

Guidelines for Authors – Clinical Reviews

Clinical Reviews

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).

The editor will convene an advisory board which will suggest topics and suggest authors who will be invited to contribute to this series. Preferable, working groups should ideally consist of international thematic experts. Author groups may propose specific topics to the Journal to the pre-selection process and the work can be submitted after invitation.

General Notes

The article should clearly present which findings are evidence-based and which are debated or have conflicting evidence, so that readers receive guidance and direction from the article for their clinical practice. References should point to further reading. A good outline with subheadings is necessary.

The total length of the manuscript is a maximum of 2400 words including 10-15 selected references and a maximum of three figures or tables, in total **four printed pages**. In addition, each submission must include an abstract (max. 220 words). Exceeding the scope will result in reductions. If the topic appears too extensive, it should be narrowed down or changed after consultation with the editors. In exceptional cases, the clinical reviews can also be divided into two thematically definable articles.

Specific Notes

It is useful to know the process of scoping review. This is a review process that aims to systematically present and summarize the findings of qualitative research. Scoping review is a relatively new approach for which there is not yet a generally accepted study definition or definitive procedure (1). The purpose of a scoping review is to provide an overview of existing reviews in the literature. Because of the variety of approaches, methodological standardization is needed to ensure the utility and validity of the results.

As an example, a review of existing scoping reviews in the literature was prepared, "A scoping review of scoping reviews: advancing the approach and enhancing the consistency" (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4491356/>). Nearly three-quarters of the reviews (74.1%) addressed a health topic, underscoring the utility of scoping reviews in the health field. The turnaround time of studies ranged from 2 weeks to 20 months, and 51% used a published methodological framework. Reviews can vary in purpose, methodology, and extent of reporting (1).

In scoping reviews, the approach can be based on the Delphi method, for example, in order to ensure outstanding scientific quality. According to the Delphi method, the research statement can be formulated and specified in e. g. free rounds. Round 1 can describe which studies were selected. This includes an explanation of why they were selected and how they were found (databases, procedure: keyword search, narrowing down). In Round 2, expert opinion can be added as a selection criterion to reduce the selection to the papers ultimately used. Round 2 is about clarifying redundancies or questions about the understanding or syntax of the individual

statements. In addition, experts should have the opportunity to comment and suggest additional items that may not have been considered when the original list of statements (from Round 1) was created (1). In a voting round, experts could be asked to vote on the statements. A comprehensive list of items is identified using the first round, and consensus is reached in the second and third rounds based on feedback from the experts (2).

The selection procedure of references should be explained (Supplementary figure; Flow diagram of literature search and selection processes). In principle, the highest quality studies should be included in the article, so a quality assessment must be performed to best represent the level of evidence. A Table 1 should provide an overview of the top 10 studies/expert opinions included in the work, with emphasis on the levels of evidence;

<https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-016-0165-8/tables/1> (e.g. Table 1, Table 2). The definition of a comprehensible search strategy and procedure of the selection is of great importance. This should be presented with the help of a flow chart; <https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-016-0165-8/figures/1> (e.g. Figure 1, Figure 2).

For further information, the author guidelines of the German Journal of Sports Medicine and the guidelines and principles for editorial work, as amended from time to time, apply, as they can be found on the journal's homepage or on the Editorial Manager online submission portal page (<https://www.germanjournalsportsmedicine.com/authors/>; <http://www.editorialmanager.com/dzsm> (4, 5).

Table 1
Levels of evidence, own presentation in orientation to: Eubank BH et al. (1), with permission.

LEVEL	EVIDENCE
1	<ul style="list-style-type: none"> - systematic review of randomized controlled trials - high-quality randomized controlled trials - high-quality prospective studies (e.g., all patients were enrolled at the same time point in their disease and 80% of enrolled patients were followed up), or - testing of previously developed diagnostic criteria in a series of consecutive patients
2	<ul style="list-style-type: none"> - systematic review of level 2 studies or level 1 studies with conflicting results. - randomized controlled trials of lower quality (e.g., <80% follow-up, no blinding, or improper randomization) - prospective comparative studies - retrospective studies - prospective studies of inferior quality (e.g., patients enrolled at different time points in their disease or <80% follow-up), or - development of diagnostic criteria based on consecutive patients (with universally applied reference gold standard)
3	<ul style="list-style-type: none"> - systematic review of level 3 studies. - case-control studies - retrospective comparative studies, or - study in nonconsecutive patients (without a consistently applied reference gold standard)
4	<ul style="list-style-type: none"> - Case series, or - Case-control study with poor reference standard
5	<ul style="list-style-type: none"> - Expert opinion

Table 2

Articles included from the Scoping Review and the Expert Group, Schellenberg et al. (2), with permission.

AUTHOR	TITLE	JOURNAL	YEAR
DiFiori et al.	Return to sport for North American professional sport leagues in the context of COVID-19.	Br J Sports Med.	2021
Fabre et al.	Managing the combined consequences of COVID-19 infection and lock-down policies on athletes: narrative review and guidelines proposal for a safe return to sport.	BMJ Open Sport Exerc Med.	2020
Gentil et al.	Resistance Training Safety during and after the SARS-Cov-2 Outbreak: Practical Recommendations.	Biomed Res Int.	2020
Gluckman et al.	ACC Expert Consensus Decision Pathway on Cardiovascular Sequelae of COVID-19 in Adults	JACC	2022
Halle et al.	Exercise and sports after COVID-19-Guidance from a clinical perspective.	Transl Sports Med.	2021
Hughes et al.	The Australian Institute of Sport framework for rebooting sport in a COVID-19 environment.	J Sci Med Sport	2020
Kim et al.	Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play.	JAMA Cardiol.	2021
Lodi et al.	Return to sport after the COVID-19 pandemic. How to behave?	G Ital Cardiol (Rome)	2020
Löllgen et al.	Recommendations for return to sport during the SARS-CoV-2 pandemic.	BMJ Open Sport Exerc Med.	2020
Martinez et al.	Prevalence of Inflammatory Heart Disease Among Professional Athletes With Prior COVID-19 Infection Who Received Systematic Return-to-Play Cardiac Screening	JAMA Cardiol.	2021
Moulson et al.	Outcomes Registry for Cardiac Conditions in Athletes Investigators. SARS-CoV-2 Cardiac Involvement in Young Competitive Athletes.	Circulation.	2021
Mulcahey et al.	Sports Medicine Considerations During the COVID-19 Pandemic.	Am J Sports Med.	2021
Niess et al.	Position stand: return to sport in the current Coronavirus pandemic (SARSCoV-2 / COVID-19)	Dtsch Z Sportmed	2020
Phelan et al.	Screening of Potential Cardiac Involvement in Competitive Athletes Recovering From COVID-19: An Expert Consensus Statement.	JACC Cardiovasc Imaging	2020
Steinacker et al.	Fact Sheet: Health Situation for Athletes in the Current Coronavirus Pandemic (SARS-CoV-2 / COVID-19)	Dtsch Z Sportmed.	2020
Wilson et al.	Cardiorespiratory considerations for return-to-play in elite athletes after COVID-19 infection: a practical guide for sport and exercise medicine physicians.	Br J Sports Med.	2020
Yao et al.	Viral Diseases and Youth Sports: How to Handle Common Infections that Sideline Athletes.	Pediatr Ann.	2021

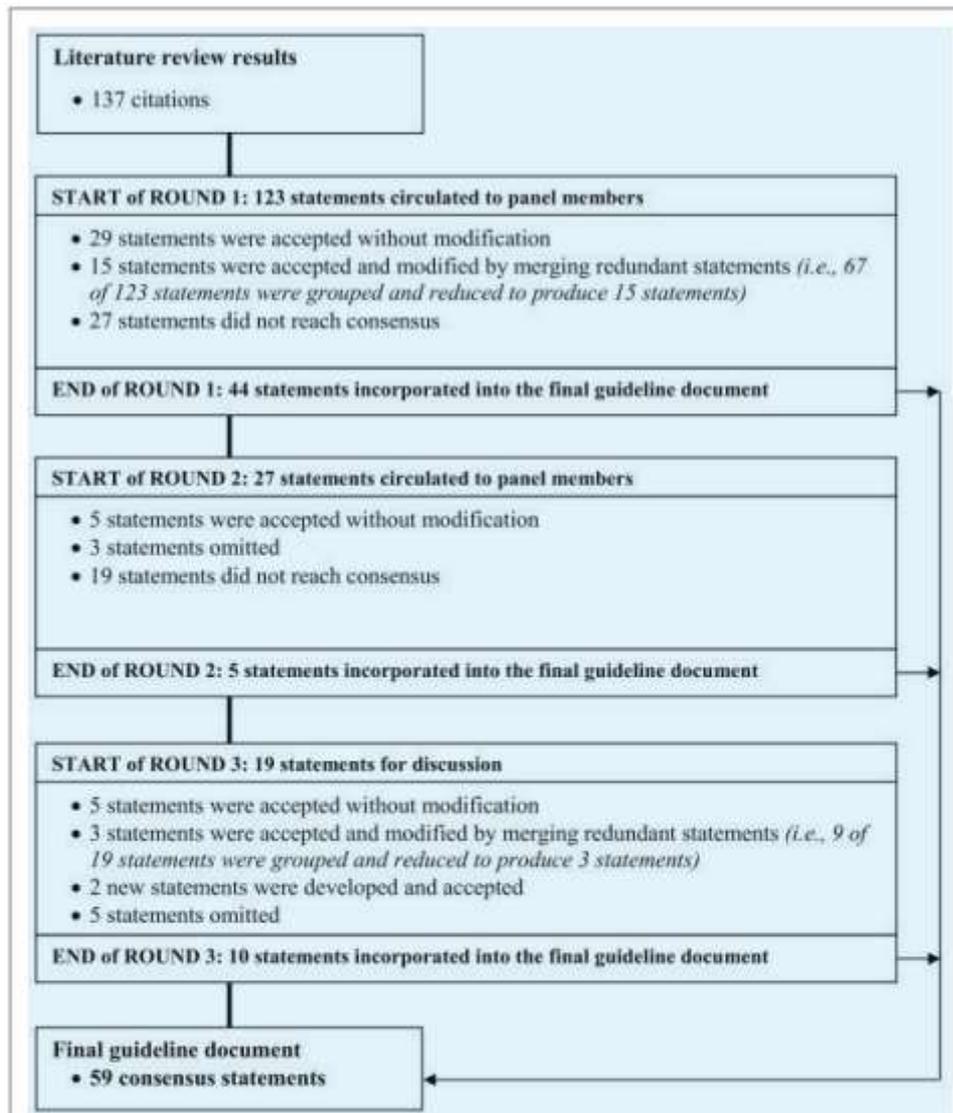


Figure 1

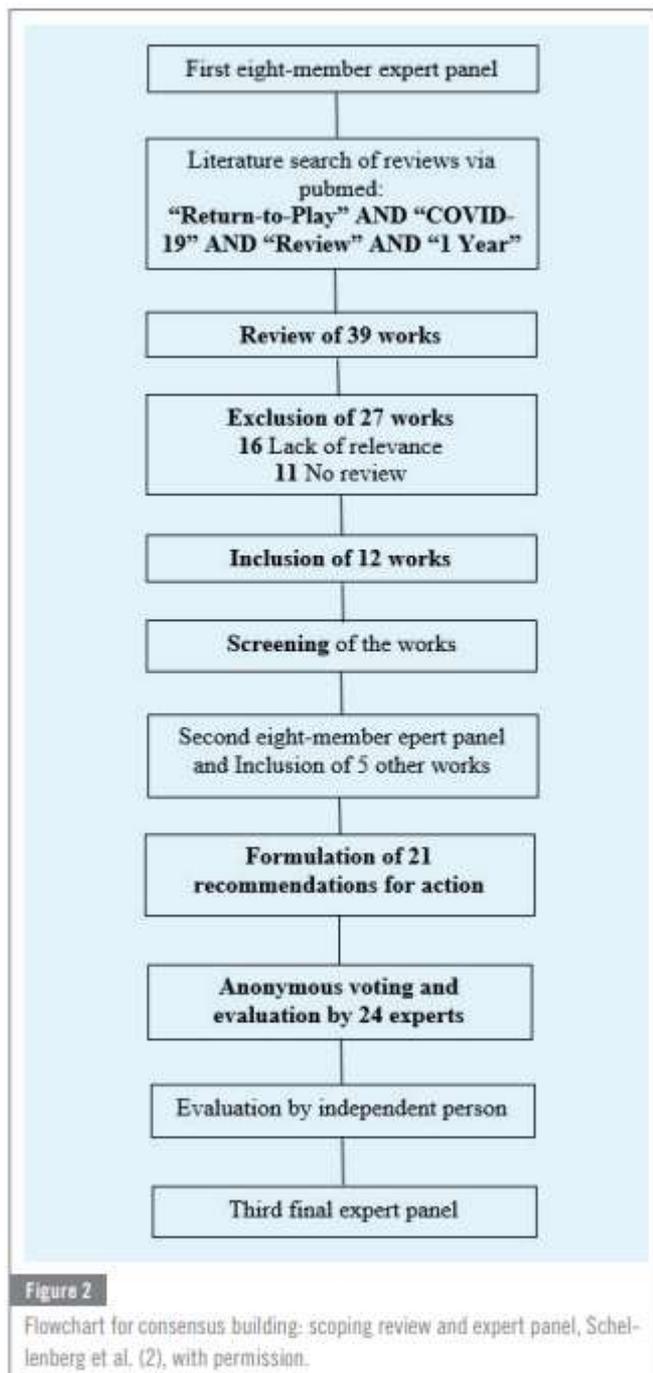
Modified Delphi methodology and results, Eubank BH et al. (1), with permission.

Round 1: After the first round of voting was completed, comments were summarized, redundant statements and statements with similar constructs were grouped and reduced.

Round 2: After Round 2 voting, panel members reached consensus on five of the 27 statements that had not received consensus in Round 1.

Round 3: Round 3 serves to clarify statements for which consensus could not be reached in the previous rounds. It is also used to develop additional statements in cases where alternative procedures reflected best practice.

Explanations of the individual rounds can also be found under „Specific Notes“.



References

1. Pham MT, Rajić A, Greig JD, Sargeant JM, Papadopoulos A, McEwen SA. A scoping review of scoping reviews: advancing the approach and enhancing the consistency. *Res Synth Methods*. 2014; 5: 371-385. doi:10.1002/jrsm.1123
2. Eubank BH, Mohtadi NG, Lafave MR, Wiley JP, Bois AJ, Boorman RS, Sheps DM. Using the modified Delphi method to establish clinical consensus for the diagnosis and treatment of patients with rotator cuff pathology. *BMC Med Res Methodol*. 2016; 16:56. doi:10.1186/s12874-016-0165-8
3. Steinacker JM*, Schellenberg J*, Bloch W, Deibert P, Friedmann-Bette B, Grim C, Halle M, Hirschmüller A, Hollander K, Kerling A, Kopp C, Mayer F, Meyer T, Niebauer J, Predel HG, Reinsberger C, Röcker K, Scharhag J, Scherr J, Schmidt-Trucksäss A, Schneider C, Schobersberger W, Weisser B, Wolfarth B, Nieß AM. Recommendations for return-to-

sport after COVID-19: Expert consensus. Dtsch Z Sportmed. 2022; 73. doi:[Epub ahead of print]

4. German Journal of Sports Medicine. Authors. 2022.
<https://www.germanjournalsportsmedicine.com/authors/> [12th April 2022].
5. German Journal of Sports Medicine. Editorial Manager. 2022.
<http://www.editorialmanager.com/dzsm> [12th April 2022].