

# Guidelines for Authors: CAP–Diagnosis

## Mission

The *International Journal of Athletic Therapy & Training (IJATT)* publishes peer-reviewed reports pertaining to clinical applications of research findings, procedures that been found effective for the prevention and treatment of sports-related injuries, and professional practice issues. *IJATT* will publish original research reports, but the content must have strong relevance to clinical practice.

## Format

Manuscripts (main document file) must be double-spaced and in a single column with 12-point font, 1-inch margins, and numbered lines, and text should not exceed 7 pages (not including title page and references). Concise presentation of content (1,200–2,000 words; 4–7 pages) is required for publication. Author name(s) and/or affiliations should not appear within the manuscript file.

## Critically Appraised Paper (CAP) Review Form–DIAGNOSIS

This is NOT a critical appraisal worksheet, but manuscript guidelines for writing a Critically Appraised Paper (CAP), formerly known as Critical Research Reviews (CRR). For more information on critical appraisal of a diagnostic accuracy article, and a critical appraisal worksheet, please see <http://www.cebm.net/critical-appraisal/>, and select Diagnostics under Critical Appraisal Worksheets.

All submitted CAP manuscripts should include all sections as detailed below. Further, beyond just reporting the information from the reference study, a critique of the methods and results of the reference study is required. CAP manuscripts that fail to include critical appraisal and the potential for incorporation into clinical decision-making will be rejected.

**Title.** The title should capture the central concept(s) of the CAP. Please include “[TITLE]: A Critically Appraised Paper” as part of the title.

**Reference.** Provide the complete citation of the reference study in AMA format.

**Clinical Bottom Line (~ 100 Words, Unstructured).** Concisely capture the most important clinical take-home message(s) from the CAP. The Level of Evidence and Grade of Recommendation should be identified. See <http://www.cebm.net/ocebm-levels-of-evidence> for information on Levels of Evidence and Grades of Recommendation.

**Focused Clinical Question.** A three or four-part clinical question using the Patient, Intervention, Comparison, Outcome (PICO) format should be generated based on the content of the reference paper. For example, “For a Division I athlete [P], is a poor score on the Functional Movement Screen [I] sufficient for determining if that athlete is at a higher risk for injury [O]?” See <http://www.cebm.net/asking-focused-questions/> for information on generating a focused clinical question.

**Search Terms.** Report your final (last stage) search terms including Boolean phrases and report the resulting number of hits with this final search phase. For example: “Search Terms: (functional movement screen) AND (athlete) AND (injuries). The search yielded 11 hits: the McKeon et al. article was the third one listed.”

**Study Design and Blinding.** Study design should be briefly detailed. Further, report whether the assessors of the index test were blinded to results of the reference (gold standard) test and vice versa.

**Target Disorder.** The target disorder should be correctly identified and described.

**Diagnostic Test and Gold Standard.** The index test should be concisely, but completely, described. Include test performance, what are considered (+) and (–) results, how the test is scored, how it is interpreted, and what a ‘high or low’ score means, as appropriate. The reference test used in the reference study should be identified and concisely described. Include commentary on whether the reference test is actually considered the gold standard or if there is a “better” gold standard that could or should have been used. For more information, visit <http://www.cebm.net/critical-appraisal/> and select Diagnostics under Critical Appraisal Worksheets.

**Independence.** Provide a brief statement regarding whether the index test is independent from the reference test/gold standard. For more information, visit <http://www.cebm.net/critical-appraisal/> and select Diagnostics under Critical Appraisal Worksheets.

**Verification Bias.** Provide a brief statement regarding whether all patients received the gold standard test regardless of results on the index test. For more information, visit <http://www.cebm.net/critical-appraisal/> and select Diagnostics under Critical Appraisal Worksheets.

**The Study Patients.** The patients included in the study should be described concisely. The number of total subjects, inclusion/exclusion criteria, and the number who ultimately had the target disorder should be included. This information is needed to ensure that the reader can determine whether (a) spectrum bias was a validity threat and (b) whether patients are similar enough to the reader's patient for the results to be relevant.

**Spectrum Bias.** The spectrum of patients included in the study should be reported. In other words, the range of severity, timing of the problem, or patients presenting with similar symptoms (but different injuries/diseases) should be identified in the reference paper and reported in the CAP. For more information, visit <http://www.cebm.net/critical-appraisal/> and select Diagnostics under Critical Appraisal Worksheets.

**The Evidence.** Provide numerical evidence of primary and, where appropriate, secondary outcomes. Outcomes such as sensitivity, specificity, likelihood ratios, and predictive values are all examples of appropriate outcomes to report. Measures of variability (e.g., confidence intervals) should be reported with all point measures. If the reference paper provides these outcomes, then these may be reported directly from the manuscript. However, if the reference paper only provides raw data, then numerical outcomes should be calculated in the present study and reported. For more information, visit <http://www.cebm.net/critical-appraisal/> and select Diagnostics under Critical Appraisal Worksheets.

**Commentary Section.** The commentary section should be focused on answering and interpreting the following points. While there are headings here, headings should not be included in the final manuscript.

**Validity Judgments: Are the Results Valid?** Provide critical commentary and interpretation about relative seriousness of any threats to validity. In other words, should the results be believed? Why or why not? Incorporate methodological factors such as blinding, test independence, whether a true gold standard was used, and possibility of spectrum bias as potential areas of discussion.

**Appraisal of the Results: What Are the Results?** Interpret the primary and secondary results in terms of magnitudes of diagnostic test accuracy indices. Comment about precision of point estimates based on widths of CIs; consider the meaning of upper and/or lower bounds of CIs; make judgments about how precision or lack thereof affects strength of evidence. In other words, based on reported numerical values, how convincing were the results?

**Clinical Applicability: How Can the Results Be Applied to Patient Care?** Provide commentary regarding the clinical applicability of the index test and how the results of this critical appraisal (critique of the methods AND results) might influence clinical decisions. Clear analysis of (1) judgments about validity threats and level of evidence, (2) judgments about strength and precision of, and/or (3) practical application in a clinical setting when taking clinical expertise, equipment, and more into consideration, should be included.

## Submission and Review Policies

**Submission:** All materials must be uploaded to the following website: [mc.manuscriptcentral.com/hk\\_att](http://mc.manuscriptcentral.com/hk_att). A **single file containing the title page (without author identification), text, and reference list** should be submitted, along with the separate file containing author information. Also include the title as the first element of the blinded manuscript, followed by the abstract (if it is a research report), and/or key points (which should be included with all manuscripts). Tables, graphs, photographs, and figures should be submitted in separate files.

**Review policy:** An editor and at least one other reviewer will assess the content of each manuscript. A topic that requires more than 1,200–2,000 words might be approved for publication as a two-part report (which may be published together in the same issue or separately in two successive issues). A two-part report must be presented in two separate manuscripts (1,200–2,000 words each) that are submitted together. A manuscript

submitted to *IJATT* must **not** be submitted to any other journal while under review. When a manuscript is accepted for publication, an editorial board member will work with the author to improve the presentation of the work. *IJATT* editors reserve the right to edit all content to correct grammatical errors, to ensure accuracy of the information presented, and to fit space restrictions.

**Copyright:** Authors of manuscripts accepted for publication must transfer copyright to the publisher. A transfer of copyright form will be sent to the author from Human Kinetics, which must be returned before publication.

**Complimentary copies:** Upon request, authors will be provided with a final copy of their article.