



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

2018: 1.450 © Clarivate Analytics Journal Citation Reports 2019

ABSTRACTING AND INDEXING

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WEM SCOPE AND MANUSCRIPT CATEGORIES

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. **Viewpoints:** Solicited debate format article on a specific question, usually based on a controversial topic of interest to our readers in which two parties with legitimate opposing perspectives present arguments to support their viewpoints. This category allows more editorial freedom than most other categories, but the basis of these viewpoints should include scientifically sound arguments supported by available evidence as well as personal experience and perspective. The authors of both viewpoints will provide a manuscript to support their stance on the question, followed by a second manuscript to rebut the viewpoint expressed by the other author(s). In general, the initial manuscript will be limited to approximately 1,500 words (excluding references) with no more than 20 references, and the rebuttal will be limited to approximately 1,000 words. No abstract is required, but a brief introduction stating the writer's viewpoint should be included as part of the text. Figures and tables may be used. **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.

PERTINENT TOPICS

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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WEM endorses the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals guidelines (International Committee of Medical Journal Editors [ICMJE]) which are available here: [ICMJE recommendations](#). WEM uses the American Medical Association Manual of Style 10th edition and the Chicago Manual of Style 16th edition, for editorial style.

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and interpretation of data; (2) to drafting the article or revising it critically for important intellectual content; and (3) to final approval of the version to be published. Neither general supervision of the research group nor financial support are sufficient for authorship credit.

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The title page (page 1) should contain (1) a concise and informative title; (2) an identified short running head (short title) of no more than 40 characters, including spaces; (3) the first name (spelled out), middle initial, and last name of each author with highest academic degree(s) and institutional affiliation (do not include professional designations such as FACMT, FAWM, etc.; these are not published in the journal); (4) contact information for the corresponding author; (5) summary tallies (word count of abstract, word count of manuscript including references, reference count, figure count, table count); and (6) if applicable, an indication that the work described in the manuscript was formally presented at a scientific meeting with inclusion of the name, date, and location of the meeting.

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.**

TEXT

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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.

Methods Describe the selection of the observational or experimental subjects, including controls. Identify the methods, apparatus (manufacturer's name and city, state/province, and country in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including the statistical methods; provide references and brief descriptions of methods that have been published but are not well known; and describe new or substantially modified methods. Precisely identify all drugs and chemicals used, including generic names and route(s) of administration. Proprietary names may be included, but should be capitalized, enclosed in parentheses, and should follow the generic names.

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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Present the results in a logical sequence, using tables and illustrations where possible. Include numbers of observations and statistical significance of the findings when appropriate. Do not repeat data found in the tables or illustrations in the text. Report numbers only to the appropriate number of significant digits (ie, representative of the precision of the measurement or measuring tool) and in Systeme International units. If non-SI units are to be presented, they should be placed parenthetically after the SI units.

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Emphasize the new and important aspects of both the study and the conclusions that follow from them. Do not repeat in detail data given in the introduction or the results sections. Include in the Discussion the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not completely supported by the data. Clearly label new hypotheses. Appropriate recommendations may be included.

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Conclusions. The conclusions end the discussion. The conclusions of the manuscript must be in close agreement with the conclusions found in the abstract.

Acknowledgments

(Not required for Letters to the Editor, Lessons from History, Wilderness Images, Clinical Images, or Book Reviews) One or more statements should specify (1) contributions that need acknowledging but do not justify authorship, such as noteworthy contribution of assisting colleagues; and (2) technical assistance. Acknowledgments of financial and material support are to be placed in the Financial/Material Support Statement described below.

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List all authors when 6 or fewer; when 7 or more, list the first 6 and add "et al." Be sure to include the middle initial of authors, if available. List author names by last name followed by first and middle initial (no periods). Article titles should be presented in sentence capitalization style. The titles of journals should be abbreviated according to the style used in PubMed. Include year of publication, volume, issue number, and inclusive page numbers, with closing page numbers abbreviated. Do not include month of publication.

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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Web-based references are not allowed except under extraordinary circumstances. Internet pages and links change frequently, and are often obsolete by the time the manuscript goes to press. If the author wishes to include a web-based reference, they must describe in the cover letter their search for an appropriate published reference and justify the reasons that a web-based reference must be included. The following reference format should be used:

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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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FIGURE EXAMPLES

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Color Artwork

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