Ten Years Gone

Patrick O. McKeon, PhD, ATC, CSCS and Jennifer M. Medina McKeon, PhD, ATC, CSCS
Ithaca College, Ithaca, NY, USA

We have served as the IJATT Editors-in-Chief for 10 years! Since taking the reins in 2014,1 our aims were to (1) build this already exceptional journal into the premier clinical journal for athletic training and (2) be a practical resource for students, researchers, educators, and, especially, clinicians. During our tenure as Editors-in-Chief, we took on several initiatives to accomplish these aims. Below we highlight some of our accomplishments as the IJATT Editors. Over the past 10 years, we have accomplished the following:

1. Introduced Critically Appraised Topics (CATs) to IJATT and developed the guidelines for CATs.2-5 These IJATT guidelines have become the standard for our profession, and CATs are now a recognized part of the Free Communication programs within the NATA Foundation and other regional conferences. Through-out this journey, we found there’s more than one way to skin a CAT5 and pondered how many lives a CAT really has!4

2. Developed the Clinical Contributions to the Available Sources of Evidence (CASE) Report Model.6-8 Prior to this model, case reports were almost obsolete in sports medicine research because of a lack of consistent or meaningful guidelines even though they serve as important communication tools amongst clinicians. We built the Clinical CASE Report model to capture the dynamic interplay between practice-based evidence and evidence-based practice. In doing so, Clinical CASE Reports are now published in both IJATT and Journal of Athletic Training (JAT). This Clinical CASE Report model has also been adopted as the standard for the Free Communications program within the NATA Foundation and regional conferences.

3. Contributed to the ongoing discussion of Evidence Based Practice. We wrote a series of editorials focused on describing, explaining, clarifying, and improving on various aspects of the Evidence Based Practice Paradigm.
   a. Pre-EIC: Hierarchy of Research Evidence in Sports Medicine .9
   b. Pre-EIC: Assessment the Quality of Research Evidence .9,10
   c. A Balanced Body of Knowledge12
   d. PICO - A Hot Topic . .13
   e. A Balancing Act Between Control and Generalizability14
   f. Bias is Not a 4-letter Word . .15
   g. Patient Evidence . .16
   h. Evidence-based Practice and Practice-based Evidence17,18
   i. Outcomes Assessment – Demonstrating Our Predictive Ability . .19
   j. The Clinical Scientific Method – What’s Next?20

k. From Strength of Recommendation to Clinical Implementation . .21

4. Streamlined and clarified the peer review process and the importance of creating actionable items. The hallmark of research evidence is the quality of the peer review process. Creating actionable items for authors to enhance the clarity of their message to our readers has been our goal as editors and reviewers.22

5. Updated the guidelines for Research Reports. These critical updates were made to improve reporting transparency, encourage authors to clearly connect research to clinical practice, and to better align with reporting expectations for medical journals.

6. Obtained a 50% (or higher) rejection rate. No one likes to have their manuscript rejected; however, a higher rejection rate does signify a certain level of journal prestige. Further, a higher rejection rate helps ensure that we are truly publishing papers that are of a high standard.

7. Built a substantial backlog of accepted manuscripts. While a backlog, of course, takes some pressure off at the time the issue is ready for print, a sufficient backlog of accepted manuscripts allows for Epub ahead-of-print status to be supported. This is invaluable to authors and readers and also helps us keep our rejection rate above 50%.

8. Formalized a manuscript referral relationship with JAT. We know that JAT receives more manuscripts than it can publish, many of which are case studies and research papers that are more clinically oriented. The JAT–IJATT referral process has allowed high quality papers a direct opportunity to get a priority review for publication in IJATT if they were a good fit for the clinical scope of IJATT.

9. Provided regular opportunities for our readers to earn CEUs with each issue. Early on in our tenure, we made the essential pivot to supporting EBP CEUs (and survived!) As continuing education evolves, we have also made the changes necessary to remain Approved Providers for continuing education for athletic trainers.

We are so grateful to the IJATT editorial board who over the past 10 years have dedicated themselves to guiding authors and reviewers in the peer review process and have been instrumental in shaping the IJATT mission and scope. They have all shown an outstanding commitment to enhancing the body of knowledge in athletic training and therapy.

Associate Editors in our tenure as Editors-in-Chief
Jatin Ambegaonkar
Shelby Baez (current Associate Editor)
Erica Beidler (current Associate Editor)
Shane Caswell

McKeon (pmckeon.ijatt@gmail.com) is corresponding author.
Julie Cavallario (current Associate Editor)  
Scott Cheatham  
Neal Curtis (current Associate Editor)  
Michael Dolan  
Luke Donovan (current Senior Associate Editor)  
Jeffrey Driban  
Lindsey Eberman  
Abbey Fenwick (current Associate Editor)  
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Aaron Sciascia (current Associate Editor)  
Janet Simon (current Associate Editor)  
Stephanie Singe (current Associate Editor)  
Tricia Turner  
Gary Wilkerson (current Associate Editor)  

We also wish to thank the amazing Human Kinetics editorial team members that have helped us navigate all the demands as Editors over the past 10 years.

Skip Maier  
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Christina Johnson  
Casey Buchta  
Pat Fish  
Marielena Morgan

It has been an amazing decade as editors – a true honor in serving the IJATT leadership and our profession! We are proud of the work we’ve put into guiding IJATT and what we’ve accomplished. With that said, it is time for us to pass the reins to a new editor, with new ideas, aims, and directions for the journal! We look forward to seeing the IJATT flourish under new leadership and know that it will continue to be the premier clinical journal for athletic training and therapy. To slightly modify the immortal words of Douglas Adams, So long and thanks for all the CATS! Thank You!

References


10. Medina JM, McKeon PO, Hertel J. Rating the levels of evidence in sports-medicine research. Athl Ther Today. 2006;11(5):38–41. doi:10.1123/att.11.5.38


