

Author Checklist for GJSM paper

Title:

- Title should be concise. It preferred for original studies, that the study design should appear, if possible, at the end of the title after a colon, e. g. "Recommendations for Return-to-Sport after COVID-19: Expert Consensus".

Authors:

- The name, institution, and professional title of each author must be included in the manuscript. Each author must use a single descriptive job title. Authors with multiple affiliations may have more than one professional title.
- Full address, email address and DOI must be provided for the corresponding author.
- Only one corresponding author per article will be considered. All other affiliation information (e.g., same article???) must be listed in the sections at the end of the article.
- [ICMJE forms](#) (International Committee of Medical Journal Editors) for all authors must be submitted with the article. They can either be uploaded to our submission system or sent directly to editor@germanjournalsportsmedicine.com and should be uploaded as a zipped folder. They are the sole responsibility of the respective author.

Abstract:

- The abstract must be presented in a structured manner and in the following order: Problem Statement, Methods, Results, Discussion, Conclusion, and must include a registration number for randomized controlled trials, if available.
- Nonessential wording such as "the results are discussed" is not acceptable.
- Abstracts must be submitted in German and English.
- The length should be 200 words and must not exceed 230 words.
- Please include 4 to 5 keywords in German and English that are not included in the title of the article and that refer to other important aspects. This will increase the citation frequency, as titles and keywords will be evaluated for databases.

Main body of the manuscript:

- Introduction, problems and aim: 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 probands or patients, applied methods and statistical operations are supposed to be presented completely and comprehensible. The acceptance by an ethic committee has to be stated. The ethics number of the study needs to be provided.
- 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).
- 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 application are of particular importance. They should be given separately.
- Acknowledgements and references to support and collaboration: 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. Clear information can be found in the authors' statements.

- 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.
- Only a few abbreviations should be used, except for established and commonly known abbreviations (e.g., HIV, mm Hg, WHO, UK). All abbreviations must be explained once.
- Include a table titled "Patient Involvement" in the Methods section, if you have one, 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?

If results are reported as percentages, the actual numbers (numerator and denominator) must also be reported in the text or in tables.

- Confidence intervals (CIs) should be reported in the format "xx to xx" (not "xx, xx" or "xx-xx").
- Please note that rounding of P values should follow the recommendations of the American Medical Association (AMA): P values greater than 0.01 are rounded to no more than 2 decimal places, and those less than 0.01 are rounded to no more than 3 decimal places. (e.g., $P=0.4392$ would be expressed as $P=0.44$; and $P=0.0072$ as $P=0.007$. This refers to all P values, whether significant or not.
- In particular, the discussion section should be organized using subheadings (e.g., strengths and limitations of the study, comparison with other studies, any policy implications).

Author statements:

The manuscript must include all of the following:

- Contributors: Indication of corresponding author in the paper under and listing of names of co-authors.
- 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 bibliography. Unpublished data and papers should not be cited.
- The bibliography should be arranged with the names of the main authors (or, if no author is available, with organization/institution) in alphabetical order and numbered consecutively.
- In the text, the bibliographic references should be indicated with Arabic numerals.
- For articles in scientific journals, the author's last name should be listed first, followed by the abbreviated first name. The full title of the paper is given first, followed by the international abbreviation of the journal, the year of publication, the volume of the journal 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.

Listing a book, the author's name (see journals) is followed by the paper's original title, the names of the editors and the book's title. 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.

Figures:

- Figures should be submitted as separate files and not embedded in the main Word document.
- Figures are to be numbered consecutively and named as a figure in the body text.
- An 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 grid lines, 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").

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 parameter 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.
- The table need to be uploaded in excel format and separately.
- Please ensure that all tables are also in editable Word format and that they are also in the same document as the main manuscript.
- 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").

Online only:

- -Online-only files/attachments should be uploaded as an auxiliary file or separate auxiliary files, preferably in Word or PDF format - but not embedded in the Word file of the main submission.

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 and for download online 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.

Article abstracts

For standard original research articles, please provide the following headings and information (for RCTs please add the trial registration details - but there is no need to provide the additional subheadings which are used in the CONSORT statement on abstracts, as long as you include all the required information, and 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).

Please note that confidence intervals should be written in the format (15 to 27) within parentheses, using the word "to" rather than a hyphen.

- We can review original research articles by reading only the abstract. For randomized controlled trials, please provide all information required for a CONSORT-style abstract.
- 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).