

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. The Journal does not allow the use of AI tools for scientific writing, e.g. introduction, discussion and references. Authors may use AI tools supportively in manuscript preparation (e.g., for language editing or structuring). Any use of AI must be disclosed in the manuscript, while full scientific responsibility remains with the authors (see [Editorial Policies](#)).
5. Each submission must include completed ICMJE disclosure forms ([ICMJE Form](#)) (6)
6. 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; [find here the Guidelines for CR](#)
- **Rapid Reviews:** 2,400 words, max. 20 references
- **Original Articles:** 2,500 words, max. 40 references
- **Concept Studies:** 3,000 words, max. 30 references; [find here the Guidelines for CS](#)
- **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. We kindly ask you to provide the following information at the time of publication:
 - Keywords describing the scientific objective
 - Three points on methodology, which may also include a graphic
 - Precisely formulated scientific key statements of your work, ideally in the form of three bullet points summarizing the main findings
 - If possible, a scientifically accurate and final figure or diagram with data that clearly and understandably illustrates the central result of the study
 - Alternatively or additionally: clear guidance on which content should be visually represented
 - When submitting visualizations, please observe the technical requirements (e.g., portrait format, minimum resolution 1200 × 900 pixels, preferred file format SVG)
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: IRB board's name and approval number are required. Please indicate in the main document where IRB guidance is referenced. The approval date must be available from the authors upon request.
- 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)
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Contact

For any queries, reach out to the [Editorial Office](#).

References

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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
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