

INSTRUCTIONS TO AUTHORS

These instructions cover the types of manuscripts *JOSPT* publishes and detail how authors should prepare manuscripts for submission and review, including requirements for the protection of human subjects and animals. The instructions outline additional required documents, list *JOSPT*'s editorial policies, and provide a manuscript submission checklist.

MANUSCRIPT SUBMISSION

All manuscripts must be submitted directly at <https://mc.manuscriptcentral.com/JOSPT>. *JOSPT*'s editors are not able to respond to presubmission queries, including those on scope of manuscripts, possible interest in manuscripts, or choice of manuscript type (please note, though, that *JOSPT* will never reject a manuscript, or review it unfavorably, because of incorrect choice of article type). Please direct questions about online submission to the *JOSPT* office at 1-877-766-3450 or e-mail manuscripts@jospt.org.

General Requirements

All manuscripts must meet the following basic requirements to be eligible for review by *JOSPT*:

- Written in English
- Include a cover letter
- Not previously published either in print or digitally, or widely disseminated in a form other than abstracts at scientific conferences and meetings
- Undergo 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 (ICMJE), December 2018 (<http://www.icmje.org/recommendations/>)
- Formatted according to AMA style guidelines (*American Medical Association Manual of Style, 10th Edition*), except for references.

- Number references consecutively in alphabetical order.
- Include, as appropriate to the study, statements referenced on the title page and detailed in a Study Details section before the references about:
 - Institutional Review Board approval
 - registration with ClinicalTrials.gov
 - the contribution of each author to the manuscript. Authorship is defined according to ICMJE criteria (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>)
 - data sharing (when writing a data-sharing statement, please consult the ICMJE recommendations for guidance at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html#two>)
 - outlining how patients/athletes/public partners were involved in the research. If patients/athletes/public partners were not involved, please state this.

Submissions that do not initially satisfy these general requirements must meet them in response to review comments and prior to acceptance. In the peer-review process, *JOSPT* reviewers are unaware of the author's identity and affiliation. Associate editors are not blinded to author identity and vice versa.

Protection of Human Participants

The name of the Institutional Review Board or Ethics Committee that approved the research protocol involving human participants 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 participants were protected.

JOSPT mandates that clinical trials initiated on or after January 1, 2013 be prospectively registered (ie, the protocol was registered before the first participant was recruited) in a public trials registry. In these cases, authors should provide the name of the registry and the registration number on the title page.

Manuscripts should include, when required by the appropriate Institutional Review Board or Ethics Committee, a statement that each participant was informed that data about him or her would be submitted for publication or a statement indicating approval by the Board or Committee. In all cases, patient confidentiality must be protected.

Data Sharing

JOSPT asks authors to choose the standard Data Sharing Statement appropriate for their manuscript.

- **Data are available in a public, open access repository.** Please provide the repository name, URL, and any conditions for access (eg, license, embargo).
- **Data are available upon request.** Please provide a description about which data are available, from whom the data are available and how they should be contacted, and how data may be reused.
- **There are no data in this manuscript.** An appropriate statement for editorials, clinical commentaries, and viewpoints.
- **All data relevant to the study are included in the article or are available as supplementary files.** Please ensure that no patient-identifiable data are available.
- **There are no data available.**

Patient and Public Involvement in Research

JOSPT encourages and promotes active patient and public involvement in research. Authors are asked to include a statement in the Methods section of their manuscript

outlining how patients/athletes/public partners were involved in the design, conduct, interpretation, and/or translation of the research.

JOSPT appreciates that not all manuscripts have patient and public involvement. The partnership intended here is different from patients being research participants (the type of patient involvement that is covered by research ethics approval, ie, the IRB). This is a relatively new theme; therefore, *JOSPT* will continue to consider manuscripts where there was no patient and/or public involvement.

For further information on *JOSPT*'s approach, please see the September 2019 editorial titled "Patients as Partners in Research: It's the Right Thing to Do" (<https://www.jospt.org/doi/abs/10.2519/jospt.2019.0106>). Authors may find helpful guidance for best reporting of patient and public engagement in research in the long and short versions of the Guidance for Reporting Involvement of Patients and the Public (GRIPP2) checklist found in Tables 1 and 2 at this link: <https://www.ncbi.nlm.nih.gov/pubmed/28768629>.

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 made as a result of suggestions provided by the reviewers and editors. Changes made to the text and tables must be highlighted in the manuscript.

ARTICLE TYPES

Research Report

- Original clinical research that advances the field of rehabilitation. *JOSPT* prioritizes clinical research with direct implications for the decisions that rehabilitation clinicians working in the fields of orthopaedics or sports and patients make in practice.

- Abstract structured to include 6 sections: Objective, Design, Methods, Results, and Conclusion, for a maximum of 250 words plus Key Words
- Text to include 6 sections: Introduction, Methods, Results, Discussion, Conclusion, and Key Points. *JOSPT* asks authors to minimize the Introduction section to 3 or 4 paragraphs plus a statement of the aim/purpose of the research.
- Article length up to 3000 words
- Total of 5 tables and figures. Additional tables and/or figures may be submitted as supplementary files.
- The checklists and guidelines we expect authors to use when preparing research reports are listed here. Authors must choose the appropriate checklists for their study design and upload the completed checklists as a supplementary file in ScholarOne. Completed checklists are for the review process only and will not appear in published papers. Manuscripts submitted without completed checklists will be returned to the authors.
 - Randomized controlled trials (RCTs): CONSORT
 - RCTs should include the CONSORT related extension for trials of nonpharmacological treatments, with a flow diagram in the manuscript as a figure and the checklist appended to the manuscript (<http://www.consort-statement.org/>).
 - Intervention studies (randomized and non-randomized): TIDiER and CERT
 - Authors should follow the template for intervention description and replication (TIDiER) checklist (<http://www.consort-statement.org/resources/tidier-2>) when reporting interventions (in randomized or nonrandomized intervention studies), and the Consensus on Exercise Reporting Template (CERT) checklist (<https://bjsm.bmj.com/content/bjsports/50/23/1428/DC1/>

[embed/inline-supplementary-material-1.pdf?download=true](#)) when reporting exercise interventions. An explanation of CERT can be found here: <https://www.ncbi.nlm.nih.gov/pubmed/27707738>. Authors should upload these completed checklists, as appropriate, when submitting intervention studies.

- Observational studies: STROBE
 - Observational studies (cohort, case-control, cross-sectional studies) should comply with the STROBE statement (<https://www.strobe-statement.org/index.php?id=strobe-home>) and require a completed STROBE checklist with the manuscript.
- Diagnostic accuracy studies: STARD
 - Preparation of studies investigating the diagnostic accuracy of clinical tests will benefit from consulting the STARD statement, checklist, and flow diagram (<http://www.equator-network.org/reporting-guidelines/stard/>). Authors must include a copy of the completed STARD checklist appended to the manuscript. The flow diagram illustrating the progress of the study sample should be included as a figure in the manuscript.

Systematic Review and Scoping Review

- A synthesis of evidence, based on a well-defined review question, that is relevant and applicable to rehabilitation clinicians. *JOSPT* prioritizes systematic reviews and scoping reviews that address the key question, "How will the findings help clinicians to help patients/athletes?"
- A systematic review should address a focused clinical question; a scoping review should address broader/exploratory questions about the scope of a body of literature. For detailed guidance, *JOSPT* recommends reading Munn et al (<https://bmcmedresmethodol>

INSTRUCTIONS TO AUTHORS (CONTINUED)

biomedcentral.com/articles/10.1186/s12874-018-0611-x).

- Final literature search completed within 12 months of manuscript submission. *JOSPT* strongly encourages prospective registration of systematic review protocols in the PROSPERO database (<https://www.crd.york.ac.uk/prospero/>).
- Abstract structured to include 8 sections: Objective, Design (eg, intervention systematic review, prognosis systematic review with meta-analysis, scoping review, etc), Literature Search, Study Selection Criteria, Data Synthesis, Results, and Conclusion, for a maximum of 250 words plus Key Words
- Text to include 6 sections: Introduction, Methods, Results, Discussion, Conclusion, and Key Points
 - *JOSPT* asks authors to minimize the Introduction section to 3 or 4 paragraphs plus a statement of the reviewer's questions, aims, and purpose.
 - The Methods section must detail the search strategy, selection criteria, evaluation of the risk of bias in the included articles, etc.
 - The Discussion section must include a section with the subheading Limitations and a section with the subheading Clinical Implications.
- The checklist/guideline for systematic reviews is PRISMA (<https://www.prisma-statement.org>). The guideline for scoping reviews is the PRISMA Scoping Review Extension (<https://www.prisma-statement.org/Extensions/ScopingReviews>). Authors must complete and upload the relevant PRISMA checklist as part of their manuscript submission. Manuscripts without a completed PRISMA checklist will be returned to the authors.
- Article length up to 4500 words and must include the PRISMA flow diagram illustrating the progress of study selection and exclusion (as well as reasons for exclusion) as a manuscript figure, along with any required tables.
- Total of up to 7 tables and figures. Additional tables and/or figures may be submitted as supplementary files.

Clinical Commentary

- Commentaries and perspectives on topics that affect the decisions rehabilitation clinicians and patients/athletes/coaches (or others) make about care. *JOSPT* prioritizes topics with implications for musculoskeletal, orthopaedics, and sports practice.
- Abstract structured to include 5 sections: Background, Clinical Question, Key Results, and Clinical Application, for a maximum of 250 words plus Key Words
- Text structured to include an Introduction, Clinical Question, other sections as dictated by the article content, and Key Points
- Article length up to 3000 words
- Total of up to 4 tables and figures, depending on the subject matter

Case Series and Case Report/Case Study

- Large therapy or prevention studies that use a case series design should be submitted as research reports and include a STROBE checklist (<http://www.equator-network.org/reporting-guidelines/strobe/>).
- *JOSPT* no longer publishes case reports or resident's case problems in the primary *Journal*. However, *JOSPT* affirms the value of these articles and will introduce a new online publication offering case reports as part of *JOSPT*'s education offerings in 2020. Until then, submissions of these article types will not be reviewed.

Editorial

- Presents a new perspective on topics relevant to rehabilitation clinicians, patients/athletes, or researchers in the musculoskeletal, orthopaedics, or sports fields
- Abstract unstructured, providing a short summary of the article's key points, for a maximum of 150 words
- Text unstructured, with no mandatory sections
- Article length up to 1000 words
- Total of up to 3 tables and figures and a maximum of 10 references

Viewpoint

- Opinions and/or perspectives relevant to musculoskeletal and sports physical therapy. Viewpoint articles are editorial/perspective/professional commentary-type articles, intended to put research/clinical practice into context for readers by delivering clinically meaningful synopsis, debate, and discussion. These articles should contain thought-provoking and sometimes controversial new ideas, interpretations, and opinions.
- Provides a balanced view of the topic considering the evidence, perhaps by presenting contrasting perspectives. Viewpoint articles are intended to be constructive and have intellectual substance and rigor. In style and tone, they should be accessible to a wide audience and address serious topics in a respectful manner.
- Abstract unstructured, providing a short summary of the article's key points, for a maximum of 150 words
- Text unstructured, with no mandatory sections; however, 3 to 5 Key Points should conclude the paper
- Article length no more than 1500 words
- Total of up to 4 tables and figures, and a maximum of 10 references

Musculoskeletal Imaging

- 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/athlete. In some instances, however, this feature may be used to share information on unusual medical conditions, or to illustrate commonly used imaging techniques and their interpretation.
- An abstract is not required
- Text has no mandatory headings but is written in a specific chronological way that highlights steps in the clinical decision-making process
- Article length no more than 250 words

- Total of up to 3 figures and 3 references

Letter

- Letters related to professional issues or articles published in the *Journal*
- Text unstructured and no more than 600 words in length
- Includes a summary statement of any conflict of interest, including financial support related to the issue addressed
- Authors of the relevant manuscript discussed are given the opportunity to respond to the content of the letter.

MANUSCRIPT PREPARATION

All manuscripts submitted to *JOSPT* should:

- Be on letter-sized paper (8.5 by 11 inches), double spaced, and have 2.54-cm (1-inch) margins on all sides of the page
- Have consecutively numbered pages, starting with the title page
- Be continuously line numbered, with line numbers starting at 1 on the abstract
- Have all measurements in the manuscript presented in SI units, except for 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)
- Institution, city, state/country for each author
- Statement of the sources of grant support (if any)
- Statement of financial disclosure and conflict of interest
- Statement of Institutional Review Board or Ethics Committee approval of the study protocol
- Name of the public trials registry and the registration number
- Corresponding author's name, address, and e-mail address
- Word count of the text portion of the manuscript

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)
- Acknowledgments (on a separate page)

Abstract

- Structured or unstructured, as detailed in the article-type descriptions above
- All abstracts should end with a Key Words section (no more than 6 key words).

Text

- Structured or unstructured, as detailed in the article-type descriptions above
- All manuscripts should adhere to the stated word limits and include the specified number of tables and figures.

Key Points

The brief Key Points section should be provided at the end of the text, prior to the references. These points should be written clearly, 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 found.
- **Implications:** A brief statement (maximum 2 sentences) about how the results add to current knowledge, and the impact on clinical practice.
- **Caution:** A statement about the most important limitations of the study, especially external validity (affecting the generalizability of the results).

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, Davies¹). If there are only 2 authors in the reference, then the text should include both authors (eg, Davies and Ellenbecker¹). If the reference has more than 2 authors, the text should include "et al" after the first author's name (eg, Davies et al¹).

- In the References 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" 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 as a reference but may be cited parenthetically in the text as (unpublished data) or (personal communication). 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 the references must conform to those of the National Library of Medicine in Index Medicus (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).

- References that have Crossref Digital Object Identifiers (DOIs) 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:

Journal

Essery R, Geraghty AW, Kirby S, Yardley L. Predictors of adherence to home-based physical therapies: a systematic review.

INSTRUCTIONS TO AUTHORS (CONTINUED)

Disabil Rehabil. 2017;39:519-534. <https://doi.org/10.3109/09638288.2016.1153160>
Book

Cook CE. *Orthopedic Manual Therapy: An Evidence-Based Approach*. 2nd ed. Boston, MA: Pearson; 2011.

Book Section

Dean E, Söderlund A. Lifestyle and musculoskeletal health. In: Jull G, Moore A, Falla D, Lewis J, McCarthy C, Sterling M, eds. *Grieve's Modern Musculoskeletal Physiotherapy*. 4th ed. Edinburgh, UK: Elsevier; 2015:117-126.

Report (With Organization as Author)

Economic Innovation Group. The 2017 Distressed Communities Index. Washington, DC: Economic Innovation Group; 2017.

Master's or Doctoral Thesis

Whittaker JL. *Ultrasound imaging of the abdominal muscles and bladder: implications for the clinical assessment of individuals with lumbopelvic pain* [thesis]. Southampton, UK: University of Southampton; 2012.

Published Abstract of a Paper

Presented at a Conference

Ghasemiesfeh G, Ebrahimi R, Gao J. Complex contagion and the weakness of long ties in social networks: revisited. In: *Proceedings of the Fourteenth ACM Conference on Electronic Commerce*. New York, NY: ACM Press; 2013:507-524.

Paper Presented at a

Conference/Symposium

Ooi CC, Schneider M, Malliaras P, Chadwick M, Connell D. Diagnostic performance of sonoelastography in confirming clinically diagnosed Achilles tendinopathy: comparison with B-mode ultrasound and color Doppler imaging [poster]. 2014 Combined Scientific Meeting: Imaging and Radiation in Personalised Medicine; September 4-7, 2014; Melbourne, Australia.

Electronic Reference

American Academy of Orthopaedic Surgeons. Osteochondroma. Available at: <http://orthoinfo.aaos.org/topic.cfm?topic=A00079>. Accessed June 30, 2016.

Tables

- Each table must be included at the end

of the manuscript and provide stand-alone information independent of the text.

- See *AMA Manual of Style*, section 4.1, to organize and format tables.
- Table titles should list the table number in uppercase bold (eg, **TABLE 1. Title**), followed by a period, then the title of the table in title 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 a-z (lowercase superscript).
- All tables must be referenced in the text in uppercase bold (eg, **TABLE 1**).
- All tables go after the reference list.

Figures

- Figure captions should appear at the end of the manuscript and list the figure number in uppercase bold, followed by a period, and continue with the text of the caption in sentence case (eg, **FIGURE 1. Caption**).
- 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) and provided as separate files.
- Photographs must be in JPEG file format (JPG) and graphic art in an EPS file format and at a resolution of at least 350 dpi. If created in Adobe or Microsoft software, provide the native file. If those file types are not available, provide a high-resolution PDF.
- Color figures and graphics are welcome.
- Charts and graphs generated from spreadsheet programs must accompany, or allow access to, the data.
- All figures must be referenced in the text in uppercase bold (eg, **FIGURE 1**).
- Each panel (eg, A, B, C) within the figure must be defined in the figure caption.

Videos

- Authors may wish to consider including supplemental videos to be published online with their manuscript. These videos can describe intervention or examination techniques as well as surgical procedures or other material pertinent to the manuscript.
- Intent to include videos may be mentioned in the cover letter with the initial manuscript submission or may be discussed with the Editor-in-Chief once the manuscript is accepted.
- Video files should fit the following criteria:
 - Standard file type, such as MP4, WMV, MOV, or AVI
 - Not exceeding 5 minutes long per file
 - Include titles to introduce the video and separate sections, as needed
- There is no limit on the number of videos that may be submitted. If you are unable to include titles in the video files, you may submit them in a separate PowerPoint file.

ADDITIONAL REQUIRED DOCUMENTS

For submissions to qualify for review, the following documents must be submitted with a manuscript at <https://mc.manuscriptcentral.com/JOSPT>, e-mailed (manuscripts@jospt.org), or faxed (1-703-891-9065) to the JOSPT office.

Author Agreement and Publication Rights Form

This document must have original signatures of all authors. Author signatures may be on separate copies or 1 copy of the form. The form is at the end of these instructions. Please submit the form when you are submitting the manuscript on the manuscript submission website at <https://mc.manuscriptcentral.com/jospt>. Please contact the JOSPT office with any questions.

Photograph/Video Release Statement

Signed photograph/video release forms should accompany photographs/videos of

patients, subjects, and therapists. 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.

Patient/Author Release Statement

A release form should accompany all manuscripts, where appropriate. This release must be signed either by the patient/subject or by the submitting author, accompanied by a proxy declaration by the author(s) that all necessary efforts have been made to ensure that Standards for Privacy of Individually Identifiable Health Information have been upheld, and that the author accepts any and all liability for any failure to uphold the necessary Standards for Privacy of Individually Identifiable Health Information in the final version of the manuscript.

The release statement should contain the following: (1) manuscript title; (2) names of all authors; (3) a statement from the submitting author, placed below the manuscript title and author names, as follows: "I hereby declare that the patient/subject has granted the author(s) permission to report his or her case in this manuscript; or, in the absence of such permission, that all necessary efforts have been made to ensure that Standards for Privacy of Individually Identifiable Health Information have been upheld, and accept any and all liability for any failure to uphold the necessary Standards for Privacy of Individually Identifiable Health Information in the fi-

MANUSCRIPT CHECKLIST

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

1. Cover letter identifying the phone, fax, and e-mail address of the corresponding author and the manuscript category.
2. Author Agreement and Publication Rights Form(s) with original signatures of all authors.
3. Photograph/video release statement signed by the individual(s) in the photograph/video.
4. Patient/author release statement signed by either the patient/subject or the submitting author.
5. Full title page and anonymous title page including a statement of financial disclosure and conflict of interest.
6. Name of the Institutional Review Board or Ethics Committee that approved the protocol for the study on the title page.
7. Name of the public trials registry and the registration number on the title page, if applicable.
8. Statement in the Methods section that informed consent was obtained, and the rights of subjects were protected.
9. Properly structured abstract.
10. Continuous line numbering throughout the entire manuscript, starting with the Abstract.
11. References listed and numbered in alphabetical order and cited with superscripts in the text.
12. Inclusion of the appropriate checklist (eg, CONSORT, STARD, PRISMA), if applicable.

Authors are also invited to take advantage of the Author Tools section of the JOSPT website (https://www.jospt.org/page/authors/author_reviewer_tools), which provides useful links related to writing and reviewing manuscripts.

nal version of the manuscript."; and either (4a) the original signature and date signed by each patient/subject presented in the manuscript or (4b) the original signature and date signed by the submitting author. This original signed statement must be submitted to the JOSPT office with the manuscript. Important notes on the Standards for Privacy of Individually Identifiable Health Information, from the US Department of Health and Human Services, can be found at <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/under-Health-Information-Privacy>.

JOSPT'S EDITORIAL POLICIES

1. The recommendations of associate editors, editorial review board members, and reviewers concerning the status of manuscripts under review are advisory to the editors.
2. The final decision concerning the publication of a manuscript is solely the responsibility of the editors.
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.
4. Authors should expect to make multiple revisions of their manuscript before formal acceptance of the manuscript for publication. An invitation to revise a manuscript is not a guarantee of acceptance.
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 manuscripts that include findings of no statistically significant differences. However, in the event

INSTRUCTIONS TO AUTHORS (CONTINUED)

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).

10. *JOSPT* accords its authors most-favored status where reproduction policies and copyright permissions are concerned. Authors receive e-mailed PDFs of their finished articles. Once the issue is pub-

lished, authors may make personal photocopies or deposit their article in their institutional repository (intranet only). Authors also have permission, with no fee charged, to reproduce material they created in the past for *JOSPT* for use in books, chapters of books, or articles in other journals, if copyright credit to *JOSPT* is given. Uploading articles to public-access websites (eg, ResearchGate) is not allowed.

CONTACT INFORMATION

Journal of Orthopaedic &
Sports Physical Therapy
1111 N Fairfax St, Ste 201
Alexandria, VA 22314-1540
Phone: 1-877-766-3450
Fax: 1-703-891-9065
E-mail: jospt@jospt.org
Website: www.jospt.org

AUTHOR AGREEMENT AND PUBLICATION RIGHTS FORM

Journal of Orthopaedic & Sports Physical Therapy®

(Please print or type)

Title of Manuscript: _____

Author Name(s), Degree(s): _____

Corresponding Author:

Name

Organization

Phone

Street

Fax

City

State

Postal Code

E-mail

Signatures below certify agreement that each author is in full compliance with the statements that follow. Original signatures are required. This original signed form must accompany your manuscript submission to the *Journal*.

1. **Transfer of Copyright.** I understand and agree that the copyright for the manuscript titled above, if published by the *Journal of Orthopaedic & Sports Physical Therapy*, will be taken out in the name of the *Journal of Orthopaedic & Sports Physical Therapy*. As such, I agree and understand that all rights to the manuscript are assigned and transferred to the *Journal of Orthopaedic & Sports Physical Therapy*. I understand that this agreement covers revisions of this manuscript, including modifications of the manuscript title listed above. In consideration of the publication of the manuscript, I grant and assign to the *Journal of Orthopaedic & Sports Physical Therapy* and its successors all rights in the manuscript of whatsoever kind of nature, including those now or hereafter protected by the Copyright Laws of the United States and all foreign countries, as well as any renewal, extension, or reversion of copyright, now or hereafter provided, in any country. I warrant that this contribution, including all tables, figures, and photographs, is original; that I have full power to make this grant; and that the manuscript, including tables, figures, and photographs, has not been previously published. If portions have been previously published, written permission to publish this material in the *Journal* has been granted by the appropriate certifying body, and the original signed form or letter granting permission to reprint from this source has been submitted with the manuscript to the *Journal*. I also grant that for all portions, including tables, figures, and photographs, republished with permission from another source, an appropriate credit line identifying the certifying body has been provided in the manuscript. In turn, the *Journal of Orthopaedic & Sports Physical Therapy* grants to me the royalty-free right of republication in any book or peer-reviewed journal article of which I am the author or editor, subject to the express condition that lawful notice of claim of copyright be given. I understand that I will receive no royalty or other monetary compensation for the assignment set forth in this agreement. The authors hereby agree to grant the *Journal* the right to edit, revise, abridge, condense, and translate the foregoing work. They understand that they bear the responsibility for approving editorial changes. Please refer to the *Journal's* website for current authors' instructions on submitting manuscripts for publication.
2. **Exceptions to Transfer of Copyright.**
 - a. **Exemption for Authors Employed by the US Government:** I attest that the above manuscript was written as part of the official duties of the authors as employees of the US Government and, therefore, that a transfer of copyright cannot be made.
 - b. **Public Access to Government-Funded Research:** I attest that the above manuscript reports on research funded through a governmental entity such as the US National Institutes of Health, the Canadian Institutes of Health Research, and the Australian National Health and Medical Research Council, and thus must comply with the policies of these organizations regarding public access, should the manuscript be accepted for publication. Public access includes providing a copy of the final manuscript, including all modifications from the publishing and peer-review process, to central databases or repositories, such as the US National Library of Medicine's (NLM) PubMed Central (PMC) database. I understand that *JOSPT* will make the manuscript available in digital form for public access after the stated embargo period of the relevant funding body.
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.
4. **Biomedical Research in Human Subjects.** I affirm that if this manuscript is an investigation involving human subjects, written informed consent has been obtained and an appropriate institutional review board or ethics committee has approved the project. If I did not have available a formal institutional review board or ethics committee, I followed the principles outlined in the "Declaration of Helsinki," which included a review and approval of my research protocol by an independent, specially appointed committee. In the Methods section of my submitted manuscript, I have stated the manner in which informed consent was obtained and that institutional/ethics review committee approval or its equivalent was obtained. I will provide evidence of such approval if requested. Further, on request from the *Journal* Editor-in-Chief, I agree to provide the data on which the manuscript is based.
5. **Authorship Certification.** I have participated in this study and have made a substantial contribution to (1) the conception, design, or analysis and interpretation of the data; and to (2) 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 and cited in the manuscript. Any other conflict of interest (ie, personal associations or involvement as a director, officer, or expert witness) is also disclosed and cited in the manuscript.
7. **Acknowledgment Statements.** In the event that individuals are acknowledged for contributions to the work but are not designated as authors, I attest that written permission has been obtained from all individuals named in the acknowledgment.

Original signature of each author:

Name

Date

Photograph/Video Release Form

Title of Manuscript: _____

Author Name(s): _____

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.

Signature: _____ Date: _____

Patient/Author Release Statement

Title of Manuscript: _____

Author Name(s): _____

I hereby declare that the patient/subject has granted the author(s) permission to report his or her case in this report; or, in the absence of such permission, that all necessary efforts have been made to ensure that Standards for Privacy of Individually Identifiable Health Information have been upheld, and accept any and all liability for any failure to uphold the necessary Standards for Privacy of Individually Identifiable Health Information in the final version of the manuscript.

Signature: _____ Date: _____

Important notes on the Standards for Privacy of Individually Identifiable Health Information, from the US Department of Health & Human Services (<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/>):

De-Identified Health Information. There are no restrictions on the use or disclosure of de-identified health information.¹ De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: (1) a formal determination by a qualified statistician; or (2) the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.²

References:

1. 45 C.F.R. §§ 164.502(d)(2), 164.514(a) and (b).

2. The following identifiers of the individual or of relatives, employers, or household members of the individual must be removed to achieve the "safe harbor" method of de-identification: (A) Names; (B) All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of Census (1) the geographic units formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000; (C) All elements of dates (except year) for dates directly related to the individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older; (D) Telephone numbers; (E) Fax numbers; (F) Electronic mail addresses; (G) Social security numbers; (H) Medical record numbers; (I) Health plan beneficiary numbers; (J) Account numbers; (K) Certificate/license numbers; (L) Vehicle identifiers and serial numbers, including license plate numbers; (M) Device identifiers and serial numbers; (N) Web Universal Resource Locators (URLs); (O) Internet Protocol (IP) address numbers; (P) Biometric identifiers, including finger and voice prints; (Q) Full face photographic images and any comparable images; and ® any other unique identifying number, characteristic, or code, except as permitted for re-identification purposes provided certain conditions are met. In addition to the removal of the above-stated identifiers, the covered entity may not have actual knowledge that the remaining information could be used alone or in combination with any other information to identify an individual who is subject of the information. 45 C.F.R. § 164.514(b).