

# GERMAN JOURNAL OF SPORTSMEDICINE

*Deutsche Zeitschrift für Sportmedizin*

OFFIZIELLES ORGAN DER DEUTSCHEN GESELLSCHAFT FÜR SPORTMEDIZIN UND PRÄVENTION  
DEUTSCHER SPORTÄRZTEBUND e.V.

**listed in:**  
Research Alert  
Focus On: Sports Science & Medicine  
SciVerse Scopus  
CrossRef  
EBSCO SPORTDiscus  
Google Scholar  
Chemical Abstracts Service (CAS)  
DOAJ (Directory of Open Access Journals)

[www.germanjournalsportsmedicine.com](http://www.germanjournalsportsmedicine.com)  
[www.zeitschrift-sportmedizin.de](http://www.zeitschrift-sportmedizin.de)

## Guidelines for Authors

### Aims and Scope

The German Journal of Sports Medicine is dedicated to advancing the translational science and practice of sports medicine and its neighboring disciplines. It investigates the effects of exercise, training, and sport, as well as the absence of exercise, on both healthy and sick individuals across all age groups. These findings are applied in prevention, therapy, rehabilitation, and general physical activity.

The Journal adheres to the principles of scientific integrity and anti-doping regulations, as outlined in its guidelines and editorial policies. All submissions undergo a blinded peer review process and are edited by the editorial board.

---

### Submission of Manuscripts

1. Manuscripts must be submitted exclusively through the electronic Editorial Manager system: [Editorial Manager](#) (3)
2. Authors are required to register in the system and follow the step-by-step submission process
3. With submission, authors confirm responsibility for the manuscript content, adherence to ethical guidelines, and the transfer of publication rights to the Journal (printed and online, open access)
4. Each submission must include completed ICMJE disclosure forms ([ICMJE Form](#)) (6)
5. Manuscripts are subject to editorial board decisions on acceptance, revision, or rejection

---

### Manuscript Preparation

#### General Requirements

- Language: American English
- Word count: Strict limits apply to various article types (see below)
- Line numbering: Continuous and left-aligned
- Page numbering: Continuous
- Gender-neutral language is mandatory
- Figures and tables: Must be numbered consecutively within the text
- References: Must appear in the text and be formatted as a number in brackets referring to the references

## Article Types and Word Limits

- **Systematic Reviews and Meta-analyses:** 5,000 words, max. 70 references
- **Clinical Reviews:** 2,400 words, max. 30 references
- **Rapid Reviews:** 2,400 words, max. 20 references
- **Original Articles:** 2,500 words, max. 40 references
- **Short Reports and Case Reports:** 1,800 words, 15–20 references
- **Editorials (on invitation):** 1,200 words, max. 10 references
- **Letters to the Editor:** 750 words, max. 5 references

## Structured Manuscript Layout

1. Title Page:
  - Title and short title (max. 4 words)
  - Author names, affiliations, and one corresponding author with full contact details
2. Abstract:
  - Max. 250 words, structured with objectives, methods, key results, and conclusions
  - Include 4–5 keywords not in the title
- 2.1 Graphical Abstract:
  - Starting in 2025, Graphical Abstracts will accompany most submissions (except Editorials, Letters, and short formats). These visuals summarize key findings, improving accessibility and understanding.
  - Please provide three bullet points summarizing the findings and suggest visuals. The editorial team will finalize the Graphical Abstract. If submitting visuals, follow technical requirements (e.g., portrait format, min. 1200 x 900 pixels, SVG preferred).
3. Body:
  - Introduction: State the research problem and objectives
  - Methods: Provide ethical approval details, methodology, and statistical approaches
  - Results: Use clear text, figures, and tables. Avoid redundancy
  - Discussion: Analyze findings, address implications, and suggest areas for future research
  - Acknowledgements: Mention funding sources, **ethical approvals**, and collaborations
4. Summary Box:
  - Highlight the contribution to the literature in 1–3 sentences per section
5. References:
  - AMA (American Medical Association) variant of the Vancouver style
  - Example:
    - Smith J, Doe J. Advances in AI research. *AI Journal*. 2023; 15: 123-130. doi:10.1234/aij.2023.56789
  - Use numbered, alphabetical order. Example format:
    - 1. Author AB, Author CD. Title. *Journal Name*. Year; Volume: Pages. doi

---

## Special Considerations for Manuscripts

### Ethical Compliance

- Institutional Review Board (IRB) Approvals: Include IRB name, approval ID, and date
- Informed consent: Explicitly describe the process
- Patient involvement: Detail their roles in study design and dissemination

## Figures and Tables

- High-resolution images (300 dpi) in JPG, TIFF, or EPS formats
- Tables in Excel format with clear labels and consistent column headings
- Avoid redundant presentation of data

## Systematic Reviews

- Follow PRISMA guidelines ([PRISMA](#)) and provide registration (e.g., [PROSPERO](#)) (8, 9)
- Include a PRISMA checklist and flow diagram
- Refer to MOOSE guidelines ([MOOSE](#)) for meta-analyses of observational studies (10)

## Clinical Trials

- Adhere to CONSORT guidelines ([CONSORT](#)) for randomized controlled trials (2)
- Register in WHO-accredited registries (e.g., [German Clinical Trials Register](#)) (5)

## Observational Studies

- Follow STROBE guidelines ([STROBE](#)) and MOOSE guidelines ([MOOSE](#)) for epidemiological studies (10, 11)

## Diagnostic Accuracy Studies

- Adhere to STARD guidelines ([STARD](#)) for transparent reporting of diagnostic accuracy (1)

## Quality Improvement Studies

- Follow SQUIRE guidelines ([SQUIRE](#)) for reporting quality improvement initiatives (7)

## Case Reports

- Follow CARE guidelines ([CARE Checklist](#)) (4)

---

## Contact

For any queries, reach out to the editorial office: [editor@germanjournalsportsmedicine.com](mailto:editor@germanjournalsportsmedicine.com).

## References

1. Bossuyt PM, Reitsma JB, Bruns DE, et al. STARD 2015: An updated list of essential items for reporting diagnostic accuracy studies. *BMJ*. 2015; 351: h5527. doi:10.1136/bmj.h5527
2. CONSORT Group. CONSORT 2010 Statement: Updated Guidelines for Reporting Parallel Group Randomised Trials. <http://www.consort-statement.org/> [Accessed January 31, 2025].
3. Editorial Manager. <https://www.editorialmanager.com/> [Accessed January 31, 2025].
4. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D. The CARE guidelines: Consensus-based clinical case report guideline development. *BMJ Case Reports*. 2013; 2013: bcr2013201554. doi:10.1136/bcr-2013-201554
5. German Clinical Trials Register (DRKS). <https://www.drks.de/> [Accessed January 31, 2025].
6. International Committee of Medical Journal Editors (ICMJE). ICMJE Form for Disclosure of Potential Conflicts of Interest. <https://www.icmje.org/conflicts-of-interest/> [Accessed January 31, 2025].
7. Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): Revised publication guidelines from a detailed consensus process. *BMJ Qual Saf*. 2016; 25: 986-992. doi:10.1136/bmjqs-2015-004411
8. PRISMA Statement. Transparent Reporting of Systematic Reviews and Meta-Analyses. <http://www.prisma-statement.org/> [Accessed January 31, 2025].
9. PROSPERO. International Prospective Register of Systematic Reviews. <https://www.crd.york.ac.uk/prospero/> [Accessed January 31, 2025].
10. Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology (MOOSE) statement. *JAMA*. 2000; 283: 2008-2012. doi:10.1001/jama.283.15.2008
11. von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement. *PLoS Med*. 2007; 4: e296. doi:10.1371/journal.pmed.0040296