

## **JOURNAL OF ATHLETIC TRAINING AUTHOR GUIDELINES**

### **General Information**

The mission of the *Journal of Athletic Training (JAT)* is to advance the science and clinical practice of athletic training and sports medicine. Athletic training is a health care profession that encompasses the prevention, examination, diagnosis, treatment, and rehabilitation of emergent, acute, and chronic injuries, illnesses, and pathologic conditions in athletes and other physically active individuals.

The *JAT* is a publication of the [National Athletic Trainers' Association \(NATA\)](#). The *Journal* does not charge publication fees and is fully open access and free of charge to all users. All manuscripts published in the *JAT* will be freely available on the [NATA Journals Web site](#) upon final production and released to PubMed Central in a timely manner.

Manuscripts submitted to the *JAT* are screened for suitability and adherence to the author guidelines. Submissions deemed to fall outside the scope of the *JAT*'s mission, to be of low priority for publication because of a failure to substantially advance the scientific understanding or clinical practice of athletic training and sports medicine, or to be noncompliant with the author guidelines will be rejected without peer review. All other submissions will be assigned to an Associate Editor and undergo double-blind peer review.

### **Requirements**

#### **Originality and Copyright**

Each author must attest that a manuscript submitted for consideration of publication by the *JAT* (1) contains original, unpublished material submitted solely to the *JAT*, (2) is not under simultaneous review by any other journal or publisher, and (3) will not be submitted elsewhere until a publication decision is rendered concerning suitability for publication by the *JAT*. On submission, each author must also acknowledge and accept the transfer and assignment of all copyright ownership to the NATA in the event that the work is published in *JAT*.

The *JAT* follows the [redundant-publication guidelines of the Council of Science Editors](#). All submissions are subject to assessment using plagiarism-detection software. Authors in violation of the redundant-publication guidelines will have sanctions invoked by the Journal Committee of the NATA.

#### **Authorship**

The *JAT* conforms to the [International Committee of Medical Journal Editors' Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#). Each author must be specifically identified in the published manuscript in accordance with the Uniform Requirements: "Authorship credit should be based only on (1) substantial contributions to

conception and design, or acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Conditions (1), (2), and (3) must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not constitute authorship." Contributors to the manuscript who do not qualify for authorship should be thanked in the "Acknowledgments" section. Each author must verify having contributed substantially to the submitted manuscript.

### Financial Disclosures and Conflicts of Interest

Sources of financial support for the study must be acknowledged. Grant or contract numbers should be included whenever possible. The complete name of the funding institution, agency, or company should be given, along with the city and state in which it is located. If individual authors were the recipients of funds, their names should be listed parenthetically.

During submission, each author's name and contact information must be provided. An e-mail will be sent to each author for verification of authorship and documentation of any conflicts of interest or financial disclosures and copyright transfer.

### Protocol Registration

Registration of clinical trials in a public trials registry is required for publication in the *JAT*. Trials must be registered before or at the time of patient enrollment. Details related to registration requirements and processes can be found at <http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/>. The name of the registry, registration number for the trial, and the URL for the registered trial should be included at the bottom of the title page.

Systematic reviews and meta-analyses should be prospectively registered with **PROSPERO**. The registration number and associated URL of the review or meta-analysis should be included at the bottom of the title page.

### Compliance with International Standards for Ethical Treatment of Human Participants and Animals in Research

Authors must comply with the standards of the International Committee of Medical Journal Editors regarding the protection of research participants (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html>). For experimental investigations of human or animal participants, state in the "Methods" section of the manuscript that an appropriate institutional review board approved the project. For investigations of human participants, state in the "Methods" section when and how informed consent was obtained. If informed consent was not required because the study was exempt, identify the institutional review board that approved the exemption.

### Permissions

**Reproduction of Copyrighted Material:** Documentation of permission to reproduce previously copyrighted material in the *JAT* is required from the copyright holder. This includes reproductions of text, figures, tables, and any other copyrighted materials.

**Photographs:** When possible, authors are encouraged to not include participants' faces in photographs. A [signed release](#) is required from any individuals who are recognizable in any photographs or video files that are included in manuscripts and supplemental content that is submitted to the *JAT*.

**Clinical CASE Reports:** A [signed release](#) from each patient described in a clinical CASE report is required to provide permission for the *JAT* to review and publish the manuscript.

## Preparation of Manuscript

### Style and Formatting Guidelines

**Blinding:** The *JAT* uses a double-blind review process. Authors and institutions should not be identified anywhere in the manuscript except on the title page.

**Page Formatting:** Each page must be formatted for 8.5- by 11-inch paper, double spaced, with 1-inch margins and a font no smaller than 10 points. Begin numbering the pages of your manuscript with the abstract page as #1; then consecutively number all successive pages. Include line counts on each page to facilitate the review process. Do not right justify pages.

The title page and acknowledgments as well as each table or figure must be uploaded as separate documents. None of these should be included as part of the primary manuscript file.

**Title Page:** The title page must be uploaded as a separate document from the primary manuscript file. Titles should be brief within descriptive limits (a 16-word maximum is recommended). The title page should also include the name, title, affiliation, e-mail address, and Twitter handle (if applicable) of each author and the name, address, phone number, and e-mail address of the author to whom correspondence is to be directed. No more than 4 credentials should be listed for each author. For athletic trainers, the use of "ATC" is preferred over state credentials. [Protocol registration](#) information for clinical trials, systematic reviews, and meta-analyses should be included at the bottom of the title page.

**Primary Manuscript File:** The primary manuscript file should contain the following, in the order listed, with each section beginning on a separate page:

- a. Abstract, Key Words, and Key Points (first numbered page);
- b. Text (body of manuscript);

- c. References;
- d. Legends to figures.

**Abstract:** All manuscripts must include an abstract that serves as a summary. Type the article title (but not the authors' names) at the top, skip 2 lines, and begin the abstract. Word limits and required headings differ by manuscript category and may be found in [Manuscript Categories](#).

**Key Points:** Authors must provide 2 or 3 key points that serve as “take-home messages” for readers. Each key point should consist of a single sentence and no more than 30 words. Key points must be supported by the results of the current study.

**Conclusions:** The manuscript should not have a separate summary section—the abstract serves as a summary. It is appropriate, however, to consolidate the findings with a concise conclusions paragraph at the end of the “Discussion” section. Conclusions must be supported by the results of the current study.

**References:** It is unethical to present others' ideas as your own. References should be numbered consecutively, using superscripted Arabic numerals, in the order in which they are cited in the text. References should be cited liberally, but for certain manuscript categories (Original Research, Short Report, Technical Note), the number of cited references is limited, as described in [Manuscript Categories](#).

References to articles or books that have been published or accepted for publication are listed in numerical order at the end of the manuscript. Journal title abbreviations should conform to Index Medicus style. Examples of references are illustrated below. See the *American Medical Association Manual of Style*, 11th edition (New York, NY: Oxford University Press; 2020), for other examples.

Journals:

1. Wright CJ, Nauman SL, Bosh JC. Wobble-board balance intervention to decrease symptoms and prevent reinjury in athletes with chronic ankle instability: an exploration case series. *J Athl Train*. 2020;55(1):42–48.
2. Wikstrom EA, Song K, Migel K, Haas CJ. Altered vertical ground reaction force components while walking in individuals with chronic ankle instability. *Int J Athl Ther Train*. 2020;25(1):27–30.

## Books:

1. Perrin DH, McLeod I. *Athletic Taping, Bracing, and Casting*. 4th ed. Champaign, IL: Human Kinetics; 2018.
2. Pitney WA, Parker J, Mazerolle Singe S, Potteiger K. *Qualitative Research in the Health Professions*. Thorofare, NJ: SLACK; 2020.

Personal communications are cited in the text as follows: “. . . (J.A. Smith, written communication, January 21, 2020).” The written or oral nature of the communication is stated, and the communication does not appear in the reference list. Authors must provide written permission from each personal communication source.

**Tables:** Tables should be formatted as follows: (1) The title is bold, and body and column headings are Roman type; (2) units are set above rules in parentheses; (3) numbers are aligned in columns by decimal point; (4) footnotes are indicated by superscript letters; and (5) the first letter of each major word in titles is capitalized, but only the first word in each column or row entry is capitalized.

Tables should be numbered sequentially as they are cited in the text. See a current issue of *JAT* for examples.

**Figures:** Figures should use Arial, a white background, and no surrounding box. Minimum recommended resolution is 300 dots per inch. Multipart figures should be mounted together and Arial capital letter labels (A, B, C, etc) used. For more details, consult the *JAT* Figure Guidelines at <http://natajournals.org/userimages/ContentEditor/1254507884202/JATFigureGuidelines609.pdf>.

Authors wishing color reproduction should request this in a cover letter with the submitted manuscript. Authors must pay for the additional cost of color reproduction (\$100/figure) before their accepted article is typeset.

Legends to figures are numbered with Arabic numerals in order of appearance in the text.

**Supplemental Content:** Authors are encouraged to submit supplemental content that can be archived on the *JAT* Web site should their manuscript be accepted for publication. Supplemental content may include detailed intervention or measurement protocols, video files of study procedures, additional figures or tables, datasets, computer code for data processing or analysis, or other materials that may be of interest to readers but do not fit concisely into the manuscript.

**Active Voice:** Writing should be in the active voice (for example, instead of “Participants were selected,” use “We selected participants”) and in the first person (for example, instead of “The results of this study showed,” use “Our results showed”).

**Units of Measurement:** Units of measurement shall be recorded according to the International System of Units, as specified in the *AMA Manual of Style*, except for angular displacement, which should be measured in degrees rather than radians. Examples include mass in kilograms (kg), height in centimeters (cm), velocity in meters per second (m/s), angular velocity in degrees per second ( $^{\circ}/s$ ), force in Newtons (N), and complex rates ( $\text{mL}\cdot\text{kg}^{-1}\cdot\text{min}^{-1}$ ).

**Reporting Percentages:** Percentages should be accompanied by the numbers used to calculate them. Avoid reporting a single  $P$  value as an inequality (eg,  $P > .05$ ) but instead report the exact value (eg,  $P = .12$ ). If, however, the value would be reported as  $P < .00$  because of the number of significant digits allowed, then it is acceptable to state  $P < .001$ . When reporting groups of  $P$  values, it is permissible to provide an inequality (eg, “groups were similar on all demographic characteristics [ $P$  values  $> .05$ ]”).

**Nonnative English-Speaking Authors:** Submissions written in English are welcomed from all countries. Authors, particularly those whose first language is not English, may wish to have their English-language manuscripts edited by a native speaker before submission. This is optional but may help to ensure that the academic content of the paper is fully understood by the editors and reviewers. The *JAT* does not endorse any specific professional editing provider. However, we provide the following links to several vendors that offer these services:

Editage: <https://www.editage.com/>

ELSS: <http://www.elss.co.jp/en/services/editing.html>

Balbes Consultants: <http://www.balbes.com/index.html>

## Manuscript Categories

[Quantitative Original Research](#)  
[Qualitative Original Research](#)  
[Systematic Review or Meta-Analysis](#)  
[Clinical CASE Report](#)  
[Quality Improvement](#)  
[Short Report or Technical Note](#)  
[Current Clinical Concepts](#)  
[Narrative Literature Review](#)  
[Communications](#)  
[Letter to the Editor](#)

[Quantitative Original Research](#)

**Abstract:** A structured abstract consisting of a maximum of 300 words and including the mandatory subheadings of “Context,” “Objective,” “Design,” “Setting,” “Patients or Other Participants,” “Main Outcome Measure(s),” “Results,” and “Conclusions” is required. When appropriate to the study performed, “Intervention(s)” follows “Patients or Other Participants.”

For the “Design” category, the author should select the most appropriate description from the following list:

*Randomized Controlled Clinical Trial:* A group of participants is randomized into an experimental group and a control group. These groups are followed up for the variables or outcomes of interest.

*Crossover Study Design:* The administration of 2 or more experimental therapies, one after the other, in a specified or random order to the same group of patients.

*Prospective Cohort Study:* Involves identification of 2 groups (cohorts) of participants, 1 that received the exposure of interest and 1 that did not, and following these cohorts forward for the outcome of interest.

*Case-Control Study:* A study that involves identifying patients who have the outcome of interest (cases) and patients without the same outcome (control group) and looking back to see if they had the exposure of interest.

*Cross-Sectional Study:* The observation of a defined population at a single point in time or time interval. Exposure and outcome are determined simultaneously.

*Case Series:* Describes characteristics of a group of patients with a particular disease or who have undergone a particular procedure. Design may be prospective or retrospective. No control group is used in the study, although the “Discussion” may compare the results with other results published in the literature.

*Controlled Laboratory Study:* An in vitro or in vivo investigation in which 1 group receiving an experimental intervention is compared with 1 or more groups receiving no intervention or an alternate intervention.

*Descriptive Laboratory Study:* An in vivo or in vitro study that describes characteristics such as the anatomy, physiology, or kinesiology of a broad range of subjects or a specific group of interest.

*Descriptive Epidemiology Study:* Observational study describing the incidence, prevalence, or risk factors of injuries occurring in a particular sport or physical activity.

**Key Words, Word Counts, and Key Points:** Immediately after the abstract, these items should be provided:

- 3 to 5 key words;
- Abstract word count;
- Body of manuscript word count (not counting abstract, references, tables, or figures);
- 2 to 3 [key points](#) that serve as take-home messages for readers. Each key point should have a maximum 280 characters including spaces.

**Body of Manuscript:** The body of an Original Research manuscript contains the following sections: “Introduction,” “Methods,” “Results,” and “Discussion.” No heading should appear at the beginning of the “Introduction”; however, headings should appear at the start of the remaining 3 sections. The “Introduction” should contain a brief overview of the problem being addressed, provide a justification for the study being performed, and clearly state the study purpose and research hypotheses. The “Methods” section should contain sufficient detail concerning the study design, participants, materials, procedures, and analysis used so that others can replicate the study. The “Results” should be summarized using descriptive and inferential statistics that are presented in the text and in figures or tables as appropriate. The “Discussion” section should summarize the primary findings of the study and put the original results into the scientific and clinical context of the existing research literature.

**Word and Reference Count:** The body of a quantitative Original Research manuscript should have a maximum of 4000 words, and no more than 30 references should be cited.

**Resources:** Authors should consult the following guidelines specific to certain study designs when writing their manuscripts:

[Consolidated Standards of Reporting Trials \(CONSORT\)](#),

[Studies of Diagnostic Accuracy \(STARD\)](#),

[Strengthening the Reporting of Observational studies in Epidemiology \(STROBE\)](#).

**Supplemental Content:** Authors are encouraged to submit [supplemental content](#) that does not fit concisely into the Original Research manuscript.

## Qualitative Original Research

**Abstract:** A structured abstract consisting of a maximum of 300 words and including the mandatory subheadings of “Context,” “Objective,” “Design” “Setting,” “Patients or Other Participants”, “Data Collection and Analysis,” “Results,” and “Conclusions” is required. The “Design” should be listed as “Qualitative study.”

**Key Words, Word Counts, and Key Points:** Immediately after the abstract, these items should be provided:



- 3 to 5 key words;
- Abstract word count;
- Body of manuscript word count (not counting abstract, references, tables, or figures);
- 2 to 3 [key points](#) that serve as take-home messages for readers.

**Body of Manuscript:** The body of an Original Research manuscript contains the following sections: “Introduction,” “Methods,” “Results,” and “Discussion.” The “Introduction” should supply a brief overview of the problem being addressed, provide a justification for the study performed, and clearly state the study purpose and research hypotheses. The “Methods” section should contain sufficient detail concerning the study design, participants, materials, procedures, and analysis used so that others can replicate the study. The “Results” should be described in the text and in tables or figures as appropriate. The “Discussion” section should summarize the primary findings of the study and put the original results into the scientific and clinical context of the existing research literature.

**Word Count:** The body of a qualitative Original Research manuscript should have a maximum of 5000 words, and no more than 30 references should be cited.

**Resources:** Authors should consult the following guidelines specific to certain study designs when writing their manuscripts:

[Standards for Reporting Qualitative Research \(SRQR\)](#),

[Consolidated Requirements for Qualitative Research \(COREQ\)](#).

**Supplemental Content:** Authors are encouraged to submit [supplemental content](#) that does not fit concisely into the Original Research manuscript.

### [Systematic Review or Meta-Analysis](#)

**Abstract:** A structured abstract consisting of a maximum of 300 words and including the mandatory subheadings of “Objective,” “Data Sources,” “Study Selection,” “Data Extraction,” “Data Synthesis,” and “Conclusions” is required.

**Key Words, Word Counts, and Key Points:** Immediately after the abstract, these items should be provided:

- 3 to 5 key words;
- Abstract word count;
- Body of manuscript word count (not counting abstract, references, tables, or figures);
- 2 to 3 [key points](#) that serve as take-home messages for readers.

**Body of Manuscript:** The body of a Systematic Review or Meta-Analysis manuscript contains the following sections: “Introduction,” “Methods,” “Results,” “Discussion.” The “Introduction”

should supply a brief overview of the problem being addressed, provide a justification for the question(s) being asked, and clearly state the patient characteristics, intervention, and comparative outcomes (PICO) question. The “Methods” section should contain sufficient detail concerning the search strategy, study inclusion and exclusion criteria, assessment of methodologic quality, data extraction, and analysis used so that others can replicate the study. The analysis should take a quantitative approach whenever possible. The “Results” should be summarized and presented in the text and in figures or tables as appropriate. The “Discussion” section should summarize the primary findings of the review and put the results into the scientific and clinical context of the existing research literature.

**Word Count:** The body of a systematic review or meta-analysis manuscript should have a maximum of 5000 words.

**Resources:** Authors should consult the following guidelines specific to certain study designs when writing their manuscripts:

[Preferred Reporting Items for Systematic Reviews and Meta-Analyses \(PRISMA\)](#),

[Meta-analysis of Observational Studies in Epidemiology \(MOOSE\)](#).

**Supplemental Content:** Authors are encouraged to submit [supplemental content](#) that does not fit neatly into the systematic review or meta-analysis manuscript.

### Clinical CASE Report

The *JAT*, in conjunction with the *International Journal of Athletic Therapy and Training*, uses a 4-tiered approach to case studies: Clinical Contributions to the Available Sources of Evidence (CASE) Reports.

Level 1: Validation Clinical CASE Report

Level 2: Exploration Clinical CASE Series Report

Level 3: Exploration Clinical CASE Report

Level 4: Rare Events Clinical CASE Report

Level 1 and level 2 Clinical CASE reports will typically be considered for publication in *JAT*, whereas level 3 and 4 Clinical CASE reports are typically considered for publication in the *International Journal of Athletic Therapy and Training*. This determination is made by the editors at the time of submission and is highly dependent on the potential lasting influence of the report.

**Abstract:** An unstructured abstract consisting of a maximum of 150 words is required. The abstract should follow the PICO format. The following information should be included:

- 1 to 2 sentences presenting the clinical case, including the primary patient characteristics (age, sex, sport if appropriate) and diagnosis;
- 1 to 2 sentences that describe the intervention—this is the independent variable, which can be epidemiologic, etiologic, diagnostic, prognostic, or therapeutic in nature;
- 1 to 2 sentences that give an overview of the comparative outcome; these are the most important results. For level 1 reports, the focus should be on the outcomes of the current study in comparison with the outcomes of the previously reported study or studies;
- 1 to 2 sentences of interpretation. For level 1 reports, this should include a commentary on the feasibility, practicality, and efficacy of implementing the tested factor in clinical practice. For level 2 and level 3 reports, this should include a commentary on the uniqueness of the case compared with other health care literature. For level 4 reports, this should include a commentary on the interprofessional collaboration involved in managing the case, when appropriate.

**Key Words, Word Counts, and Key Points:** Immediately after the abstract, these items should be provided:

- 2 to 3 key words;
- Abstract word count;
- Body of manuscript word count (not counting abstract, references, tables, or figures);
- 1 to 2 **key points** that serve as take-home messages for readers.

**Body of Manuscript:** The body of a CASE Report manuscript must contain the following sections: “Introduction,” “Case Presentation” (following the PICO format), “Discussion,” and “Clinical Bottom Line.”

Reporting standards are different for each level of Clinical CASE Reports:

**Level 1:** In Validation Clinical CASE Reports, the authors report on using the best available external evidence (eg, systematic reviews, high-impact clinical trials, position statements) to guide clinical decisions in a particular patient scenario. The key feature of this report is that the authors contrast the findings from the Validation Clinical CASE Report with those of the external evidence source in the “Comparative Outcomes” section. The “Clinical Bottom Line” should close the manuscript with an overall statement of the most important clinical points that can be gleaned from the current Clinical CASE study or series.

**Level 2:** In Exploration Clinical CASE Series Reports, the authors report on a particular trend across patients that deviates from the standard presentation found within the external evidence. In the “Comparative Outcomes” section, the authors discuss the similarities across the patient presentations but also how the presentations deviated from what has been

established in the external evidence. These reports offer new insights into the future investigation of factors related to a particular clinical problem and its resolution. The “Clinical Bottom Line” should close the manuscript with an overall statement of the most important clinical points that can be gleaned from the current Clinical CASE series.

Level 3: In Exploration Clinical CASE Reports, the authors describe alternate or irregular presentations of either common (highly prevalent) or uncommon conditions compared with the available evidence. A clear description about how the case study will potentially make a meaningful contribution to the literature should be the focus of the last paragraph of the “Introduction.” Compare and contrast the interventions and outcomes in the Clinical CASE Study with the typical presentation of the condition as described in the literature. A “Discussion” of considerations for future scientific investigation and practice-based recommendations from the current findings should be included. The “Clinical Bottom Line” closes the manuscript with an overall statement of the most important clinical points that can be gleaned from the current Clinical CASE study.

Level 4: The purpose of the Rare Events Clinical CASE Report is to clearly describe a typical case presentation that is uncommon in the athletic training or sports medicine literature and to present evidence generated in other health care professions. A clear description about how the case study will potentially make a meaningful contribution to the athletic training and sports medicine literature should be highlighted in the “Introduction.” Describe the interventions used in the present case to emphasize the typical presentation, as provided in the literature from other health care professions. Emphasize the role of the athletic trainer or sports medicine clinician as part of the interprofessional group that worked toward the identification or management of the condition, as appropriate. Address the outcomes in the present case to underscore the typical presentation. The “Discussion” should highlight the information that can be gained from the presentation of a rare condition to the athletic training professional community. The “Clinical Bottom Line” should close the manuscript with an overall statement of the most important clinical points that can be gleaned from the current Clinical CASE study.

**Word Count:** The body of a CASE report manuscript should have a maximum of 2000 words, and no more than 15 references should be cited.

**Resources:** Authors should consult the following guidelines when writing Clinical CASE study manuscripts:

*Journal of Athletic Training*. 2016;51(7):509–510.

*Journal of Athletic Training*. 2016;51(7):581–585.

*International Journal of Athletic Therapy & Training* Clinical CASE report author guidelines

**Supplemental Content:** Authors are encouraged to submit [supplemental content](#) that does not fit concisely into the Clinical CASE report manuscript.

## Quality Improvement

The *JAT* will consider manuscripts that describe the effectiveness of quality improvement initiatives aimed at addressing local problems relative to the clinical practice of athletic training. These articles must describe how the quality improvement initiative was designed and implemented, the measurable outcomes, and the lessons learned.

**Abstract:** An unstructured abstract consisting of a maximum of 150 words is required and should include appropriate information on the background, local problem, interventions, outcome measures, results, and conclusions.

**Key Words, Word Counts, and Key Points:** Immediately after the abstract, these items should be provided:

- 2 to 3 key words;
- Abstract word count;
- Body of manuscript word count (not counting abstract, references, tables, or figures);
- 2 to 3 **key points** that serve as take-home messages for readers.

**Body of Manuscript:** The body of a Quality Improvement manuscript should include the following headings and sections: “Local Problem,” “Background,” “Measurement,” “Design,” “Strategy,” “Results,” “Lessons and Limitations,” and “Conclusions.”

The “Local Problem” section should address the primary problem that was identified and provide information specific to the practice site, organization, and patient population in which this problem existed. The “Background” section is similar to the “Introduction” section of an Original Research manuscript in that it describes to the reader what is known and not known about the topic being studied. The “Measurement” section should describe the measures that were selected for studying the processes and outcomes of the intervention, the timepoints at which the measures were taken, and how it could be established that the observed outcomes were due to the intervention. The “Design” section should thoroughly describe the intervention that was initiated to improve the quality of health care. The “Strategy” section should describe the implementation of a specific model of quality improvement, such as plan, do, study, act (PDSA), in regard to how the local problem was addressed. The “Results” section should provide a summary of the quantitative results collected at baseline and after each cycle of intervention. The use of figures and tables to present results is encouraged. The “Lessons and Limitations” section should describe the lessons learned from undertaking the described quality improvement initiative and the limitations that should be considered by readers when attempting to generalize the results to other clinical practice sites. The “Conclusions” section should provide a clinical bottom-line interpretation of the findings.

**Word Count:** The body of the manuscript should not exceed 4000 words, and no more than 30 references should be cited.

**Resources:** Authors of quality improvement manuscripts should adhere to the following guidelines:

[Standards for Quality Improvement Reporting Excellence 2.0 \(SQUIRE\)](#).

**Supplemental Content:** Authors are encouraged to submit [supplemental content](#) that does not fit concisely into the Quality Improvement manuscript.

### Short Report or Technical Note

The *JAT* will consider manuscripts on topics that are best suited for dissemination in the form of an abridged communication. Short Reports may include a brief report of an Original Research study with a concise question and scope that either does not warrant a full-length Original Research manuscript or reflects a succinct review of a specific topic, historical perspective, or application of a specific statistical procedure. Technical Notes should describe results from new or modified experimental methods or advances in instrumentation, data acquisition, or clinical techniques. Furthermore, they should define, explain, or discuss the technical and scientific aspects of an important and timely topic.

Exception for Short Reports describing Original Research studies, an author who wishes to submit a Short Report or Technical Note is advised to contact the [Editorial Office](#) in advance regarding the suitability of the topic for submission to the *JAT*.

**Abstract:** An unstructured abstract not exceeding 150 words is required.

**Key Words, Word Counts, and Key Points:** Immediately after the abstract, these items should be provided:

- 2 to 3 key words;
- Abstract word count;
- Body of manuscript word count (not counting abstract, references, tables, or figures);
- 1 to 2 [key points](#) that serve as take-home messages for readers.

**Body of Manuscript:** Data-based manuscripts should follow the flow of “Introduction,” “Methods,” “Results,” and “Discussion,” consistent with Original Research manuscripts. The headings of nondata-based manuscripts should reflect the specific sections salient to the overall theme of the paper.

**Word Count:** The body of the manuscript should not exceed 2000 words, and no more than 15 references should be cited. No more than 3 tables or figures should accompany the manuscript.

**Supplemental Content:** Authors are encouraged to submit [supplemental content](#) that does not fit concisely into the Short Report or Technical Note manuscript.

## Current Clinical Concepts

The *JAT* curates a series of Current Clinical Concepts manuscripts that provide succinct reviews of best-practice recommendations in athletic training and sports medicine. These manuscripts will typically be narrative reviews that comprehensively summarize the current state of science for a focused, clinically relevant topic. These manuscripts should have a strong emphasis on clinical translation, specifically serving as a bridge between research findings and application in clinical practice. Topics should focus on current athletic training practice domains. Development of Current Clinical Concepts manuscripts will typically be by invitation only. Authors interested in submitting a Current Clinical Concepts manuscript should contact the [Editorial Office](#) in advance of submission regarding the suitability of the topic for the *JAT*.

**Abstract:** An unstructured abstract not exceeding 150 words is required.

**Body of Manuscript:** These manuscripts should be written as narrative reviews rather than systematic reviews. The headings of Current Clinical Concepts manuscripts should reflect the specific sections salient to the overall theme of the paper. An introductory section that presents relevant background information on the clinical topic should be followed by sections addressing clinical management recommendations. Manuscripts must include content on both the step-by-step explanation of how to perform clinical techniques and accompanying explanation of why the technique should be used. Grades of recommendation and levels of evidence (using either the [Strength of Recommendation Taxonomy \[SORT\]](#) or [Centre for Evidence-Based Medicine \[CEBM\]](#) scales) should accompany all clinical recommendations. Liberal citation of and inclusion of figures and tables are encouraged.

**Word Count:** The body of the manuscript should not exceed 4000 words, and no more than 50 references should be cited. No more than 8 tables or figures should accompany the manuscript.

**Supplemental Content:** Authors are encouraged to submit [supplemental content](#) that does not fit concisely into the Current Clinical Concepts manuscript.

## Narrative Literature Review

Narrative Literature Reviews published in the *JAT* are normally solicited from established authors for inclusion in special thematic issues on contemporary topics in athletic training and sports medicine. An author who wishes to submit an unsolicited narrative literature review is advised to contact the [Editorial Office](#) regarding the suitability of the topic for the *JAT* and further instructions.

## Communications

Communications articles, such as official position statements from the NATA Pronouncements Committee and policy statements such as interassociation consensus statements, are solicited for publication by the *JAT*. An author who has a suggestion for such a paper is advised to contact the [Editorial Office](#) regarding the suitability of the topic for the *JAT* and further instructions.

### Letter to the Editor

Letters to the editor should be less than 1000 words, contain no more than 10 references, and be submitted to the [Editorial Office](#).

### Submission

Submit new manuscripts online at <http://jat.msubmit.net>.

### Manuscript Revisions

Manuscripts returned to authors for revisions must be resubmitted within 3 months of the date of the decision letter to be considered for publication. Revised manuscript submissions must include the revised manuscript highlighting the responses to the reviewers and revisions made to the manuscript, a “clean” (ie, changes-incorporated) manuscript, and separate files containing the itemized comments of each reviewer, followed by the response to each comment, indicating the revisions made to the manuscript or providing a justifiable rebuttal.

### Accepted Manuscripts

Papers accepted for publication undergo copyediting and final approval by the corresponding author before final production. Papers are posted ahead of print on the *JAT*'s [Web site](#). Manuscripts are edited by a professional editor to improve the effectiveness of communication between authors and readers and to aid the authors in presenting work that is compatible with the style policies found in the *AMA Manual of Style*. Page proofs are sent to the corresponding author as PDFs for proofreading, and any changes must be returned within 48 hours. Please keep in mind that alterations are costly. Important changes are permitted, but authors will be charged for excessive alterations. Although authors will need to correct any factual or typesetter errors, text changes in excess of 5 text “blocks” will be billed at \$5 per correction. Figure revisions (replacement figures or minor figure editing) will be billed as follows: black and white figure, \$25; halftone (eg, photograph), \$30; color figure, \$75.

### Partner Publications

The *JAT* partners with the following publications and may refer manuscripts not suited for publication in the *JAT* to these partner publications as appropriate:

*Athletic Training Education Journal*,

*International Journal of Athletic Therapy & Training*,



*NATA News.*

## Media Reviews

Reviews of new media including books, educational videos, or software relevant to the clinical practice of athletic training are typically solicited by *JAT's* Clinical Applications Editor. Media reviews undergo editorial review, and accepted reviews are published in the *NATA News*. Authors with a proposal for a media review should contact the [Editorial Office](#).

### Instructions for Authors of Media Reviews

The purpose of a Media Review is 2-fold: (1) to recommend the suitability of the material for athletic training education (professional and continuing) and (2) to make suggestions to the author for improving the material in future editions.

Provide the following information at the top of your review:

Title:  
Author(s):  
Publisher:  
City:  
Year:  
# of pages or length (if applicable):  
ISBN (if applicable):  
Price:  
Reviewed by:  
Reviewer's institution, city, state:

To ensure a comprehensive review of the material, please use the following questions to direct your review, but write your review in paragraph form.

- (1) For what type of course would this material be suitable?
- (2) Would this material be better used as a primary source or as a supplement?
- (3) At what level student is the material directed?
- (4) Would professionals in the field (other than educators) find the material useful?
- (5) How does this material compare with similar materials?
- (6) Is there anything unique about this material?
- (7) Are the illustrations or images helpful or distracting?
- (8) Does the material flow smoothly, or does the reader or viewer have to work to understand the message?
- (9) Is the cost of the material reasonable for the information a purchaser would gain?
- (10) Other comments.

Please e-mail your completed media review to the [Editorial Office](#).