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 usable 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 guidelines and editorial policy. 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 peer review process and are edited by the editorial board.

Submission of Manuscripts

An electronic system (editorial manager) is set up for the submission and management of manuscripts (7). Manuscripts may only be submitted via the electronic system.

Registration is required in order to use the Editorial Manager. The system guides you through all the necessary steps for registering and submitting manuscripts. With the submission form, all authors declare that they are fully aware of and responsible for the content of the manuscript. They also acknowledge the principles of good scientific practice. They accept the transfer of publication rights for both the printed version and the online version (open access) to The German Journal of Sports Medicine (7).

ICMJE forms: https://www.icmje.org/disclosure-of-interest/ (International Committee of Medical Journal Editors) for all authors must be submitted with the article (13). They can be sent directly to editor@germanjournalsportsmedicine.com and are the sole responsibility of the respective author.

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 (9).

Further information concerning manuscripts is provided in the Journal's guidelines and in the "Editorial Policies of the Journal":
https://www.germanjournalsportsmedicine.com/resources/editorial-policies-of-the-journal/ (9).

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 must 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 (7).

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. We are guided by the STROBE initiative and its checklists are used in observational research for cohort, case-control and cross-sectional studies: https://www.strobe-statement.org/, https://www.strobe-statement.org/checklists/ (19, 20).

Published manuscripts and their excerpts may not be published or otherwise submitted in the language of the original contribution.

The language of **all scientific articles is American English (9)**.

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 (15, 16).

Systematic and short reviews must be registered in the PROSPERO-register https://www.crd.york.ac.uk/prospero/ and in the manuscript should include the registration number and the respective DOI (17).

Rapid and Scoping Reviews are systematic surveys of the literature on a topic or question of interest with a focus on published reviews. In a rapid review, several design decisions and practical steps are taken to shorten the time needed to identify, summarize, and answer the question of interest. Rapid reviews are intended as a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review by streamlining or eliminating the need for certain methods to gain insights for stakeholders in a resource-efficient manner.
Authors who wish to submit a rapid review should follow the Cochrane guidelines for rapid reviews and the GRADE guideline. Rapid reviews are not only restricted to Cochrane reviews but can include systematic reviews following the PRISMA statement: https://www.cochranelibrary.com/covid-19; https://www.gradeworkinggroup.org/; https://pubmed.ncbi.nlm.nih.gov/33068715/ (4, 12, 18).

Scoping reviews should be registered in an international platform as INPLASY (International Platform of Registered Systematic Review and Meta-analysis Protocols, https://inplasy.com/) (14). Registration number and the respective DOI should be provided in the manuscript.

Clinical Trials: Authors wishing to submit a clinical trial should follow the CONSORT guidelines: http://www.consort-statement.org (6). The CONSORT statement consists of a 25-point checklist and a flowchart. The checklist items focus on reporting how the study was designed, analyzed and interpreted, the flowchart shows the journey of all participants through the study. Here you can find the CONSORT checklist and flowchart: http://www.consort-statement.org/consort-statement/checklist; http://www.consort-statement.org/consort-statement/flow-diagram (5, 6). 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 trials should be registered in WHO-accredited primary registry like the German Clinical Trials Register (https://www.bfarm.de/EN/BfArM/Tasks/German-Clinical-Trials-Register/About-us/_node.html) to fulfil the requirements of the ICMJE which require the prospective registration of clinical trials as a prerequisite for publication in leading medical

journals as early as 2004 (8). It also fulfils the requirement for registration of the Declaration of Helsinki (8).

Clinical Reviews within a defined and completed topic in sports medicine of general and practical relevance can be submitted. These reviews should concisely focus on the scientific basis for the diagnosis and treatment of clinical problems in sports medicine, orthopaedics and exercise physiology and will also be published in German as "Standards der Sportmedizin". The journal solicits specific, delineated and self-contained sports medicine topics of general and practical importance. Preference is given to scoping reviews (reviews of reviews). Please also read the "Guidelines for Authors - Clinical Reviews": https://www.germanjournalsportsmedicine.com/fileadmin/content/download/2022/Guidelines_for_Authors_Clinical_Reviews_GJSM_2022.pdf and follow the "Specific Notes" listed there in order to be able to work in best practice. Please note that the Editorial Board either invites authors to submit a clinical review or shall be contacted prior to the initiation of the review (10).

Original Articles should describe important facts from the field of experimental and practical sports medicine. Authors who wish to submit a clinical study should follow the CONSORT guidelines. CONSORT provides authors with a standard for reporting study results that enables complete and transparent reporting and supports the critical evaluation and interpretation of results. The CONSORT checklist and flowchart can be found here: http://www.consort-statement.org/consort-statement/checklist; http://www.consort-statement.org/consort-statement/flow-diagram (5, 6).

Scientific Short Reports and Case Reports are used to present a specific case and discuss it with the relevant medical literature. They contain about 10 important references to help the reader become informed about the topic. The CARE case report guidelines help authors to reduce the risk of bias, increase transparency and provide early guidance on what works for which patients and in which circumstances. The CARE guidelines were developed by an international group of experts to increase the accuracy, transparency and usefulness of case reports (2). View and download the CARE checklist here https://www.care-statement.org/checklist (2).

(Scientific) Editorials comprise up to 1200 words and 1 figure or table. Exceptions are possible and exceedances are charged with 150 Euro per page.

Letters to the Editor are of particular interest. They should focus on one point of view and deal critically with published work or general problems in sports medicine. They must not offend the author's personality. The editors reserve the right not to publish or to abridge letters to the editor in individual cases. If letters to the editor refer to published articles, the authors of the article have the opportunity to reply within three weeks. The reply will then be published together with the letter to the editor.

Literature Overview 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.

Publication of Congress Issues

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, which are characterized by a scientific committee and a defined quality control and review process for the selection of abstracts, are invited to publish their abstracts in the German Journal of Sports Medicine. The editorial office must be informed of the project 6 months before the proposed publication date. Written agreements on the scope and supplementary material must be made. The publication includes an agreement with the editor and publisher on the reimbursement of editorial costs for online publications and publication costs for printed issues. Sponsoring and advertisements are reimbursed.

Article Types

Systematic Reviews and Meta-analyses:	3000 words (max. 50 references)
Clinical Review:	2400 words (max. 30 selected references)
Rapid Review	2400 words (max. 20 selected references)
Original Article:	2500 words (max. 40 references)
Scientific Short Reports and Case Reports:	1800 words (ca. 15-20 references)
Scientific Editorial (on invitation)	1,500 words (two pages, incl. max. 10 references), on request: 2,500 words (four pages, one figure, incl. max. 15 references)
Letter to the Editor:	750 words (one page, 5 references)
Literature Overview:	400 words (half page), 750 words (one page)
(Scientific) Editorials:	1200 words, 1 figure or table (ca. 10 references)

General Rules for Articles

The pages of the manuscript must be numbered consecutively and left-aligned. Please format the text using justification. 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. Only printable figures and tables are accepted (see design rules). Any literature cited must be indicated 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 – – Problems and Objectives/Aims/ (Key Words) – Material and Methods – Results – Discussion– Acknowledgement – Conflict of Interest –Summary Box – References, Appendix (figures, tables)

Special details for manuscripts

Title page: Title and short title (max. four words), author/s, institution or division

Corresponding 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.

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. Please refrain from unsubstantial phrases such as „the results will be discussed ". The summaries must be submitted in English. 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 (Also include one of the following, if applicable: PROSPERO Registration; IRB Board: Name, Number, Date; clinical study register: Name, Number) – This section should encompass critical methodological details, such as whether the study is prospective, involves randomization, employs blinding, or includes placebo control, case control, or crossover designs. It should also specify the criteria standards used for diagnostic tests.

Setting – Describe the study setting, including the level of care (e.g., primary or secondary care) and the number of participating centers. Avoid naming specific centers; instead, refer to them in general terms. Mention the geographic location only if it is pertinent to the study's context or outcomes.

Participants – Report the number of participants involved in the study, including details on gender and ethnicity, if relevant. Use the term "participants" rather than "patients" or "subjects." Provide clear definitions of the selection, inclusion, and exclusion criteria used in the study to ensure the transparency and reproducibility of the research.

Interventions – Describe the interventions in detail, including what was done, how it was carried out, when it occurred, and the duration of the intervention. This section may be omitted if there were no interventions. However, it should generally be included for studies involving randomized controlled trials, crossover designs, or before-and-after studies.

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).

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

Requirements from Funding Agencies or Institutions: Funding agencies, academic institutions, or legal regulations frequently mandate Institutional Review Board (IRB) approval prior to the initiation of a research project.

IRB Review: Please submit a separate IRB Review document that includes all relevant details (IRB-Board: Name, Number, Date) and specify where the IRB guidance is referenced in the main document (page number). IRB review is compulsory when a research project meets the following conditions:

1. **Involvement of Human Subjects**: If the research project involves human subjects, patients, or participants, either through direct interaction (e.g., interviews, surveys) or indirect means (e.g., analysis of personal data), an IRB review is required.
2. **Research Involving Vulnerable Populations**: This includes groups such as minors, pregnant women, prisoners, or individuals with impaired decision-making capacity. Projects involving these populations necessitate special consideration from the IRB.
3. **Research Utilizing Potentially Risky Methods**: If the research methods pose physical, psychological, or social risks to the participants, IRB review is essential.

For clinical or experimental studies, all examined participants or patients, as well as the applied methods and statistical operations, must be presented thoroughly and comprehensibly.

Please provide details of ethical approval, including the **ID of the ethics committee** approval and the name of the ethics committee or **Institutional Review Board (IRB)**. If ethical approval was not required, include a statement to that effect. Additionally, ensure that the ethics approval number for the study is clearly indicated. If patients are involved in the study, please include a "Patient Involvement" section within the Methods and address the following questions:

1. How were patients involved in the design and conduct of the study?
2. What role did patients play in the recruitment process and in determining the study's outcomes?
3. Were patients involved in the dissemination of the study results?
4. How were the results of the study shared with patients?
5. What impact did patient involvement have on the overall study design and outcomes?

Furthermore, it is required to obtain informed consent from all probands involved in the study, and this must be explicitly mentioned in the manuscript. Please ensure that the process of obtaining and documenting informed consent is clearly described in the Methods section.

For systematic reviews, registration in the PROSPERO database is required. Please provide the registration number or register the review: PROSPERO Registration (17).

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.

Tip: 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 1,000 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").

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.

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.

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 adaptions to prolonged physical exercise. Birkhäuser Verlag, Basel, 1975, 212-226.

When listing Online-Citations:

- Duarte E, Silva HG, Vital R. Aspects of sports injuries in athletes with visual impairment. Rev Bras Med Esporte. 2011; 17: 319-323. [15 April 2024]. https://www.scielo.br/j/rbme/a/P8nwtCJSJGbkXMsryLWhSbk/?format=pdf&lang=en

The Citavi software for citation (www.citavi.com) provides the style used for citation (3).

Figures

The simplified submission procedure applies to the first submission. Formally, it is sufficient to "only" upload the complete document (including all figures and tables, etc.). This creates a qualitative "first look" and impression, which enables a further decision to be made as to whether the submission will be forwarded to the review process.

In the typesetting process, the figures and tables are required separately and in the appropriate format. The editorial team will contact the authors for this purpose.

For typesetting process, figures must be submitted as separate files. They must be numbered consecutively and named as figures in the body text (e.g. "Figure 1 here"). An overview (table, index) with details of the captions must 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-ray images, CT scans etc. must be high-resolution (300-600 dpi). All images should be supplied separately, with a resolution of at least 300 dpi (this corresponds to 100% of the output size). If the images are from another publication, make sure that the appropriate permissions for reproduction have been obtained and include this information in the captions.

Please ensure that the captions are comprehensive, yet concise in describing what the data is intended to show. A uniform graphic design is required for all figures. The figures should also be accessible to color-blind people and in photocopied form. For bar charts with filled areas, simple lines or shading are preferable. Otherwise, they must be set off with white, light gray and dark gray. Avoid displaying data backgrounds with lines and shades of gray.

X and Y axes should be provided with external labels. The labeling should be done with a sufficiently large font that has an appropriate size, a font such as Arial is preferred. The axis labels should be aligned with the axes. They should also describe the displayed quantities and the unit in brackets ( ).

Your describing should be integrated into the labeling. When displaying median or mean values, measures of variation should be indicated. 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 given in the format "xx to xx" (not "xx, xx" or "xx-xx").

Example of a figure with legend:

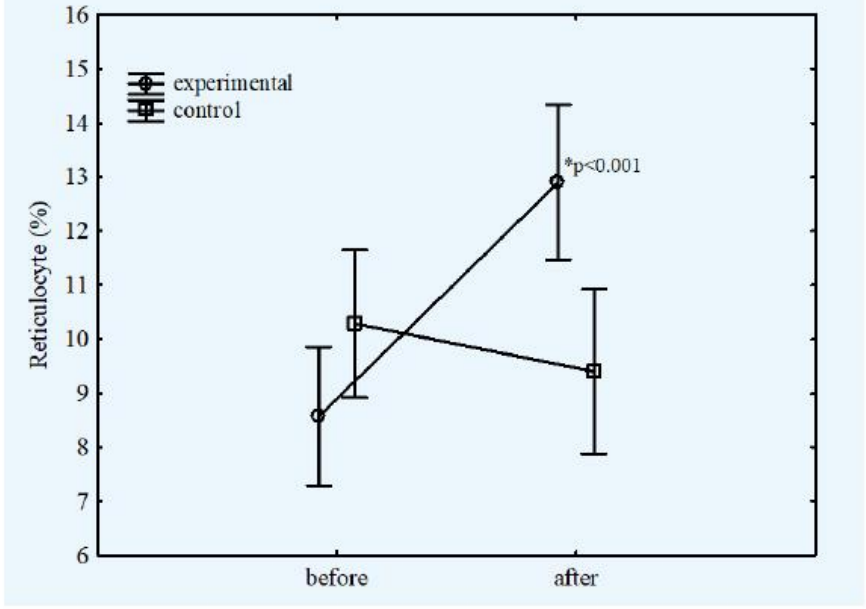

Figure 1

The change in relative reticulocyte count before and after intervention.

Tables

The simplified submission procedure applies to the first submission. Formally, it is sufficient to "only" upload the complete document (including all figures and tables, etc.). This creates a qualitative "first look" and impression, which enables a further decision to be made as to whether the submission will be forwarded to the review process.

In the typesetting process, the figures and tables are required separately and in the appropriate format. The editorial team will contact the authors for this purpose.

For typesetting process tables are numbered and needed separately in Excel format. The name “Table” followed by the table number must be used and placed in the body text (e.g. “see Table 1”). Table headings are placed above the table with the word "Table" in full length and left-aligned text. The quantity and the unit used for the measurements must be clearly indicated in the columns.

Abbreviations must be indicated in the table headings. Differences must be declared according to the significance level and indicated in the heading. Numbers and associated percentages should be presented in the same column, as should point estimates and associated confidence intervals.

The headings of the table columns must apply to the entire column and must not change in the further course of the table. Confidence intervals (CIs) should be presented in the format "xx to xx" (not "xx, xx" or "xx-xx"). Make sure that each table fits on an A4 page in portrait format.

Example of a table with caption (and directory numbers):

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

#Necessary for the printed form: Extended Abstract in German Language for English Publications#

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 (11). The corresponding author will receive an email of the editorial board with all information.

Content:

- About 2,500-3,000 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. The editorial office will help in German language correction

References

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9. German Journal of Sports Medicine. Editorial policies of the journal. 2024. [10th September 2024]. https://www.germanjournalsportsmedicine.com/resources/editorial-policies-of-the-journal/
10. German Journal of Sports Medicine. Guidelines for authors - Clinical reviews. 2024. [10th September 2024]. https://www.germanjournalsportsmedicine.com/fileadmin/content/download/2022/Guidelines_for_Authors_Clinical_Reviews_GJSM_2022.pdf
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