



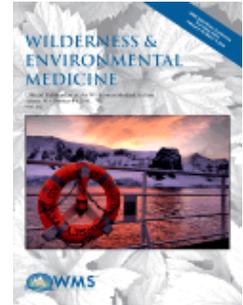
WILDERNESS & ENVIRONMENTAL MEDICINE

Official Publication of the [Wilderness Medical Society](#)

AUTHOR INFORMATION PACK

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DESCRIPTION

Wilderness & Environmental Medicine, the official journal of the Wilderness Medical Society, is the leading journal for physicians practicing medicine in austere environments. This quarterly journal features articles on all aspects of wilderness medicine, including high altitude and climbing, cold- and heat-related phenomena, natural environmental disasters, immersion and near-drowning, diving, and barotrauma, hazardous plants/animals/insects/marine animals, animal attacks, search and rescue, ethical and legal issues, aeromedical transport, survival physiology, medicine in remote environments, travel medicine, operational medicine, and wilderness trauma management. It presents original research and clinical reports from scientists and practitioners around the globe. *WEM* invites submissions from authors who want to take advantage of our established publication's unique scope, wide readership, and international recognition in the field of wilderness medicine. Its readership is a diverse group of medical and outdoor professionals who choose *WEM* as their primary wilderness medical resource.

IMPACT FACTOR

2019: 1.426 © Clarivate Analytics Journal Citation Reports 2020

ABSTRACTING AND INDEXING

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Wilderness and Environmental Medicine (WEM) is the official journal of the [Wilderness Medical Society](#). It is published quarterly and is devoted to original scientific and technical contributions related in whole or in part to wilderness or environmental medicine. Non-solicited manuscripts are considered for the following categories:

Original Research: Original studies of basic or clinical research in areas relevant to wilderness medicine. Preferred 3000-3500 words maximum (not including abstract, tables, figures, or references). **Brief Reports:** Preliminary findings or small sample-sized studies that generate new hypotheses for further research. Reports should generally follow the guidelines under Preparation of Manuscripts and be limited to approximately 1500-2000 words (not including abstract, tables, figures, and references), with no more than approximately 10 references. **Case Reports:** Brief descriptions of unique wilderness medicine problems or situations. Include narrative abstract, introduction, and discussion of implications. Preferred 2000-word maximum (not including abstract, tables, figures, or references). **Review Articles:** Extensive, well-referenced reviews of the literature on a narrow clinical topic. Preferred 3500-word maximum (not including abstract, tables, figures, or references); no more than 100 references. **Concepts:** Descriptions of clinical and non-clinical wilderness medical problems and solutions. Articles may focus on practical "how-to" management techniques and/or new approaches to the planning, management, or provision of wilderness medical services. Preferred 3500-word maximum (not including abstract, tables, figures, or references). **Letters to the Editor:** Observations, opinions, current topics and/or corrections on topics appearing in WEM, generally not to exceed 1000 words or 4 double-spaced pages, with a maximum of 10 references, one of which should be to the recent WEM article if applicable. Original scientific work is usually not considered appropriate for a Letter. **Letters in Reply:** Replies by authors should not exceed 1000 words of text and 11 references inclusive of the article at issue and the inciting letter. **Editorials:** Commentaries on major current issues or controversies with significant implications for wilderness medicine, generally not to exceed 1500 words (or 6 double-spaced pages) plus references if appropriate. **Lessons from History:** Classic papers in the medical literature relating to wilderness medicine. Such papers should have been first to describe a new problem, providing new information about old subjects, or describing new, effective methods of treatment or prevention. A complete reference citation of the original article and a commentary about the article should accompany the submission. Preferred 3000-word maximum (not including figures or references) but open to consideration through review.

Clinical Images: Pictures that teach something about wilderness medicine, as well as tell an engaging story. The focus will be on clinical images, each accompanied by text explaining the photograph and briefly reviewing the diagnosis and treatment of the condition it illustrates. If appropriate for the topic, an image and case report should be presented as a mystery, with the diagnosis and discussion appearing after a page break. 1000-1500 words (not including figures and references), with generally no more than 5 references. **Wilderness Images:** High-quality, high-resolution (300 dpi) digital images of wilderness subjects. Include photo title and description (2-3 sentences) and the appropriate photographer's credit line. Where relevant, include geographical coordinates of where the image was taken. **Wilderness Essays:** Personal essays or anecdotes relating to the wilderness and medicine. Preferred 3000-word maximum. **Wilderness Instructor:** Articles on wilderness medicine education at any level, focusing on course design and development, course analysis and evaluation, or teaching techniques. Preferred 2000-word maximum (not including figures or references). **Book Reviews:** Please contact the Editorial Office (abyrne@wms.org) for more information. **WMS Practice Guidelines:** Please contact the Editorial Office (abyrne@wms.org) for more information.

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Pertinent topics include, but are not limited to, medical, physiological, pharmacological, and expeditionary considerations of: high altitude and climbing; hypothermia and cold-induced injuries; heat/cold-related disorders; weather-related phenomena and natural environmental disasters; toxinology; drowning and near-drowning; diving and barotrauma; hazardous plants, reptiles, insects, and marine animals; ethnobotany; animal attacks; rugged or austere environments; tropical disease and immunizations; search and rescue; and ethical and legal issues.

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Please read the submission guidelines carefully to prepare your manuscript. Submissions that are incomplete or that do not comply with the guidelines below will be returned to the author for completion before they will be entered into the editorial process.

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ABSTRACT

All manuscripts that are reports of original data from scientific investigations (original research and brief report categories) must be submitted with a structured abstract of no more than 250 words with the following headings: **Introduction**, **Methods** (include information on design, setting, participants, interventions, and main outcomes measured), **Results**, and **Conclusions**.

Case reports, review articles, wilderness instructor, and concept articles should include a narrative abstract of 250 words or fewer and outline the purpose of the article, major findings, and recommendations. Abstracts for review articles should also specify how the literature was searched and how cited articles were chosen. **Keywords.** Immediately following the abstract (not on a separate page), include 2-6 keywords or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract. Use terms from the medical subject headings (MeSH) list of Index Medicus. **Do not include words that are in the title of the article; these will already be captured.**

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Clearly state the purpose of the article. Summarize the rationale for the study, report, or observation. Give only strictly pertinent references, and do not review the subject extensively. Do not include data or conclusions from the work being reported.

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All studies involving human or animal research must indicate approval by an institution's human or animal subject review board (IRB). A statement of ethics approval or determination of exemption that includes the name of the institution(s) providing the oversight must be included in the methods section. Authors must confirm that appropriate consent was obtained from all human subjects or that this requirement was waived by the review committee.

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Put general descriptions of statistical methods in the methods section. When data are summarized in the results section, specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries: do not duplicate data in graphs and tables.

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Acknowledgments

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Kanaan NC, Peterson AL, Pun M, Holck PS, Starling J, Basyal B, et al. Prophylactic acetaminophen or ibuprofen result in equivalent acute mountain sickness incidence at high altitude: a prospective randomized trial. *Wilderness Environ Med.* 2017;28(2):72-8.

Van Tilburg C, Grissom CK, Zafren K, McIntosh S, Radwin MI, Paal P, et al. Wilderness Medical Society practice guidelines for prevention and management of avalanche and nonavalanche snow burial accidents. *Wilderness Environ Med.* 2017;28(1):23-42.

Worthing RM, Percy RL, Joslin JD. Prevention of friction blisters in outdoor pursuits: a systematic review. *Wilderness Environ Med.* 2017;28(2):139-49.

Chapter in a book

Phillips LL, Semple J. Bites and injuries inflicted by wild and domestic animals. In: Auerbach PS, ed. *Wilderness Medicine.* 7th ed. Philadelphia, PA: Elsevier; 2016:618-45.

Entire book

Auerbach PS, ed. *Wilderness Medicine.* 7th ed. Philadelphia, PA: Elsevier, 2016. [Note: It will generally not be appropriate to cite a complex book as a single reference.]

Conference proceedings

(Used only for published proceedings. If proceedings are unpublished, cite in-text as a personal communication; guidelines below.) Pollock NW. Factors in decompression stress. In: Pollock NW, Sellers SH, Godfrey JM, eds. *Rebreathers and Scientific Diving. Proceedings of NPS/NOAA/DAN/AAUS Workshop.* Wrigley Marine Science Center, Catalina Island, CA; 2016:145-56.

In press

Krabak BJ, Lipman GS, Waite BL, Rundell SD. Exercise-associated hyponatremia, hypernatremia, and hydration status in multistage ultramarathons. *Wilderness Environ Med*. In press.

Epublished before print

Murray J, Rust DA. Cervical spine alignment in helmeted skiers and snowboarders with suspected head and neck injuries: comparison of lateral C-spine radiographs before and after helmet removal and implications for ski patrol transport. *Wilderness Environ Med*. 2017 [Epub ahead of print].

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"According to a letter from PR Robertson, MD, in July 2016..."

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Dataset

7. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015.

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