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

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ABSTRACTING AND INDEXING

Current Contents
Medline/Index Medicus
Environmental Periodicals Bibliography
Environmental Periodicals Bibliography
Focus On: Sports Science and Medicine
Review of Medical and Veterinary Entomology
EMBASE/Excerpta Medica
Science Citation Index Expanded

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GUIDE FOR AUTHORS

Neal W. Pollock, PhD, Editor-in-Chief

WEM SCOPE AND MANUSCRIPT CATEGORIES

*Wilderness & 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, figs, 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, figs 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, figs, or references).
- **Review Articles**: Extensive, well-referenced reviews of the literature on a narrow clinical topic. Preferred 3500-word maximum (not including abstract, tables, figs, or references); no more than 100 references.
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- **Viewpoint**: 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 author(s) 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 approximately 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.
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- **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. 1000-1500 words (not including figs and references), with 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.
- **Wilderness Essays**: Personal essays or anecdotes relating to the wilderness and medicine. Preferred 3000-word maximum.
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• Book Reviews: Please contact the Editorial Office (alicia@wms.org) for more information.
• WMS Practice Guidelines: Please contact the Editorial Office (alicia@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; medicine practiced in rugged environments; tropical disease and immunizations; search and rescue; ethical and legal issues.

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**General supervision of the research group is not sufficient for authorship.**

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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: **Objective, 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 less 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.

**KEY WORDS**

Immediately following the abstract (not on a separate page), include 2-6 key words 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.

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**Introduction.** 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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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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