used for labels and in the legend must be consistent with those in the text.

Examine all figures carefully to ensure that the data are presented with the greatest possible clarity. Likewise, determine if a figure would communicate the information more effectively than lengthy narrative. It is the author's responsibility to obtain and submit signed permission to reproduce any copyrighted figures that have been published previously. Download a [permission form](#) here.

In order to perform double-anonymized peer-review, all identifying features within photographs must be removed. Participant faces should be occluded and logo should be blurred. For publication, identifiable subjects must sign the [audio-visual likeness release form](#).

The backgrounds of photographs should be as simple and free of distractions as possible. Authors may be asked to provide new images if the photos have “busy backgrounds.”

If an identifier is needed on an image with multiple parts (eg, a, b, c), please provide the image with a lowercase letter without using parentheses on the bottom right corner in size 10 pt font. Identifiers are only used when there is a grouped legend. If the image can be presented by itself with its own legend no identifier is needed on the image. In addition, any other text used on the image (including arrows, asterisks, etc) should be provided in a separate layer from the base image.

Charts/graphs should have axes labeled using title capitalization (eg, Mean Follow-up for Athletes). In addition, units should be provided for all axes when necessary and set aside from the table in parentheses.



Videos

Videos may be submitted with a manuscript to be posted online. Please see the [Video Format Guide](#) for format requirements. For copyright/permissions information, view the [Video Permission](#) and [Fair Use Quick Guide](#). Identifiable subjects in video will need to sign the [Audio-Visual Likeness Release](#) form. It is the author's responsibility to submit forms for each video.

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