

Guidelines for Authors: CAP–Therapy

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–THERAPY

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 therapeutic intervention article, and a critical appraisal worksheet, please see <http://www.cebm.net/critical-appraisal/>, and select Randomised Controlled Trials 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 elite-level athletes [P], what energy drinks [I] have positive effects on performance [O] compared to placebo [C]?” 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: (energy drinks) AND (ergogenicity) in PubMed Clinical Queries for Therapy (narrow, specific search). This yields only 1 hit: the Salinero et al. article was the only one listed.”

Study Design. The study design should be briefly detailed.

Allocation. The terms under which participants were allocated should be described. Describe how allocation was *randomized* and/or *concealed*.

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) patient groups were *homogenous at baseline* and (b) whether patients are similar enough to the reader’s patient for results to be relevant.

Homogeneity. Report whether the study groups included participants who were similar at baseline for any relevant characteristics. For more information, visit <http://www.cebm.net/critical-appraisal/> and select

Randomised Controlled Trials under Critical Appraisal Worksheets.

Blinding. Provide a brief statement as to whether the (1) participants, (2) clinicians who administered the intervention, and/or (3) assessors of the primary outcomes were blinded to group membership.

Intervention. The treatment regimens (experimental and control) should be concisely described, including the number of participants allocated into each group and the number of participants in each group entered into the final analysis.

Outcomes. The primary and secondary (where appropriate) outcomes should be concisely, but completely, described. For more information, visit <http://www.cebm.net/critical-appraisal/> and select Randomised Controlled Trials under Critical Appraisal Worksheets.

Follow-Up and Intention-to-Treat. Describe whether follow-up was sufficient (85% or better). Did a substantial number of participants drop out of one or both groups throughout the study? How were missing data handled? Describe whether an intent-to-treat analysis (or other method for handling missing data) was performed.

The Evidence. Provide numerical evidence of primary and, where appropriate, secondary outcomes. Outcomes such as effect sizes (continuous data), risk ratios (frequency data), and odds ratios (frequency data) are all examples of appropriate outcomes to report. Measures of variability (e.g., confidence intervals) should be reported with all point measures. If these are unavailable, clearly state that measures of variability were unavailable in the manuscript. 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 Randomised Controlled Trials 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 random allocation, concealment, homogeneity, blinding, and intention-to-treat as potential areas of discussion.

Appraisal of the Results: What Are the Results? Interpret the primary and secondary results in terms of magnitudes of difference between the treatment and control groups. Comment about precision of point estimates based on widths of CIs; consider the meaningfulness 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 results of the therapeutic intervention 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. 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.