The Journal of Orthopaedic & Sports Physical Therapy® (JOSPT®) publishes scientifically rigorous, clinically relevant content in print and online for physical therapists and others in the health care community to advance musculoskeletal and sports-related rehabilitation practice globally.

JOSPT accepts manuscripts for review from any discipline that addresses orthopaedic or sports physical therapy from any relevant perspective, including clinical practice and outcomes, kinesiology, motor behavior, fitness, gerontology, neuroscience, or epidemiology. While clinical implications should be discussed in all manuscripts submitted for review, JOSPT recognizes the importance of all research types in advancing musculoskeletal and sports-related practice and so publishes research spanning the entire spectrum of clinical, basic, and translational science.

MANUSCRIPT REVIEW TIME
JOSPT makes every effort to provide a rapid and efficient review process. In 2014, new manuscript submissions were reviewed in 79 days on average, and revised and resubmitted manuscripts were reviewed in an average of 40 days.

Submitted work (randomized controlled trials, systematic literature reviews, and mechanistic studies) that is considered by the editor-in-chief to be of exceptionally high significance to the literature will be fast-tracked, with an effort to complete the initial review process within 30 days.

For the past 2 years, half of the accepted papers JOSPT publishes come from authors located outside the United States.

IMPACT FACTOR AND USEFULNESS
Based on the 2014 Journal Citation Reports, Science Edition, published in June 2015, JOSPT’s current impact factor is 3.011. JOSPT’s 5-year impact factor is 3.627. Based on the current impact factor, JOSPT is ranked 4th of 134 journals in Rehabilitation, 8th of 72 journals in Orthopedics, and 10th of 81 journals in Sport Sciences. JOSPT’s readers regularly rank it first in usefulness to them in their work, scoring JOSPT a 4.48 on a scale of 5, when comparing it to 12 other journals in the field.

DISTRIBUTION
JOSPT is distributed monthly in print and/or online to more than 35,000 individual and institutional subscribers located in 60 countries around the world. JOSPT is available online through its website, www.jospt.org, which enables content delivery not only to desktop computers, but also to mobile devices. Website traffic is approximately 100,000 visitors each month, with 71,000 of whom are unique.

JOSPT is the official journal of the American Physical Therapy Association’s Orthopaedic Section and Sports Physical Therapy Section. It is also a recognized journal of 35 professional organizations in 27 countries. (See JOSPT’s masthead at the front of this issue for complete partner listing.)

DIGITAL ACCESS
JOSPT’s online article archives are complete and include issues and articles from summer 1979, when JOSPT was first published, to date. All articles are available in PDF format and many in PDF Plus, which includes available reference and other links. All articles published from January 2010 to date, all musculoskeletal imaging articles, and all clinical practice guidelines are also available in full-text HTML for easy display on mobile devices. All material from JOSPT’s launch to within 3 years of the current issue is publicly available, or open access. In addition, articles published in the last 3 years that are clinical practice guidelines, that are the basis for current Read for Credit continuing education exams, and that rely on publicly funded research are also open. Accepted manuscripts that report on publicly funded research are made available in digital form to their authors to provide to central databases such as NIH’s PubMed Central for public access.

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Authors also have permission, with no fee, to reproduce material they have created for JOSPT for use in books, book chapters, or articles for other journals, so long as copyright credit is given to JOSPT. Uploading articles to public-access websites (eg, ResearchGate) is not allowed.

INDEXING
Several well-known services—in particular, Index Medicus (PubMed/MEDLINE), Excerpta Medica (Embase), and Cumulative Index to Nursing and Allied Health Literature (CINAHL)—index JOSPT.

KUDOS FOR JOSPT AUTHORS
To ensure that the high-quality work of authors reaches the widest possible audience, JOSPT partners with Kudos, a service that provides tools for authors to maximize the visibility and reach of published journal articles.

Authors who have previously published in JOSPT can sign up for Kudos and begin using the service immediately, at no charge. The link to Kudos is https://www.growkudos.com/sessions/register.

RESEARCH AND CLINICAL PUBLICATION AWARDS
JOSPT bestows 2 annual publication awards: the JOSPT Excellence in Research Award and the George J. Davies – James A. Gould Excellence in Clinical Inquiry Award.

Complete Instructions for Authors and other tools can be found at http://www.jospt.org/page/authors.
INSTRUCTIONS TO AUTHORS

JOSPT supports fully the public access policies of such governmental entities as the US National Institutes of Health (NIH), the Canadian Institutes of Health Research, the UK Medical Research Council, the European Research Council, The Wellcome Trust, and the Australian Research Council. Accepted manuscripts that report on publicly funded research are made available in digital form for public access to central databases such as NIH’s PubMed Central and on the JOSPT website as soon as the manuscript is published.

MANUSCRIPT SUBMISSION
All manuscripts must be submitted online at http://mc.manuscriptcentral.com/JOSPT, which either can be accessed directly or through the JOSPT website at www.jospt.org. Please direct questions about online submission to the JOSPT office at 1-877-766-3450.

General Requirements
All manuscripts must meet the following basic requirements to be eligible for review by JOSPT:
• Written in English
• Include a cover letter
• Present findings or data that have not been previously published either in print or electronic (online) format or widely disclosed in a form other than published abstracts of oral presentations at scientific conferences and meetings
• Undergoing exclusive review by JOSPT
• Address scientific, clinical, or professional issues relevant to musculoskeletal or sports-related physical therapy practice
• Written in accordance with the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” by the International Committee of Medical Journal Editors, December 2013 (http://www.icmje.org/ and http://www.icmje.org/urm_main.html)
• Formatted according to AMA style guidelines (American Medical Association Manual of Style, 9th Edition), except for the references, which should be numbered consecutively in alphabetical order.

Submissions that do not meet the above essential requirements will be returned to the author without review. In the peer-review process, JOSPT reviewers are unaware of the author’s identity and institutional affiliation. Associate editors are not blinded to author identity and vice versa.

Author/Reviewer Tools and Resources
Authors are required and reviewers invited to take advantage of the author and reviewer tools and resources section of the JOSPT website (www.jospt.org), which provides useful links related to writing and reviewing manuscripts. These materials were created to assist authors in ensuring that key methodological information relevant to the conduct of their study is included in the manuscript. This section specifically provides a link to the EQUATOR Network website (http://www.equator-network.org), an excellent resource designed to help authors report on health research that includes links to resources such as the CONSORT, PRISMA, STROBE, and STARD statements, among others.

Revised Manuscripts
When the editors suggest that a manuscript be revised and resubmitted, the same guidelines outlined for the preparation of the original manuscript apply. All resubmitted manuscripts must be accompanied by a cover letter. The cover letter must include a list of all revisions with regard to suggestions in the review materials provided by the editorial office. Changes made to the text and tables must be highlighted in the manuscript.

Protection of Human Subjects
The name of the Institutional Review Board that approved the research protocol involving human subjects must be included on the title page and in the Methods section. The Methods section must also contain a statement that informed consent was obtained and that the rights of the subjects were protected.

It is mandatory that clinical trials initiated on or after January 1, 2013 be prospectively registered in a public trials registry. In these cases, authors should provide the name of the registry and the registration number on the title page. For clinical trials initiated prior to January 1, 2013, prospective clinical trial registration is desirable but not mandatory.

Use of Animals
Manuscripts with experimental results in animals must include a statement on the title page and in the Methods section that an animal utilization study committee approved the study.

Use of Cadavers
When applicable, manuscripts with experimental results on cadavers must include a statement on the title page and in the Methods section that a relevant utilization study committee approved the study.

MANUSCRIPT CATEGORIES
Research Report
A full-length report of an original clinical, basic, or translational research investigation that advances the clinical science of musculoskeletal and sports-related physical therapy. This category also includes sys-
tematic literature reviews with or without meta-analysis.

Authors submitting a randomized controlled trial must consult the CONSORT statement (revised in 2010) and its related extension for trials of nonpharmacological treatments, checklist, and flow diagram (http://www.consort-statement.org/ and http://www.consort-statement.org/consort-statement). JOSPT further requires that a flow diagram illustrating the progress of patients throughout the trial be included as a figure in the manuscript. In addition, authors must include a copy of the completed CONSORT checklist appended to the manuscript, with the understanding that the checklist will not appear with any published paper.

Authors submitting manuscripts for observational studies (cohort, case-control, cross-sectional studies) should comply with the STROBE statement (http://www.strobe-statement.org/index.php?id=strobe-home) and should submit a completed STROBE checklist together with the manuscript. The checklist is used to facilitate the peer-review process but is not published with studies accepted for publication.

Large therapy or prevention studies that use a case series design should also be submitted as research reports and be submitted with an accompanying STROBE checklist.

Similarly, preparation of studies investigating the diagnostic accuracy of clinical tests will benefit from consulting the STARD statement, checklist, and flow diagram (http://www.stard-statement.org). JOSPT requires that a flow diagram illustrating the progress of patients throughout the study be included as a figure in the manuscript. Authors must include a copy of the completed STARD checklist appended to the manuscript, with the understanding that the checklist will not appear with any published paper.

Systematic reviews of the literature, with or without a meta-analysis, addressing a topic of interest and relevance to musculoskeletal, sports, and manual physical therapists are also considered research reports. Accordingly, systematic literature reviews must have a structured abstract and include a Methods section detailing the search strategy, inclusion/exclusion criteria, evaluation of the quality of the articles, etc. The editor-in-chief must invite manuscripts submitted in this category; however, self-nominations for an invitation to submit a systematic literature review are welcome. Self-nominations, which must include a cover letter addressed to the editor-in-chief and a current curriculum vitae, should be sent electronically to jospt@jospt.org.

Authors submitting a systematic literature review of randomized controlled trials should consult the PRISMA statement and related checklist and flow diagram for quality reporting of systematic reviews and meta-analyses (http://www.prisma-statement.org). JOSPT requires that a flow diagram illustrating the progress of study selection and exclusion (as well as reasons for exclusion) be included as a figure in the manuscript. Authors must include a copy of the completed PRISMA checklist appended to the manuscript, with the understanding that the checklist will not appear with any published paper. Prospective registration of systematic reviews protocol information in a database such as PROSPERO (www.crd.york.ac.uk/PROSPERO/) is recommended but not required.

The above is not a full list of study designs and the authors are required to use the appropriate checklist for their study design as available on the EQUATOR Network website (http://www.equator-network.org).

Case Report
A detailed description of the management of a unique clinical case. Case reports must include the following 4 sections: Background, Case Description, Outcomes, and Discussion. The description of the case includes the relevant patient characteristics, examination/evaluation, diagnosis, and a description of the interventions that were provided. Manuscripts describing the management of a small group of similar patients are also considered in this category and should be formatted accordingly.

Resident’s Case Problem
A report on the process and logic associated with differential diagnosis (ie, clinical decision making). The Background section includes general clinical or research information pertinent to the case. The Diagnosis section provides patient characteristics and history. It then details the examination and evaluation process leading to the working diagnosis and the rationale for that diagnosis, including a presentation of medical imaging studies and the results of other clinical tests. Interventions used to treat the patient’s condition and the outcome of treatment may also be briefly described at the end of the Diagnosis section; however, the focus of the resident’s case problem should be on the diagnostic process. The Discussion section offers a scholarly, critical, and referenced analysis of how the diagnosis guided the care of the patient.

Clinical Commentary
A scholarly paper containing opinion or perspectives having relevance to musculoskeletal and sports physical therapy. Clinical commentaries submitted for review require an abstract that is not structured. The editor-in-chief must invite clinical commentaries. Self-nominations for an invitation to submit a clinical commentary are welcome. Self-nominations, along with a cover letter addressed to the editor-in-chief and current curriculum vitae, should be sent electronically to jospt@jospt.org.

Narrative Literature Review
Literature reviews on topics that are not conducive to a formal systematic review but are relevant to musculoskeletal and sports physical therapy may be considered for publication. The editor-in-chief must invite narrative literature reviews. Self-nominations, which must include a cover letter addressed to the editor-in-chief and
current curriculum vitae, are welcome and should be sent electronically to jospt@jospt.org.

Brief Report
Suitable for high-quality, high-impact research reports that are less than 2000 words (excluding references) and have no more than a total of 4 tables or figures. The number of references should be 20 or less. Potential exists for additional supporting material (ie, tables, figures) to be included as appendices online if needed. This category of papers can be used for all types of research reports, including the description of a new instrument, technology, or methods relevant to musculoskeletal physical therapy practice or clinical research. Follow the instructions for research reports, using the additional information provided above to prepare the manuscript.

MANUSCRIPT PREPARATION
All manuscripts submitted to JOSPT should be double-spaced and have 2.54-cm (1-in) margins on all sides of the page. Pages should be consecutively numbered, starting with the title page. Pages should be continuously line numbered, with line numbers starting at 1 on the abstract. The font should be 12-point Arial, Times New Roman, or Courier. All measurements in the manuscript should be presented in SI units, except for those of angular measures, which should be presented in degrees rather than radians. The manuscript should be arranged as follows:

Title Page (separate page)
* Title of the manuscript
* Names of each author with their highest academic credential (ie, PhD), or most relevant professional designation (eg, PT), or both (eg, PT, PhD). Limit credentials to these 2 items only
* Institution, city, state/country for each author
* Statement of the sources of grant support (if any)
* Statement of Institutional Review Board approval of the study protocol

Anonymous Title Page (separate page)
* Title of the manuscript
* Statement of financial disclosure and conflict of interest (see item 6 of the Author Agreement and Publication Rights Form)
* Acknowledgements (on a separate page)

Abstract
* Structured Abstract: Research reports (including systematic literature reviews) and brief reports require an abstract containing a maximum of 250 words, divided into 6 sections with the following headings (in this order): Study Design, Objectives, Background, Methods, Results, Conclusion. The abstract for case reports should have 5 sections with the following headings: Study Design, Background, Case Description, Outcomes, and Discussion. The abstract for resident’s case problems should have 4 sections with the following headings: Study Design, Background, Diagnosis, and Discussion.
* Unstructured Abstract: Clinical commentaries and narrative literature reviews require an abstract (called synopsis) that is not structured and that contains a maximum of 250 words.
* All abstracts should include, when appropriate, a line item called “Level of Evidence,” which indicates the study type and level of evidence, according to the classification system listed at the Oxford Centre for Evidence-Based Medicine website (http://www.cebm.net). This final line in the abstract should be in the following format example: “Level of Evidence: Therapy, level 2a.” When the study does not fit any of the study type and level of evidence descriptors included in the above classification system, this line may be omitted.

Text
* Research reports, systematic literature reviews, and brief reports require the body of the manuscript to be divided into 5 sections: Introduction, Methods, Results, Discussion, and Conclusion.
* Case reports require the body of the manuscript to be divided into 4 sections: Background, Case Description, Outcomes, and Discussion.
* Clinical commentaries and narrative literature reviews do not have specific mandatory subdivisions or sections. For all manuscripts, the text should be less than 4000 words and be supplemented by a reasonable number of figures and tables.

Key Points
The brief Key Points section of the manuscript (needed for research reports only, including systematic literature reviews) should be provided at the end of the text, prior to the references. These points should be written in a user-friendly language, consist of brief sentences, and summarize the most important information related to the findings, implications, and caution directly resulting from the work. These 3 subheadings should be used:
* Findings: One or 2 statements on what the study adds to current knowledge.
* Implications: A statement on how the results impact clinical practice or research on this topic.
* Caution: A statement on the most important limitations of the study, es-
References

- References should be numbered consecutively in alphabetical order, according to author last name and initials, title, and year. Where the first-author names are identical, references with 1 author precede those with multiple authors. Where all the author names are identical, the title is the next ordering component, followed by the year.
- All references in the References section must be cited in the text.
- References must be cited in the text by using the reference number in superscript at the end of the sentence or the referenced portion of the sentence. The reference goes after the author’s name when the author’s name is listed (eg, Davies’). If there are only 2 authors in the reference, then the text should include both authors (eg, Davies and Ellenbecker’). If the reference has more than 2 authors, the text should include “et al” after the first author’s name (eg, Davies et al’).
- In the Reference section, when a reference has 7 or more authors, list the first 3 authors, followed by “et al.”
- References must include only material that is retrievable through standard literature searches. References to papers accepted but not published or published ahead of print should be designated “in press” or use the PubMed/MEDLINE [Epub ahead of print] status until an updated citation is available. Doctoral and master’s theses are considered published material. Information from manuscripts not yet accepted for publication and personal communications will not be accepted. The use of abstracts and proceedings should be avoided unless they are very recent and the sole source of the information.
- Abbreviations for the journals in references must conform to those of the National Library of Medicine in Index Medicus (http://www.ncbi.nlm.nih.gov/journals).
- References that have CrossRef Digital Object Identifiers (doi) should include them at the end of the citation.
- References must be verified by the author(s) against the original documents.
- Reference style and punctuation should conform to the examples that follow:

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**Paper Presented at a Symposium**


**Tables**

- Each table must be self-contained and provide standalone information independent of the text.
- See *AMA Manual of Style*, section 2.13, to organize and format tables.
- Table titles should list the table number in uppercase bold (eg, “TABLE 1”), followed by a period, then the title of the table in sentence case.
- Abbreviations used in each table must be spelled out below the table.
- Footnotes must be listed below the table, after the abbreviations, in order of occurrence in the table (left to right, row to row). According to *AMA* style, footnotes are cited with the following superscript symbols (in this order): *, †, ‡, §, ||, ¶, #, **, ††, ‡‡. Where these symbols are unavailable, superscript numbers may be used.
- All tables must be referred to somewhere in the text.
- All tables go after the reference list.

**Figures**

- Figure captions should list the figure number in uppercase bold (eg, “FIGURE 1”) followed by a period, and continue with the text of the caption in sentence case.
- All abbreviations appearing in the figures should be defined in the caption for each respective figure, and abbreviations appearing only in the figure caption must be defined at first use.
- Digital figures must be at least 350 dpi (dots per inch).
- Charts and graphs generated from spreadsheet programs must accompany, or allow access to, the data.
- Photographs must be in JPEG file for-
Photograph/Video Release Statement
Signed photograph/video release forms should accompany photographs/videos of patients and subjects. A photograph/video release statement should contain the following: (1) manuscript title; (2) names of all authors; (3) statement placed below the manuscript title and author names as follows: "I hereby grant to the Journal of Orthopaedic & Sports Physical Therapy the royalty-free right to publish photographs and/or videos of me for the stated journal and the above manuscript in which I appear as subject, patient, or model, and for the stated Journal’s website (www.jospt.org). I understand that any figure in which I appear may be modified;" and (4) the original signature and date signed from each subject who appears in the figures. This original signed statement must be submitted to the JOSPT office with the manuscript.

OTHER CONTRIBUTIONS
Musculoskeletal Imaging
This feature focuses on the use and interpretation of medical imaging related to a case scenario relevant to musculoskeletal or sports physical therapy practice. In most instances, these cases will emphasize how information from imaging can affect physical therapy management of the patient. In some instances, however, this feature may be used to share information on unusual medical conditions, or to simply illustrate commonly used imaging techniques and their interpretation. Contributions should include no more than 3 authors, 250 words, 3 figures, and 3 references (if any). Submissions, including text and images, must be submitted online at http://mc.manuscriptcentral.com/jospt, which can be accessed either directly or through the JOSPT website at www.jospt.org. Please direct questions about online submission to the JOSPT office at 1-877-766-3450. See the Figures section of the instructions to authors for technical specifications for the figures.

Letter to the Editor-in-Chief
A letter related to professional issues or articles published in the Journal. Letters will be reviewed and selected for publication by the editor-in-chief based on the relevance, importance, appropriateness, and timeliness of the topic. Letters to the editor-in-chief are copy edited and the correspondent is not typically sent a version to approve. Letters to the editor-in-chief should include a summary statement of any conflict of interest, including financial support related to the issue addressed. Letters should be sent electronically to jospt@jospt.org. Authors of the relevant manuscript are given the opportunity to respond to the content of the letter.

Invited Commentary
An expert’s point of view concerning an article published in the Journal. Commentaries are invited by the editor-in-chief and immediately follow the article discussed. Authors of the manuscript under commentary are given the opportunity to respond to the expert’s point of view.

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3. Manuscripts are treated as works in progress and are viewed as new manuscripts each time a revision is submitted; each time a manuscript is reviewed, new issues may be raised for the authors to address.
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5. Manuscripts submitted for review are a form of privileged communication between the authors and the Journal and the authors and the reviewers. Reviewers may share the paper with other professionals only with the intent to...
seek information intended to enhance the review.

6. Authors are not permitted to make changes during the proof stage of publication except to correct inaccuracies.

7. The editors may refuse to publish a manuscript if the author requests substantial revisions of the manuscript content after the paper has been through the review process and accepted for publication.

8. The editors may solicit additional reviews to supplement the opinion of the assigned associate editor and reviewers.

9. JOSPT welcomes reports that include findings of no statistically significant differences. However, in the event of a null result, the authors need to provide additional information about the statistical properties of the analysis that led to this result (ie, evidence of reasonable protection against type II error).

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**MANUSCRIPT CHECKLIST**

When submitting a new or revised manuscript, please make sure to include the following:

- Cover letter identifying the phone, fax, and e-mail address of the corresponding author and the manuscript category.
- Author Agreement and Publication Rights Form(s) with original signatures of all authors.
- Photograph/video release statement signed by the individual(s) in the photograph/video.
- Full title page.
- Name of the Institutional Review Board that approved the protocol for the study on the title page.

- Name of the public trials registry and the registration number on the title page, if applicable.
- Statement in the Methods section that informed consent was obtained and the rights of subjects were protected.
- Properly structured abstract.
- Continuous line numbering throughout the entire manuscript.
- References listed and numbered in alphabetical order and cited with superscripts in the text.
- Inclusion of the appropriate checklist (eg, CONSORT, STARD, PRISMA), if applicable.

**CONTACT INFORMATION**

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3. Exclusivity of Submission. I affirm that the submitted manuscript is original work by the author(s) and is not published or under consideration for publication (in whole or in part) elsewhere.

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5. Authorship Certification. I have participated in this study and have made a substantial contribution to (1) the conception, design, or the analysis and interpretation of the data; and (2) to drafting the article or revising it critically for important intellectual content. In addition, I have participated in this work to the extent that I will take public responsibility for it. I believe that the manuscript represents valid work and I have reviewed and approved the manuscript submitted to the Journal. If the manuscript is accepted for publication in the Journal and revisions are necessary prior to publication, I agree to have the corresponding author listed above serve as the representative for securing my approval of the revisions, and providing the Journal with a timely revision of the work.

6. Financial Disclosure and Conflict of Interest. I affirm that I have no financial affiliation (including research funding) or involvement with any commercial organization that has a direct financial interest in any matter included in this manuscript, except as disclosed in an attachment and cited in the manuscript. Any other conflict of interest (i.e., personal associations or involvement as a director, officer, or expert witness) is also disclosed in an attachment.

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