WILDERNESS & ENVIRONMENTAL MEDICINE
Official Publication of the Wilderness Medical Society

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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

- Current Contents
- Environmental Periodicals Bibliography
- Science Citation Index Expanded
- Embase
- Environmental Periodicals Bibliography
- PubMed/Medline
- Focus On: Sports Science and Medicine
- Review of Medical and Veterinary Entomology

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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. 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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Format manuscript in a Word document in 12-point Times New Roman font, double-spaced, with 1-inch margins on an 8.5 x 11-inch page, with a single space after periods, and with continuous line numbering (that is, numbering that does not restart at 1 on each page) and pages numbered in upper right with Title page as page 1. Reminder: submissions must be formatted correctly to be entered into the review process.

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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.

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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.

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**FIGURE EXAMPLES**

Example 1

Example 2

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