

GERMAN JOURNAL OF SPORTSMEDICINE

Deutsche Zeitschrift für Sportmedizin

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Guidelines for Authors

Aims and Scope

The German Journal of Sports Medicine is dedicated to the science and practice of sports medicine and its neighboring disciplines, which research the influence of exercise, training and sport as well as lack of exercise on healthy and sick people of all age groups and make these findings available for prevention, therapy, rehabilitation, physical activity and sport in general.

The German Journal of Sports Medicine recognizes the principles of scientific practice and anti-doping regulations in sport as laid down in the journal's policies and editorial guidelines. It is assumed that the authors are aware of and accept these principles. In the German Journal of Sports Medicine, all articles must undergo a blinded review process and are edited by the editorial board.

Submission of Manuscripts

For submission and administration of the manuscript an electronic system (editorial manager) is established (1). Submission of manuscripts has to be accomplished only by using the electronic system.

To utilise the editorial manager system, a registration is required. The system guides throughout all necessary steps in the processes of registration and submission of manuscripts. To submit a manuscript at the editorial manager system, the required form needs to be accepted only online at the end of submission. The acceptance applies to all authors. The submission form declares that all authors are in complete knowledge and responsibility of the manuscript's content. Further, they confess to the policies of good scientific practice. They accept passing the rights for publication for the printed version as well as for the online version (open access) to The German Journal of Sports Medicine.

Standard Terms and Conditions

With acceptance for publication, all manuscripts become property of The German Journal of Sports Medicine. Publication of papers or their extracts is only possible with written authorization of the authors and The German Journal of Sports Medicine. An authorization has to be obtained from the Journal's editorial board.

Further information concerning manuscripts is provided on the Journal's guidelines and in the editorial policies ([Editorial Policies of the Journal \(germanjournalsportsmedicine.com\)](http://www.germanjournalsportsmedicine.com)).

Financial grants and support relating to the manuscript have to be declared.

Following the review-process, the decision on acceptance, revision or rejection of the manuscript is carried out by the editorial board (see "Editorial guidelines").

A revision or resubmission has to be submitted together with a comment on all of the reviewer's annotations via <http://dzsm.edmgr.com>. If necessary, the review-process has to be carried out several times.

The Manuscript

The incomplete and inadequate reporting of research makes it difficult to assess the strengths and weaknesses of studies published in the medical literature. Therefore, we too are guided by the recommendations of the STROBE initiative: <https://www.strobe-statement.org/> The STROBE initiative should be viewed as an ongoing process during which recommendations may be revised based on comments, criticisms, and new evidence (2).

We are guided by the STROBE checklists used in observational research for cohort, case-control, and cross-sectional studies: <https://www.strobe-statement.org/checklists/> (3).

It is possible to submit: original papers, reviews, short communications, clinical case reports, reports from literature, letters to the editor, reports from congresses and personal communications. Reviewers and members of the scientific advisory committee may submit scientific reports.

Published manuscripts and even their excerpts may not be published or submitted elsewhere in the original paper's language. Cross postings of postings originally in German language are welcome if the reference to the original publication is clearly indicated and copyrights are clarified.

The language of **all scientific articles is American English.**

Systematic Reviews and Meta-analyses about important facts in the field of experimental and practical sports medicine. Reviews should provide latest scientific data or relevant information for medical or training practice to the readership from a general point of view. Therefore, all relevant literature shall be quoted. Discussed opinions or assumptions should be clearly defined as such to the readers.

Systematic Reviews and Meta-analyses should be guided by the PRISMA statement. PRISMA is a minimum evidence-based set of elements for reporting systematic reviews and meta-analyses. PRISMA focuses primarily on reporting reviews that assess the impact of interventions, but can also be used as a basis for reporting systematic reviews with objectives other than assessing interventions (e.g., assessing etiology, prevalence, diagnosis, or prognosis). The PRISMA Checklist and flowchart is described here: <http://www.prisma-statement.org/PRISMAStatement/Checklist>; <http://www.prisma-statement.org/PRISMAStatement/FlowDiagram> (4, 5).

Authors wishing to submit a clinical trial should follow the CONSORT guidelines: <http://www.consort-statement.org> (6). CONSORT provides authors with a standard for reporting study results that facilitates complete and transparent reporting and supports critical evaluation and interpretation of results. The CONSORT statement consists of a 25-item checklist and flowchart. The checklist items focus on reporting how the study was designed, analyzed, and interpreted; the flowchart shows the path of all participants through the study. Here you will find the CONSORT checklist and flowchart: <http://www.consort-statement.org/consort-statement/checklist>; <http://www.consort-statement.org/consort-statement/flow-diagram> (7, 8). The checklist items focus on reporting how the study was designed, analyzed, and interpreted, and the flowchart shows the path of all participants through the study.

Clinical Reviews should not exceed more than four printed pages, with a delimited and completed topic of sports medicine of general and practical relevance. The total length of the manuscript is about 2400 words including 15-20 selected references and two figures or two tables. These reviews should concisely focus on the scientific basis related to the diagnosis and therapy of clinical problems of sports medicine, orthopedics and exercise physiology and they will be published also in German as „Standards der Sportmedizin“. The Journal asks for specific, delineated, and self-contained topics in sports medicine of general and practical importance. Preferred are scoping reviews (Reviews of reviews). Please also read the "[Guidelines for Authors - Clinical Reviews](#)" and follow the "Specific Notes" listed there in order to be able to work in best practice.

Original Articles should describe important facts in the field of experimental and practical sports medicine. They must be short and should not exceed four printed pages. Authors wishing to submit a clinical trial should follow the CONSORT guidelines. CONSORT provides authors with a standard for reporting study results that facilitates complete and transparent

reporting and supports critical evaluation and interpretation of results. The CONSORT statement consists of a 25-item checklist and flowchart. The checklist items focus on reporting how the study was designed, analyzed, and interpreted; the flowchart shows the path of all participants through the study. Here you will find the CONSORT checklist and flowchart: <http://www.consort-statement.org/consort-statement/checklist>; <http://www.consort-statement.org/consort-statement/flow-diagram> (7, 8). The checklist items focus on reporting how the study was designed, analyzed, and interpreted, and the flowchart shows the path of all participants through the study.

Case Series and Short Reports should present a certain case and discuss it with the relevant medical literature. As a rule, they contain about 10 essential references, which will help the readers to inform themselves about the theme. It is important that authors follow the CARE Case Report Guidelines. The CARE guidelines for case reports help authors reduce risk of bias, increase transparency, and provide early signals of what works, for which patients, and under which circumstances. The CARE guidelines (for Case Reports) were developed by an international group of experts to support an increase in the accuracy, transparency, and usefulness of case reports (9). View and download the CARE checklist here <https://www.care-statement.org/checklist> (10).

Letters to the Editor are of particular interest. They should focus a point of view and express critically to published papers or to general problems of Sports Medicine. They may not offend one's personality. In individual cases, the Editorial Board reserves the right not to publish or to shorten letters to the Editor. If Letters to the Editors refer to published articles, authors of the article have the opportunity to respond within three weeks. Then, the reply will be published together with the Letter to Editor.

Reports from Literature may be submitted independently and are requested by the Editorial Board. Essential and important manuscripts for the medical or sports medical progress should be reviewed.

Scientific Short Reports and Case Reports should not exceed a content of more than 1800 words and 2 figures/tables. **Scientific editorials** comprise up to 1200 words including literature and 1 figure or table. The permitted extent for all submissions should be adhered to. Exceptions are possible and exceedances are charged with a due of 150 Euro per page.

Publication of Congress Articles

Scientific Congresses of the German Society for Sports Medicine and Prevention (DGSP e.V.), e. g. the German Sports Medicine Congress, will be published in the German Journal of Sports Medicine. The Scientific Committee of DGSP will review all abstracts. All expenses will be covered by advertising or by arrangement with publisher and editor.

Organizers of scientific congresses with high scientific interest and high standards that are indicated by a scientific committee and a defined abstract selection quality control and reviewing process, are invited to publish their abstracts in the German Journal of Sports Medicine. The editors need to be informed of the purpose 6 month ahead of the suggested date of publishing. Written arrangements regarding extent and supplemental material need to be made. The publication involves agreement with editor and publisher on the reimbursement of editorial cost for online-publications and of publication costs for printed issues. Sponsoring and advertisings will be compensated.

Systematic Reviews and Meta-analyses:	3000 Words (max. 50 References)
Clinical Review:	2400 Words (max. 20 selected References)
Original Article:	2500 Words (max. 40 References)
Clinical Cases and Short Reports:	1800 Words (ca. 15-20 References)
Editorial/ Scientific Editorial:	750 Words (one page), 1.500 Words (two pages), (incl. max. 10-15 References)
Literature Overview:	400 Words (half page), 750 Words (one page)

The pages of the manuscript must be numbered consecutively and left-aligned. Please format using justified text. Line numbering should be left-aligned throughout the manuscript. A word count including the bibliography is expected. Please use gender-neutral language. Figures and tables should be numbered consecutively in the body text. The submission of the actual manuscript and the abstract (word.docx) - without figures and tables - must be uploaded separately and in a specific order. The system provides corresponding instructions. Only printable figures and tables are accepted (see design rules). Any literature cited must be given as a reference.

Accepted Manuscripts

In case of publishing, the galley proof of the manuscript will be sent to the author as a pdf-file via e-mail (page proof). The proof has to be sent back to the editorial office together with a print approval within three days after receiving. Lacking a page proof, publication may be carried out without print approval.

Configuration of manuscripts

- Front page – Summary – Summary Box – Problems and Objectives/Aims – Material and Methods – Results – Discussion– Acknowledgement – References, Appendix (figures, tables)

Special details for manuscripts

- Title page: author/s, institution or division, English title, German subtitle and short title (max. four words).
- Author's address (Phone number, academic degree and position and an institutional e-mail address). Full address and email address must be provided for the corresponding author only.
 - The name and institution of each author must be included in the manuscript.
 - Only one corresponding author per article will be considered.
 - [ICMJE forms](#) (International Committee of Medical Journal Editors) for all authors must be submitted with the article. They can be sent directly to editor@germanjournalsportsmedicine.com. They are the sole responsibility of the respective author.
- Word count of manuscript
- Word count of summary

Summary

It has to be concise and should state the objective of investigation and give all of the important information as well. Further it should describe the most important results (if possible quantitatively, as numerical value, not only significance levels) and contain new information and important conclusions.

A maximum of 230 words is allowed. Unsubstantial phrases like „the results will be discussed“are not allowed. The summaries must be submitted in English language. Please include 4 to 5 keywords which are not included in the article title and which indicate additional important aspects. This will increase the frequency of citations, as titles and keywords will be evaluated for databases.

For standard original research articles, please provide the following headings and information (for RCTs, please add the trial registration details - however, the additional subheadings used in the CONSORT statement for abstracts do not need to be included as long as you provide all the required information; the same applies to the PRISMA statement):

Problem/Objective - a clear statement of the main goal of the study and the main hypothesis or research question being investigated. This section does not include background information and should be limited to one sentence beginning with "To...".

Methods/Design - including factors such as prospective study, randomization, blinding, placebo control, case control, crossover, criteria standards for diagnostic tests. Setting - including level of care, e.g., primary or secondary care; number of participating centers. Do not include the name of the specific center, but rather in general terms, but include geographic location if important. **Participants** (rather than patients or subjects) - number of participants and graduates of the study, gender, and ethnicity, if applicable. Provide clear definitions of selection, inclusion, and exclusion criteria. **Interventions** - what, how, when, and for how long. This section may be deleted if there were no interventions, but should usually be included for randomized controlled trials, cross-over studies, and before-after studies.

Outcomes/Main Results: Outcomes - Main results with (for quantitative studies) 95% confidence intervals and, where appropriate, the exact level of statistical significance and the number of people treated/impaired. Whenever possible, absolute rather than relative risks should be reported.

Conclusions: Primary conclusions and their implications, with references to areas where further research is needed, if appropriate. Do not go beyond the data contained in the article. Conclusions are important because this is often the only part that readers take note of.

Registration of the study - registry and number (for clinical trials and, if available, for observational studies and systematic reviews).

Summary box

Please produce a box offering a thumbnail sketch of what your article adds to the literature, for readers who would like an overview without reading the whole article. It should be divided into two short sections, each with 1-3 short sentences. This box does not need reference citations. Please insert this field before the bibliography.

Introduction

Introduction and objectives are supposed to describe the publication's intention, to present the current scientific knowledge and to declare the publications' aims.

Material and methods

In case of a clinical or an experimental examination the examined participants or patients, applied methods and statistical operations are supposed to be presented completely and comprehensible. The acceptance by an ethic commission/committee has to be stated. The ethics number of the study needs to be provided. Please include the "Patient Involvement"

in the Methods section, if you have patients involved, and provide a brief response to the following questions:

1. Were patients/service users/caregivers/laypersons involved in the design of this study?
2. Were patient priorities and experiences considered in the development and/or selection of outcome measures?
3. Were patients/service users/caregivers/laity involved in developing plans for participant recruitment and study implementation? If so, how?
4. Do you have plans to share the results of the study with participants? If so, how will this be done?
5. Will patients be thanked in the participation statement or acknowledgements?
6. For articles reporting on randomized controlled trials: Did you assess the impact of the intervention on patients' quality of life and health status? If so, what assessment method did you use and what did you find?

Results

Results should be presented as text, graphically or in tables. A redundant documentation of data (text, tables etc) should be avoided. Units should be presented according to SI-classifications (except: mmHg) and with fraction stroke (1/min, mmol/L, mg/L). Please note that confidence intervals should be written in the format (e.g. 15 to 27) within parentheses, using the word "to" rather than a hyphen. Use the active, but avoid "we have" or "we found". P-values should always be accompanied by supporting data, and denominators should be included for percentages.

Summary statistics to clarify your message

We do want your piece to be easy to read but also want it to be as scientifically accurate as possible. Whenever possible, state absolute rather than relative risks. Please include in the results section of your structured abstract (and in the article's results section) the following terms, as appropriate:

- Absolute event rates between experimental and control groups.
- RRR (relative risk reduction)
- NNT or NNH (number needed to treat or harm) and its 95% confidence interval (or, if a study of a public health intervention, the number helped per 1000 or 100,000)

For a cohort study:

- Absolute event rates over time (e.g., 10 years) between exposed and unexposed groups
- RRR (relative risk reduction)

For a case-control study:

- OR (odds ratio) for the strength of the association between exposure and outcome

For a diagnostic test study:

- Sensitivity and specificity
- PPV and NPV (positive and negative predictive values).

Discussion

The results should be discussed and not be recapitulated. Unclear or antithetic aspects and references from literature should be exposed and discussed. Besides the evaluation of the results, conclusions for practice studies and for praxis are of particular importance. They should be given separately.

Acknowledgement and Indications of Support and Cooperation

Acknowledgements and references to support and collaboration should be given at the end of the text together with references to third-party funding. This is especially true for

supporting companies and for collaborators who did not contribute substantially to all parts of the study or manuscript. Financial or other forms of support or collaboration with institutions, companies, or manufacturers must be fully disclosed. The ethics number of the study must be provided. Information on contributors, funding, competing interests, informed patient consent, ethical approval, data sharing, and competing interests must be disclosed. If this is not the case, the editors will add an appropriate postscript to the manuscripts.

Example for an Author statement:

The manuscript must include all of the following (if there is information available):

- Funding: indicate funding in "Acknowledgments (and References to Support and Collaboration)" (or a statement that there was none); statement of researcher's independence from funders. Include grant numbers, if possible.
- Competing Interests: Disclosure must be in the following form: *"All authors have completed the ICMJE Uniform Disclosure Form at www.icmje.org/coi_disclosure.pdf and declare: no support from any organization for the submitted work [or describe, if any]; no financial relationships with organizations that may have an interest in the submitted work in the past three years [or describe, if any]; no other relationships or activities that may have influenced the submitted work [or describe, if any]."*
- Ethical approval: Details of ethical approval (ID of ethics committee approval and name of ethics committee/IRB) or a statement that such approval was not required. If copyrighted materials, instruments, or supplies were used, include a line that reads, "We certify that we have obtained the appropriate permissions and paid all required fees for the use of copyrighted materials."
- Data sharing: Information on how to obtain additional data from the study (e.g., "Technical appendix, statistical code, and dataset available from corresponding author at <email address or URL>" or "No additional data available").

References

Only literature that appears in the text should be listed in the list of references. Unpublished data and papers should not be cited. Diploma and final exams are not accepted for citation.

The list of references has to be arranged with the main author's names (or if no author is available, with organization/institution) in alphabetical order and should be numbered consecutively. In the text, bibliographical references should be indicated with Arabic numerals.

With articles in scientific journals, the author's surname is listed first, followed by the abbreviated forename. The paper's full title is indicated first, followed by the international journals international abbreviation, the journal's volume, the year of publication and the number of pages:

- Hiatt WR, Regensteiner JG, Wolfel EE, Carry MR, Brass EP. Effect of exercise training on skeletal muscle histology and metabolism in peripheral arterial disease. *J Appl Physiol* 1996; 81: 780-788.

In Journals, the issue number and the pages follow starting from page 1, the year of publication (from...to...).

When listing a book, the author's name (see Journals) is followed by the original title of the article, the names of the editors and the title of the book. Separated by a point, the publishing company and its location should be quoted followed by the year of publication and the pagination. Commas separate the indications.

- Poortsmans JR. Effects of long lasting exercise and training on protein metabolism, in: Howald H, Poortsmans JR (Ed): *Metabolic adaptations to prolonged physical exercise*. Birkhäuser Verlag, Basel, 1975, 212-226.

The Citavi software for citation (www.citavi.com) provides the style used for citation (11).

Figures

Figures should be submitted as separate files and not embedded in the main Word document. They are to be numbered consecutively and named as a figure in the body text (e.g. "here Figure 1"). An overview (table, index) citing the figure captions is to be included. The image material should always be submitted to the editorial office as JPG, TIFF or EPS with correspondingly high resolution or as vectorized data. Clinical photos, x-rays, CT scans, etc. must be high resolution (300-600 dpi). All figures should be supplied separately at a resolution of at least 300 dpi (this is equivalent to 100% of the output size). Two examples: A.) an image of 10 x 10 cm, with a resolution of 300 dpi = representation in 10 x 10 cm, B.) an image of 10 x 10 cm, with a resolution of 72 dpi = representation in the magazine in 2.5 x 2.5 cm). If the images are from another publication, make sure that the appropriate permissions for reproduction have been obtained and include this information in the legends.

Please ensure that the legends to the figures are comprehensive and succinctly describe what the data are trying to show. The legends must be included in the Word document and not in the figure files. A consistent graphic design for all figures is required. As a rule, figures should be drawn in black and white. Color images are at the authors' expense. Figures must not only be interpreted in color, but must also be accessible to the color blind and in photocopied versions, so it is best to submit them in black and white.

For bar charts with filled areas, simple lines or shading are preferred. Otherwise, they must be set off with white, light gray and dark gray. Avoid displaying data backgrounds with lines and gray tones. X- and Y-axis should be provided with external markers. Labeling should be done with sufficiently large font of adequate size. A font such as Arial is preferred. The axis labels should be oriented to the axes. They should also describe the quantities displayed and the unit in parentheses ().

Supertitles are undesirable; rather, they should be integrated into the caption. Lines should be explained in the caption. They must also be sufficiently large.

Measures of variation should be given for the presentation of median or mean. Differences should be marked with asterisks, e.g. * $p < 0.05$. The meaning of all symbols should be made clear. Confidence intervals (CIs) should be presented in the format "xx to xx" (not "xx, xx" or "xx-xx").

Example of a figure with legend:

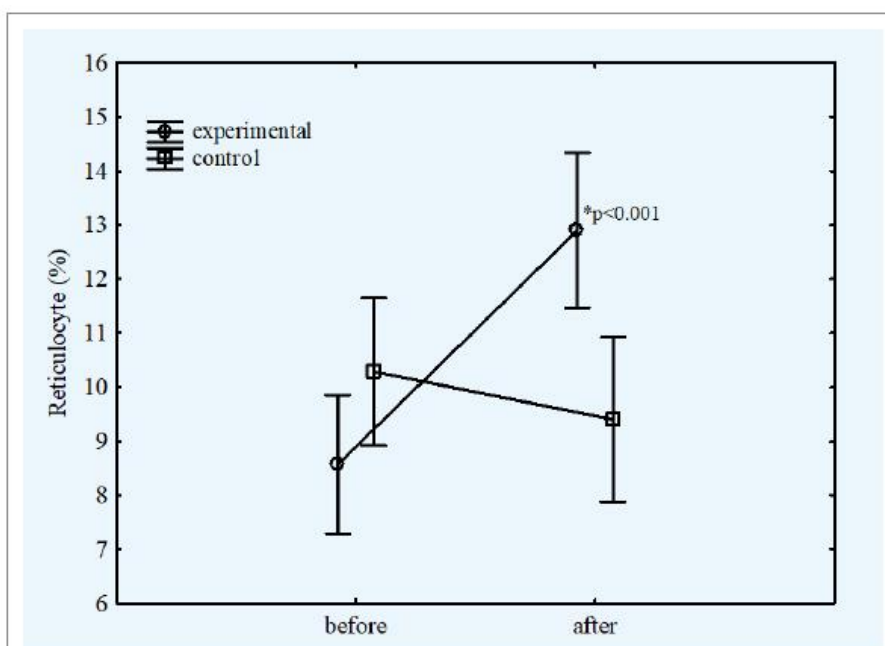


Figure 1

The change in relative reticulocyte count before and after intervention.

Tables

Tables get numbered and attached to the manuscript on separate sheets. In the running text the Name Table followed by the table's number is to be used. Table's captions stand above the table with the word "Table" in full and a left-aligned text. In the columns the quantity and the unit used in the measurements are to be indicated clearly. Abbreviations have to be declared in the table's captions. Differences have to be declared according to the level of significance and specified in the caption. Please ensure that all tables are also in editable Word format and that they are also in the same document as the main manuscript. The tables need to be uploaded in excel format separately. Try to ensure that each table fits on one A4 page in portrait format. Larger tables are spread over two pages in the GJSM output, and we have no control over where the break occurs. Numbers and their corresponding percentages should be presented in the same column, as should point estimates and their corresponding confidence intervals.

Table column headings must apply to the entire column and not change as the table progresses. Confidence intervals (CIs) should be presented in the format "xx to xx" (not "xx, xx" or "xx-xx").

Example of a table with caption:

Table 1

Overview of the cost-effectiveness of programs enhancing physical activity of children at school. BMI=body mass index, CEA=cost-effectiveness analysis, CUA=cost-utility analysis, DALY=disability-adjusted life year, MVPA=moderate to vigorous physical activity, NRS=non-randomized study, QALY=quality-adjusted life year, PE=physical education, RCT=randomized controlled trial.

PROGRAM AUTHOR	INTERVENTION COMPONENTS	COUNTRY STUDY-POPULATION	TARGET GROUP NUMBER OF PARTICIPANTS DURATION OF INTERVENTION	TIME-HORIZON FOR ANALYSIS	OUTCOME MEASURE	METHOD	RESULT YEAR OF ASSESSMENT
Fit for Pisa Krauth et al. 2013	Daily PE lessons	Germany	6-10 years old not specified 4 years	4 years	BMI	NRS CEA	€ 236-619/student year not specified
Assessing Cost-Effectiveness in Obesity (ACE-Obesity) Walking Bus Moodie et al. 2009	Active transport to school	Australia not specified	5-7 years old 7,840 children reached 8 weeks/academic year	lifetime	BMI DALY	Simulation modelling CUA	AUD\$ 760,000/DALY 2001
A Pilot Program for Lifestyle and Exercise (Apple) McAuley et al. 2010	Encouraging physical activity, nutrition, lessons	New Zealand White, Maori, Pacific-Indians	5-12 years old n=151 intervention n=136 control 2 years	4 years	kg weight-gain QALY	NRS CEA	NZ\$ 1,281/child NZ\$ 664-1,708/kg weight-gain prevented 2006
Medical College of Georgia FitKid Project Wang et al. 2008	After school MVPA physical activity, nutrition, lessons	USA Afro-Americans, White, Hispanics, Asians	8-11 years old n=312 intervention n=289 control 3 years	1 year	% body-fat-reduction	RCT CEA	US\$ 558-956/student year US\$ 417/% body fat reduction 2003
Coordinated Approach to Child Health (CATCH) Brown et al. 2007	PE program, nutrition, lessons, family	USA Hispanics, Mexiko-Americans	8-11 years old n=423 intervention n=473 control 3 years	lifetime	overweight QALY	RCT modelling CUA	US\$900-903/QALY 2004

Extended Abstract in German Language for English Publications as of 2016

All English publications as of 2016 published in the German Journal of Sports Medicine will be printed online for download at www.germanjournalsportsmedicine.com with an extended abstract in German language. The corresponding author will receive an email of the editorial board with all information.

Content:

- About 2500-3000 signs (including spaces) in a word document
- One table in excel or one figure including legend, this part can be used from the original article
- Headlines, DOI, authors and information of publication will be used from original article
- No literature will be used
- Please ensure that the structured abstract is as complete, accurate, and clear as possible - not unnecessarily long - and that it has been approved by all authors.

References

1. German Journal of Sports Medicine. Editorial Manager. 2022. <https://dzsm.edmgr.com> [12th April 2022].
2. STROBE. Strengthening the reporting of observational studies in epidemiology. 2022. <https://www.strobe-statement.org/> [12th June 2022].
3. STROBE. Strengthening the reporting of observational studies in epidemiology. Checklists. 2022. <https://www.strobe-statement.org/checklists/> [12th June 2022].
4. PRISMA. Transparent reporting of systematic reviews and meta-analyses. Statement. 2022. <https://prisma-statement.org/PRISMAStatement/> [15th June 2022].
5. PRISMA. Transparent reporting of systematic reviews and meta-analyses. Checklist. 2022. <https://prisma-statement.org/PRISMAStatement/Checklist> [15th June 2022].
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7. CONSORT. Transparent reporting of trails. Checklist. 2010. <https://www.consort-statement.org/> [12th April 2022].
8. CONSORT. Transparent reporting of trails. Flow Diagram. 2022. <http://www.consort-statement.org/consort-statement/flow-diagram> [12th April 2022].
9. CARE. Case report guidelines. 2022. <https://www.care-statement.org/> [15th June 2022].
10. CARE. Case report guidelines. Checklist. 2022. <https://www.care-statement.org/checklist> [15th June 2022].
11. CITAVI. 2022. <https://www.citavi.com/en> [15th June 2022].