



# ASIA-PACIFIC JOURNAL OF SPORTS MEDICINE, ARTHROSCOPY, REHABILITATION AND TECHNOLOGY

Official journal of [APKASS](#) and [JOSKAS](#)

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### DESCRIPTION

The Asia-Pacific Journal of Sports Medicine, Arthroscopy, Rehabilitation and Technology (AP-SMART) is the official peer-reviewed, open access journal of the Asia-Pacific Knee, Arthroscopy and Sports Medicine Society (APKASS) and the Japanese Orthopaedic Society of Knee, Arthroscopy and Sports Medicine (JOSKAS). It is published quarterly, in January, April, July and October, by Elsevier.

The mission of AP-SMART is to inspire clinicians, practitioners, scientists and engineers to work towards a common goal to improve quality of life in the international community. The Journal publishes original research, reviews, editorials, perspectives, and letters to the Editor.

Multidisciplinary research with collaboration amongst clinicians and scientists from different disciplines will be the trend in the coming decades. AP-SMART provides a platform for the exchange of new clinical and scientific information in the most precise and expeditious way to achieve timely dissemination of information and cross-fertilization of ideas.

The information presented aims to provide a scientific yet practical approach to these five areas: Sports medicine—itsself a field with cross-disciplinary dimensions, including sports traumatology, cardiology, endocrinology, accident and emergency medicine, physiology, biochemistry and biomechanics. Whilst each of these fields serves a specific domain, they all contribute importantly to the overall care of athletes. Arthroscopy—recent advances in skills and technology have driven arthroscopy to the forefront of surgical development in minimally invasive interventions for sports traumatology. Rehabilitation—an integral part of the overall management of sports trauma, comprising a comprehensive program of treatment with allied health professionals, performance optimization, preventive measures and outcome evaluation Sports technology—of vital importance to biomechanical and biological research in arthroplasty and sports medicine, allowing new ideas to be tested, developed and applied in the field. We aim to establish strong links between engineers, scientists, biomechanists and administrators involved with sports and sports technology. Reconstructive surgery of the knee, shoulder and ankle—including osteotomy, total joint replacement, minimally invasive and computer-assisted surgery. The Journal's section on upper limb is devoted to the advancement of the science and management of upper limb disorders, with particular relevance to sport-related conditions.

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## GUIDE FOR AUTHORS

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### INTRODUCTION

The *Asia-Pacific Journal of Sports Medicine, Arthroscopy, Rehabilitation and Technology (AP-SMART)* is the official peer-reviewed, open access publication of the Asia Pacific Knee, Arthroscopy and Sports Medicine Society (APKASS). This e-only journal is published quarterly by Elsevier in January, April, July and October. The journal aims to provide a multidisciplinary forum to facilitate the rapid transmission of knowledge amongst the sports medicine, arthroscopy, and knee surgery communities. Authors are welcome to submit original articles, review articles, editorials, perspectives, and letters to the editor for consideration. The Editorial Board requires authors to be in compliance with the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals*, which are compiled by the International Committee of Medical Journal Editors (ICMJE), and which are available at <http://www.icmje.org>. This Guide for Authors is revised periodically by the Editors as needed. Authors should visit [the journal's homepage](#) for the latest version of this guide. Authors are requested to ensure that submissions adhere exactly to the stated instructions and format. Any manuscript not prepared according to the instructions in this guide will be returned immediately to the author(s) without review.

### Types of article

The categories of articles that are published in the journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

#### Original articles

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to sports medicine. They should include an abstract and be structured as follows: Abstract, Introduction, Materials and Methods, Results, Discussion, Conflicts of Interest Statement, Funding/Support Statement, Acknowledgements (if any), References, Figures and Tables (if any), and Supplementary Material (if any).

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Materials and Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

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The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

#### Format guide

- Word limit of abstract: 500
- Up to 6 keywords
- Word limit of main text: 6000 (excluding references)
- References: 40 or less
- Tables/Figures: not more than 8

#### Review articles

Reviews should have a short pithy title and provide a balanced synthesis of current knowledge on areas such as sports medicine, arthroscopy, rehabilitation, sports technology, reconstructive surgery and upper limb.

#### *Format guide*

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- Up to 6 keywords
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- References: 80 or less
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These are usually written by invited authors or editorial board members and are comments on recent news or articles published in the journal.

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#### *Format guide*

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Letters provide readers with an opportunity to raise issues of interest to the sports medicine community or to respond to an article previously published in *AP-SMART*. They should provide new information or a fresh perspective on the previously published articles. Letters are sent to the author(s) of the previously published article under discussion for their response.

#### *Format guide*

- No abstract
- No keywords
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- Word limit of main text: 1000 (excluding references)
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#### *Introduction*

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

#### *Results*

Results should be clear and concise.

#### *Discussion*

This should explore the significance of the results of the work, not repeat them. Avoid extensive citations and discussion of published literature.

#### *Conclusion*

The main conclusions of the study may be presented in a short Conclusion section, which may stand alone or form a subsection of the Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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The title page should contain the following information (in order, from the top to bottom of the page):

- **Article type.**

- **Article title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

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### **Abstract**

A concise and factual abstract is required for the following article categories: Original Articles, Review Articles and Perspectives. The word count limits for abstracts should follow the requirements listed in the 'Types of article' section at the beginning of this Guide for Authors. Structured abstracts are required for Original Articles (use the subheadings 'Background/objective', 'Methods', 'Results' and 'Conclusion').

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In general, the abstract should provide the context or background for the research and should state its purpose, basic procedures (selection of study participants, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

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### **Keywords**

Immediately after the abstract, provide a maximum of 6 keywords in alphabetical order, using British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). If possible, keywords should be selected from the Medical Subject Headings (MeSH) list of Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

No keywords are required for Editorials and Letters to the Editor.

### **Abbreviations**

Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses (even if it was previously defined in the abstract). Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary and ensure consistency of abbreviations throughout the article. Ensure that an abbreviation so defined does actually appear later in the text (excluding in figures/tables), otherwise, it should be deleted.

### **Acknowledgements**

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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List funding sources in this standard way to facilitate compliance to funder's requirements:

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Statistical analysis is essential for all research papers. Use correct nomenclature for statistical methods (e.g., two sample *t* test, not unpaired *t* test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail. All *p* values should be presented to the third decimal place for accuracy. The smallest *p* value that should be expressed is  $p < 0.001$  since additional zeros do not convey useful information; the largest *p* value that should be expressed is  $p > 0.99$ .

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The number of illustrations should be restricted to the minimum necessary to support the textual material. Ensure that each illustration is numbered consecutively in accordance with their appearance in the text and has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used at the end of the caption. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes in alphabetical order at the end of the caption. Asterisks (\*, \*\*) are used only to indicate the probability level of tests of significance. Abbreviations used must be defined and placed after the footnotes in alphabetical order. If you have included or adapted the figure from another source, whether published or unpublished, you must acknowledge the original source in the caption (and have documentary evidence to show that you have been granted permission to use or adapt the figure should you be asked for such evidence).

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As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

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This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

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*Examples of the most common reference types are provided below.* Please pay particular attention to the formatting, word capitalization, spacing and style.

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1. Aerts I, Cumps E, Verhagen E, Verschueren J, Meeusen R. A systematic review of different jump-landing variables in relation to injuries. *J Sports Med Phys Fitness*. 2013;53:509–519.

Reference to a journal supplement:

2. Kaplan NM. The endothelium as prognostic factor and therapeutic target: what criteria should we apply? *J Cardiovasc Pharmacol*. 1998;32(suppl 3):S78–80.

Reference to a journal article not in English but with English abstract:

3. Kawai H, Ishikawa T, Moroi J, et al. Elderly patient with cerebellar malignant astrocytoma. *No Shinkei Geka*. 2008;36:799–805. [In Japanese, English abstract]

Reference to a book with edition:

4. Bradley EL. *Medical and Surgical Management*. 2nd ed. Philadelphia: Saunders; 1982.

Reference to a book with editors:

5. Letheridge S, Cannon CR, eds. *Bilingual Education: Teaching English as a Second Language*. New York: Praeger; 1980.

Reference to a book chapter in a book with editor and edition:

6. Greaves M, Culligan DJ. Blood and bone marrow. In: Underwood JCE, ed. *General and Systematic Pathology*. 4th ed. London: Churchill Livingstone; 2004:615–672.

Reference to a book series with editors:

7. Wilson JG, Fraser FC, eds. *Handbook of Teratology, Vols. 1–4*. New York: Plenum Press; 1977–1978.

Reference to a bulletin:

8. World Health Organization. *World Health Report 2002: Reducing Risk, Promoting Healthy Life*. Geneva, Switzerland: World Health Organization; 2002.

Reference to electronic publications:

9. Duchin JS. Can preparedness for biological terrorism save us from pertussis? *Arch Pediatr Adolesc Med*. 2004;158:106–107. Available from: <http://archpedi.ama-assn.org/cgi/content/full/158/2/106>. Accessed June 5, 2004.

10. Smeeth L, Iliffe S. Community screening for visual impairment in the elderly. *Cochrane Database Syst Rev*. 2002(2):CD001054. doi:10.1002/14651858.CD1001054.

Reference to items presented at a meeting but not yet published:

11. Durbin D, Kallan M, Elliott M. Risk of injury to restrained children from passenger air bags. Paper presented at: 46th Annual Meeting of the Association for the Advancement for Automotive Medicine; September 2002; Tempe, AZ.

12. Greenspan A, Eerdeken M, Mahmoud R. Is there an increased rate of cerebrovascular events among dementia patients? Poster presented at: 24th Congress of the Collegium Internationale Neuro-Psychopharmacologicum (CINP); June 20–24, 2004; Paris, France.

13. Khuri FR, Lee JJ, Lippman SM. Isotretinoin effects on head and neck cancer recurrence and second primary tumors. In: Proceedings from the American Society of Clinical Oncology; May 31–June 3, 2003; Chicago, IL. Abstract 359.

Reference to an item presented at a meeting and published:

14. Cionni RJ. Color perception in patients with UV- or bluelight-filtering IOLs. In: *Symposium on Cataract, IOL, and Refractive Surgery*. San Diego, CA: American Society of Cataract and Refractive Surgery; 2004. Abstract 337.

Reference to material accepted for publication but not yet published:

15. Carrau RL, Khidr A, Crawley JA. The impact of laryngopharyngeal reflux on patient-reported quality of life. *Laryngoscope*. In press.

16. Ofri D. *Incidental Findings: Lessons from my Patients in the Art of Medicine*. Boston, MA: Beacon Press. In press.

Reference to theses and dissertations:

17. Undeman C. *Fully Automatic Segmentation of MRI Brain Images Using Probabilistic Diffusion and a Watershed Scale–Space Approach* [master's thesis]. Stockholm, Sweden: NADA, Royal Institute of Technology; 2001.

18. Ayers AJ. *Retention of Resin Restorations by Means of Enamel Etching and by Pins* [MSD thesis]. Indianapolis: Indiana University; 1971.

Reference to a website:

19. American Association of Oral and Maxillofacial Surgeons. *Wisdom Teeth*. AAOMS Web site. [http://www.aaoms.org/wisdom\\_teeth.php](http://www.aaoms.org/wisdom_teeth.php). Accessed November 15, 2012.

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