

JOURNAL OF STUDENT PHYSICAL THERAPY RESEARCH

INFORMATION FOR AUTHORS

The *Journal of Student Physical Therapy Research (JSPTR)* is an open access, peer-reviewed online journal published quarterly that encompasses all aspects of clinical and basic research studies related to physical therapy. The *JSPTR* invites student authors to contribute manuscripts relevant to theory and practice of physical therapy.

General Requirements

Manuscripts submitted to the *JSPTR* must meet the following basic requirements to be eligible for review:

Primary author(s) must be students enrolled in an APTA accredited physical therapy program

The manuscript is written in English

Submission of manuscript includes a cover letter

Data and/or findings of the manuscript have not been previously published

The manuscript must be under exclusive review of *JSPTR* at time of submission

The manuscript addresses scientific or clinical issues relevant to physical therapy

The manuscript must be formatted according to AMA style guidelines (American Medical Association Manual of Style, 9th Edition)

Submissions must meet all the essential requirements above or the manuscript will be returned to the author without review.

Manuscript Categories

Accepted manuscripts are published in the following journal sections:

Research Report: A full-length report of an original basic, applied, or clinical research investigation that advances the clinical science of physical therapy. Research Reports should include the following 5 sections when applicable: Background, Methods, Results, Discussion, and Conclusion.

Case Report: A Case Report is a detailed factual report of a clinical physical therapy case. Case Reports should include the following 5 sections when applicable: Background, Case Description, Outcomes, Discussion, and Conclusion. The description of the case includes the relevant patient characteristics, examination/evaluation, diagnosis, and a description of the interventions that were provided.

Case Study: A Case Study is a comprehensive investigation, which is designed to analyze and understand those factors important to the etiology, care and outcome of the subject's problems, through a detailed description of a patient's background, present status and response to treatment. Case Studies should include the following 5 sections when applicable: Background, Case Description, Outcomes, Discussion, and Conclusion. Current literature, which supports the rationale for treatment and interpretation of outcomes, should be cited and discussed.

Case Series: A Case Series is a comprehensive investigation in a small group of similar patients. It is designed to analyze and understand those factors important to the etiology, care and outcome of the subject's problems, through a detailed description of a patient's background, present status and response to treatment. Case Series should include the following 5 sections when applicable: Background, Case Descriptions, Outcomes, Discussion, and Conclusions. The description of the cases includes the relevant patient characteristics, examination/evaluation, diagnosis, and a description of the interventions that were provided.

Literature Review: A narrative or critical analysis of literature on a specific topic of interest in physical therapy. Reviews of literature may take the form of a traditional review, a blinded review, or a meta-analysis. Literature reviews submitted for review must have a structured abstract and include a Methods section. They can be submitted either upon specific invitation or editorial acceptance of an author's proposal. To submit a proposal, authors should send a tentative title and abstract addressed to the Editor-in-Chief and state both the scientific relevance and the lack of recent reviews on the topic.

Manuscript Preparation

Submitted manuscripts should be a maximum of 3500 words not including the title page. Manuscripts should be double-spaced and have 2.45- cm (1-in) margins on all sides of the page. Pages should be consecutively numbered, starting with the title page. The font should be 12-point Times New Roman. All measurements in the manuscript should be presented in SI units, except for those of angular measures, which should be presented in degrees.

Title Page (separate page)

Title of the manuscript

Names of each author with credentials

Institution, city, state/country for each author

Sources of grant support (if any)

Institutional Review Board approval of the study protocol (if applicable)

Correspondence author's name, address, phone, and e-mail address

Anonymous Title Page (separate page)

Title of the manuscript

Statement of financial disclosure and conflict of interest

Abstract (separate page)

Research Report: A maximum of 350 words, divided into 6 sections with the following headings (in this order): Study Design, Objectives, Background, Methods and Measures, Results, Conclusion.

Case Study/ Report/ Series: A maximum of 250 words, divided into 5 sections with the following headings (in this order): Study Design, Background, Case Description, Outcomes, and Conclusion.

Text

Research Report and Literature Review: The body of the manuscript to be divided into 5 sections: Background, Methods, Results, Discussion, and Conclusion.

- **Background:** The background section should be written from the standpoint of researchers without specialist knowledge in that area and must clearly state - and, if helpful, illustrate - the background to the research and its aims. Reports of

clinical research should, where appropriate, include a summary of a search of the literature to indicate why this study was necessary and what it aimed to contribute to the field. The section should end with a very brief statement of what is being reported in the article.

- **Methods:** This should include the design of the study, the setting, the type of participants or materials involved, a clear description of all interventions and comparisons, and the type of analysis used, including a power calculation if appropriate. The name of the Institutional Review Board that approved the research protocol involving human subjects must be included in the methods section. The methods section must also contain a statement that informed consent was obtained and that the rights of the subjects were protected.
- **Results and Discussion:** The results and discussion may be combined into a single section or presented separately. Results of statistical analysis should include, where appropriate, relative and absolute risks or risk reductions, and confidence intervals. The results and discussion sections may also be broken into subsections with short, informative headings.
- **Conclusion:** This should state clearly the main conclusions of the research and give a clear explanation of their importance and relevance

Case Study/ Report/ Series: The body of the manuscript to be divided into 5 sections: Background, Case Description(s), Outcomes, Discussion, and Conclusion.

- **Background:** This should give an introduction to the Case Study/ Report/Series from the standpoint of those without specialist knowledge in the area, clearly explaining the background of the topic. This section should include a short literature review, and should end with a very brief statement of what is being reported in the article. Case reports should include, when required by the appropriate Institutional Review Board, a statement that each subject was informed that data concerning the case would be submitted for publication or a statement indicating approval by the board. In all cases, patient confidentiality must be protected.
- **Case Description(s):** This should present all details concerning the case, as well as a discussion with references to the literature. The case presentation should contain a description of the patient's relevant demographic information (without adding any details that could lead to the identification of the patient), any relevant medical history of the patient, the patient's symptoms and signs, any tests that were carried out, and a description of any treatment or intervention. This section may be broken into subsections with appropriate subheadings.
- **Outcomes/ Discussion:** The outcomes and discussion may be combined into a single section or presented separately. The outcomes and discussion sections may

also be broken into subsections with short, informative headings.

- **Conclusion:** This should state clearly the main conclusions of the Case report and give a clear explanation of their importance and relevance. Summary illustrations may be included.

References

References should be numbered consecutively in alphabetical order, according to author last name and initials, title, and year. Where the first-author names are identical, references with 1 author precede those with multiple authors. Where all the author names are identical, the title is the next ordering component, and lastly, the year.

All references in the References section must be cited in the text.

References must be cited in the text by using the reference number in superscript at the end of the sentence or the referenced portion of the sentence. The reference goes after the author's name when author's name is listed (eg, Davies¹). If there are only 2 authors in the reference, then the text should include both authors (eg, Davies and Ellenbecker¹). If the reference has more than 2 authors, the text should include "et al" after the first author's name (eg, Davies et al¹). In the Reference section, when a reference has 7 or more authors, list the first 3 authors, followed by "et al."

References must include only material that is retrievable through standard literature searches.

References to papers accepted but not published or published ahead of print should be designated as "in press" or use the PubMed/Medline [Epub ahead of print] status until an updated citation is available. Doctoral and masters theses are considered as published material. Information from manuscripts not yet accepted for publication and personal communications will not be accepted. The use of abstracts and proceedings should be avoided unless they are the sole source of the information.

Abbreviations for the journals in references must conform to those of the National Library of Medicine in Index Medicus.

References must be verified by the author(s) against the original documents. The style and punctuation should conform to the examples that follow:

Journals:

Boileau P, Watkinson D, Hatzidakis AM, Hovorka I. Neer Award 2005: The Gram- mont reverse shoulder prosthesis: results in cuff tear arthritis, fracture sequelae, and revision arthroplasty. *J Shoulder Elbow Surg.* 2006;15:527-540.

Books:

Portney LG, Watkins MP. *Foundations of Clinical Research: Applications to Practice*. Norwalk, CT: Appleton and Lange; 1993.

Organization as Author and Publisher:

US Institute of Medicine. *Looking at the future of the Medicaid program*. Washington, DC: US Institute of Medicine; 1992.

Chapter in a Book:

Wilk KE, Arrigo CA. Isokinetic testing and rehabilitation following microtraumatic shoulder injuries. In: Davies GJ, ed. *The Compendium of Isokinetics in Clinical Usage*. Onalaska, WI: S & S Publishers; 1992:387-431.

Master's or Doctoral Thesis:

Kaminski TW. Concentric and Eccentric Force-Velocity Relationships Between Uninjured and Functionally Unstable Ankles [dissertation]. Charlottesville, VA: University of Virginia; 1996.

Published Abstract of a Paper Presented at a Conference:

Kornberg C, Lew P. The effect of using slump as a stretching technique on grade one hamstring injuries [abstract]. In: Dalziel BA, Snowsill JC, eds. *Fifth Biennial Conference, Manipulative Therapists' Association of Australia*, Melbourne, Australia. Victoria, Australia: Manipulative Therapists' Association of Australia; 1987.

Universal Resource Locator (URL):

Health Services Research Unit, University of Oxford, Project Information, Assessment and Evaluation of the SF36, Version II. Available at:
<http://hsru.dphpc.ox.ac.uk/sf36v2.htm>. Accessed August 1, 1998.

Paper Presented at a Symposium:

Nashner LM. Sensory neuromuscular and biomechanical contributions to human balance. *Proceedings of the American Physical Therapy Association Forum on Balance*, Nashville, TN, June 1989. Alexandria, VA: American Physical Therapy Association; 1990:349- 356.

Tables

Each table must be self-contained and provide standalone information independent of the text.

See AMA Manual of Style, section 2.13, to organize and format tables.

Number tables consecutively in the order of their first citation in the text, and supply a brief title for each in sentence form.

Place explanatory matters in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table.

Footnotes should be listed in order of occurrence in the table (left to right, row to row). According to AMA style, footnotes are cited with the following superscript symbols (in this order): *, †, ‡, §, ||, ¶, #, **, ††, ‡‡. Where these symbols are unavailable, superscript numbers may be used.

Be sure that each table is cited in the text.

All tables should follow the reference section.

Figures

Number figures consecutively in the order of their first citation in the text, and supply a brief title for each in sentence form.

Place explanatory matters in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table.

Footnotes should be listed in order of occurrence in the table (left to right, row to row). According to AMA style, footnotes are cited with the following superscript symbols (in this order): *, †, ‡, §, ||, ¶, #, **, ††, ‡‡. Where these symbols are unavailable, superscript numbers may be used.

Letters, numbers, and symbols should be clear and even throughout and of sufficient size that when reduced for publication each item will still be legible.

Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.

Digital figures must be at least 350 dpi (dots per inch). Photographs must be in JPEG file format (JPG) and graphic art in GIF file format.

Each figure may be imbedded in the electronic file of the manuscript after its respective caption.

Be sure that each figure is cited in the text.

All figures should follow the tables section.

Acknowledgements

Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a professor who provided only general support.

All acknowledgements should follow the figures section.

Manuscript Submission

Authors should mail a paper copy and an electronic copy of their manuscript to the JSPTR at the following address:

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Email: baileys@elon.edu

Phone #: 336 278-6346

When mailing a manuscript, please include a cover letter and all figures, tables, and appendices, as well as the required original signatures of all authors, and any signed Multi-Media Release Statements.

Peer Review Process

In the peer-review process, submitted manuscripts that are deemed suitable for peer review will be assigned to at least three reviewers. JSPTR reviewers are unaware of the author's identity and institutional affiliation. The reviewers will have up to three weeks to review the submitted article. After the receipt of the recommendation from the reviewers, the Editors-in-Chief will decide to place the manuscript in one of the following categories:

Accepted for Publication

Revise and Re-Submit

Rejected for Publication

The same guidelines apply for re-submission as for the preparation of the original manuscripts. All resubmitted manuscripts must be accompanied by a cover letter. The cover letter must include a list of all revisions requested by the editorial staff. In instances where the author(s) choose not to make recommended revisions/changes, specific rationales and justifications must be provided in the cover letter.

Editorial Policies

The following policies apply to manuscripts submitted for review and publication:

1. The recommendations of associate editors, editorial review board members, and reviewers concerning the status of manuscripts under review are advisory to the Editor-in-Chief.
2. The final decision concerning the publication of a manuscript is solely the responsibility of the Editor-in-Chief.
3. Manuscripts are treated as works in progress and are viewed as new manuscripts each time a revision is submitted; each time a manuscript is reviewed, new issues may be raised for the authors to address.
4. Authors should expect to make multiple revisions of their manuscript before formal acceptance of the manuscript for publication.
5. Manuscripts submitted for review are a form of privileged communications between the authors and the Journal and the authors and the reviewers. Reviewers may share the paper with other professionals if the disclosure is intended to enhance the review.
6. Authors are not allowed to make changes during the proof stage of publication, except to correct inaccuracies.
7. The Editor-in-Chief may refuse to publish a manuscript if the author requests substantial revisions of the manuscript content after the paper have been through the review process and accepted for publication.
8. The Editor-in-Chief may solicit additional reviews to supplement the opinion of the assigned associate editors and reviewers.