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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, aeromedial 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

2016: 0.694 © Thomson Reuters Journal Citation Reports 2017

ABSTRACTING AND INDEXING

Current Contents
Medline/Index Medicus
Environmental Periodicals Bibliography
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 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).

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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 (alicia@wms.org) for more information. **WMS Practice Guidelines:** Please contact the Editorial Office (alicia@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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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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