



JOURNAL OF EXERCISE SCIENCE & FITNESS

Official journal of the [SCSEPF](#), [HKPFA](#) and [HKASMSS](#)

AUTHOR INFORMATION PACK

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ISSN: 1728-869X

DESCRIPTION

The Journal of Exercise Science and Fitness is the official peer-reviewed journal of The Society of Chinese Scholars on Exercise Physiology and Fitness (SCSEPF), the Physical Fitness Association of Hong Kong, China (HKPFA), and the Hong Kong Association of Sports Medicine and Sports Science (HKASMSS). It is published twice a year, in June and December, by Elsevier.

The Journal accepts original investigations, comprehensive reviews, case studies and short communications on current topics in exercise science, physical fitness and physical education.

Indexed in: CAB Abstracts, CINAHL, DOAJ, Embase, FMSHK (Journal Abstracts), Global Health, Physical Education Index (Cambridge Scientific Abstracts, USA), SCIE, ScienceDirect, Scopus, SIIC Data Bases, SPORTDiscus (Sport Information Resource Centre)

IMPACT FACTOR

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GUIDE FOR AUTHORS

INTRODUCTION

The Journal of Exercise Science & Fitness (JESF) is the official, peer-reviewed, open-access journal of The Society of Chinese Scholars on Exercise Physiology and Fitness (SCSEPF), the Physical Fitness Association of Hong Kong, China (HKPFA), and the Hong Kong Association of Sports Medicine and Sports Science (HKASMSS). It is published biannually, in June and December, by Elsevier.

The *JESF* is indexed/abstracted in SCI Expanded, CAB ABSTRACTS, CINAHL Information Systems (Glendale, USA), EMBASE, FMSHK (Journal Abstracts), GLOBAL HEALTH, Physical Education Index (Cambridge Scientific Abstracts, USA), ScienceDirect, SCOPUS, SIIC Data Bases, and SPORTDiscus (SIRC, Canada).

The English-language publication features original investigations, comprehensive reviews and case studies on current topics in exercise science, physical fitness and physical education. Authors are required 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. Any manuscript not prepared according to these instructions will be returned immediately to the author(s) without review.

Types of article

Review articles

These should aim to provide the reader with a balanced overview of an important and topical subject in sport and exercise sciences and fitness, and should be systematic and critical assessments of literature and data sources. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated. Ensure that a Conflicts of Interest Statement and Funding/Support Statement are included at the end of the main text.

Typical length: abstract no more than 250 words, main text no more than 3000 words, 50–80 references.

Full length articles/Research papers

These may be 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 exercise science, physical fitness and physical education. Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement, Funding/Support Statement, Acknowledgments (if any), and References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state the objective/hypothesis.

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

The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of any interventions, the main outcome measures, and the main results.

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.

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Case reports

These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques, novel use of equipment, or new information on conditions of importance. Section headings should be: Abstract, Introduction, Case report, Discussion, Conflicts of Interest Statement, Funding/Support Statement, Acknowledgments (if any), and References.

The Introduction should describe the purpose of the report, the significance of the condition, and briefly review the relevant literature. The Case report should include the general data of the case, history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome. The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar previously reported cases. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis and possibility of prevention.

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These are research notes on topics such as test or equipment development, profile evaluations, data reanalysis, and document verification. Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement, Funding/Support Statement, Acknowledgments (if any), and References.

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The Editors reserve the right to decide what constitutes a Short Communication.

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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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.

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The main conclusions of the study may be presented in a short Conclusions 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.

Essential title page information

First title page

The first title page should contain the information below (from the top to bottom of the page). *Category of paper:* (i) Review article, (ii) Full length article/Research paper, (iii) Case report, or (iv) Short communication. *Article title:* Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. *Author names and affiliations:* Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate affiliation. Provide the e-mail address, if available, of each author. *Corresponding author:* Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that phone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author.** *Present/permanent address:* If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

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The second title page should contain the article title only.

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A concise and factual abstract of no more than 250 words is required for the following article categories: Review Articles, Full Length Articles/ Research Papers, Case Reports, and Short Communications.

Abstracts for systematic reviews and meta-analyses must be structured using the subheadings 'Background/Objective', 'Methods', 'Results', and 'Conclusion', while abstracts for all other types of review are unstructured (i.e., no subheadings).

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Immediately after the abstract, provide a maximum of 6 keywords in alphabetical order, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Keywords should not simply be taken from the manuscript title but should be representative of the content of the article and be characteristic of the terminology used within the particular field of the study. They should be taken from Index Medicus (Medical Subject Headings,

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Collate acknowledgments 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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Numbers that begin a sentence or those that are less than 10 should be spelled out using letters. Centuries and decades should be spelled out, e.g., the *Eighties* or *Nineteenth century*. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

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Use the Recommended International Non-proprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, the brand name may appear only once in the manuscript in parentheses following the generic name the first time the drug is mentioned in the text. For devices and other products, the specific brand or trade name, the manufacturer and their location (city, state, country) should be provided the first time the device or product is mentioned in the text, for example, "...IBM SPSS Statistics 21.0 was used (IBM Corp., Armonk, NY, USA)". Thereafter, the generic term (if appropriate) should be used.

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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 $p > 0.99$.

Math formulae

Present simple formulae in the line of normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

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Artwork

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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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Unless you have written permission from the patient (or, where applicable, the next of kin), identifying information (e.g., names, initials, hospital numbers, date of birth) of the patient must be removed. Informed consent should be obtained if there is any doubt that anonymity can be maintained. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are de-identified, authors should provide assurance, and editors should so note, that such changes do not distort scientific meaning. For further information, see www.elsevier.com/patientphotographs.

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References to journal publications:

1. van Sluijs EM, Kriemler S, McMinn AM. The effect of community and family interventions on young people's physical activity levels: a review of reviews and updated systematic review. *Br J Sports Med.* 2011;45:914–922.
2. Ebben WP, Wurm B, VanderZanden TL, et al. Kinetic analysis of several variations of push-ups. *J Strength Cond Res.* 2011;25:2891–2894.

Reference to a journal supplement:

3. 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:

4. 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:

5. Bradley EL. *Medical and Surgical Management.* Philadelphia: Saunders; 1982:72–95.

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 bulletin:

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

Reference to electronic publications:

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

10. Durbin D, Kallan M, Elliott M, et al. 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.
11. 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.
12. 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:

13. 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:

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

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

Reference to theses and dissertations:

16. 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.

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

Reference to a website:

18. American Association of Oral and Maxillofacial Surgeons. *Wisdom Teeth*. AAOMS Web site. http://www.aaoms.org/wisdom_teeth.php. Accessed November 15, 2009.

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