

CLINICAL KINESIOLOGY: Journal of the American Kinesiotherapy Association

Information for Authors

Clinical Kinesiology is the official publication of the American Kinesiotherapy Association (AKTA) and is published quarterly. Manuscripts dealing with original investigations, clinical studies, special communications or comprehensive reviews on topics relevant to Kinesiotherapy will be considered for publication.

Membership in the American Kinesiotherapy Association (AKTA) is not a requisite for publication in the Journal, nor does it influence editorial decisions. The Journal is owned by the Editors and is copyrighted for the protection of authors and the Association.

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Preparation of Electronic Manuscript

Authors need to submit one electronic copy of the manuscript formatted for IBM-compatible computer (PC) as outlined below:

- Use Microsoft Word, Excel, or PowerPoint software for text, tables, and figures.
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- Do create the manuscript in one word-processing program and then “save as” a Word document, as it may not convert well.
- Include graphics, photographs, equations, and imbedded objects in .tif or .jpg formats after the text.
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- Figures, figure legends, and figure caption should appear together following the Tables.
- Left-justify all text and references, i.e., no flush-and-hang style, where the first line of each item is set flush left and all run-over lines are indented under it.
- Begin numbering with the title page as page 1 and continue throughout the biographical sketches, abstract, key words, text references, acknowledgements, tables and figures. Page numbers should appear in the upper right corner of each page to the right of the running head.
- Check for accuracy and completeness of references, proofread submissions carefully, adhere to all grammatical conventions outlined by the journal style, and retain a softcopy to guard against loss.

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- permission to reprint, if required

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Authors should also adhere to the new manuscript submission guidelines for the submission of revised manuscripts. When returning a revised manuscript to the Editor, include the authors' point-by-point response as a separate Word document.

Blind Reviews

The Journal will conduct "blind" reviews of manuscripts where the authors' identify and affiliations are not provided to the reviewers.

Order of Manuscript

An original investigation should contain:

1. Page 1: Title Page:

- The brief informative title should be no more than 85 characters and spaces.
- Provide the authors' first names, middle initials, and last names and their institutional affiliations of origin. Provide the corresponding author's name, address, telephone, fax, and e-mail communications.
- **Authorship:** Only those investigators who contributed substantially or who had a leading role in the research represented in the manuscript should be listed as authors. Manuscripts listing more than six authors should provide justification. The Editor reserves the right to request that the author list be reduced.
- The running title should be no longer than 45 characters and spaces.
- Include the date of manuscript submission.

2. Page 2: Biographical Statements, Abstract, and Key Words

- Include a biographical statement for each author not to exceed 50 words each.
- Limit the abstract to 250 words, including numbers, abbreviations and symbols. Include the purpose, methods, key results, and conclusion. Do not use abbreviations.
- List up to six key words or phrases. Do not repeat terms from the title. Key words facilitate indexing by bibliographic databases such as *SportDiscus* and *CINAHL*.

3. Introduction:

- Do not exhaustively review the subject.
- Provide the most relevant references.
- State clearly the purpose of the study and hypothesis (if applicable).

4. Methods:

- Present all relevant subject information.
- Clearly describe the experimental subjects and their controls.
- A "written informed consent" statement or animal use statement as well as statement regarding Institutional Review Board/Ethics Committee approval required
- Identify the methods, equipment, and procedures employed with sufficient details to allow others to replicate the study.
- Provide references for established methods and statistical procedures.
- If methods utilized are not well known, provide rationale for use and include a description of possible limitations.
- Denote statistical significance when appropriate and include detailed statistical analyses, mathematical derivation, or computer programs in an appendix.

- When used in the text, numbers below 10 are spelled out while numbers 10 and above are expressed numerically.

5. Results:

- Findings of the study should be presented logically in the text, tables, or figures. Do not include the same data in tables and figures.
- Include reference to all figures and tables in the text.

6. Discussion:

- Emphasize the original and important features of the study and avoid repeating all the data presented within the results section.
- Discuss the significance of the findings and the relationship(s) and relevance to published observations.
- Provide only those conclusions that are supported by the study.
- To elucidate the practical application of published manuscripts, the last subsection must be entitled “Clinical Implications.”
- Label speculation as such.

7. References

The format to follow for references is that which has been adopted by the United States National Library of Medicine and employed in *Index Medicus*. For those not included in *Index Medicus* adhere to the form established by the American National Standard for Bibliographic References. References must be alphabetized, numbered, and cited in the text by numbers, rather than in the order of use.

- **Books:**

American College of Sports Medicine. *ACSM's Guidelines for Clinical Exercise Physiology: Musculoskeletal, Neuromuscular, Neoplastic, Immunologic, and Hematologic Conditions*. Baltimore: Lippincott Williams & Wilkins, 2002.

Paffenbarger, R. S., R. T. Hyde, and A. L. Wing. Physical activity and physical fitness as determinants of health and longevity. In: *Exercise, Fitness, and Health*. C. Bouchard, R. J. Shephard, T. Stephens, J. R. Sutton, and B. D. McPherson (Eds.) Champaign, IL: Human Kinetics, 1990, pp. 33-48.

- **Doctoral Dissertations:**

Crandall, Craig. Alterations in human baroreceptor reflex regulation of blood pressure following 15 days of simulated microgravity exposure. *Doctoral Dissertation*. University of North Texas HSC, Dept. of Physiology, Fort Worth, Texas, August 1993.

- **Government Reports:**

U.S. Department of Health and Human Services. *Healthy People 2010: National Health and Disease Prevention Objectives* (full report, with commentary). Washington, DC: Department of Health and Human Services, Publication 91:50212, 1991, pp. 91-125.

- **Journals:**

Nicholson, J. M., and C. G. Emes. Effect of strength training on the vertical force of a chair rise in the elderly. *Clin Kinesiol* 54:36-43, 2000.

- **Software Manuals:**

SAS Institute. *SAS/STAT Software: The PHREG Procedure, Version 6*. Cary, NC: SAS Institute Inc., 1991, pp 1054.

- **Conference Proceedings:**

Conference proceedings can be used only if the publication has an ISBN or ISSN number. This information must accompany the reference:

Matthie J. R., P. O. Withers, M.D. Van Loan, and P. L. Mayclin. Development of a commercial complex bio-impedance spectroscopic (CBIS) system for determining intracellular water (ICW) and extracellular water (ECW) volumes. In *Proceedings of the 8th International Conference on Electrical Bio-impedance*. Kuopio, Finland: University of Kuopio, Finland, ISBN: 952-90-3999-9, pp. 203-205, 1992.

- **Abstracts:**

- a. An abstract can be cited when it is the only source of information.
- b. Internet sources, master theses, personal communications, or other unpublished material is not acceptable as references.
- c. There should not be more than 30 references for original investigations and not more than 50 references for review articles.
- d. All references except dissertations require page numbers.
- e. Examples to follow for corporate authors, chapters, editors, center publication, etc., can be observed in the *British Medical Journal* 1:1334-1336, 1978.
- f. Journal abbreviations should follow the abbreviations of *Index Medicus* published by the Library of Congress.
- g. Use of “et al.”: If fewer than seven authors are listed, all should be mentioned. When seven or more authors are named, list only the first three.

8. Acknowledgments:

- State funding sources.
- Identify external reviewers, if any.
- Provide current contact information for the corresponding author.

Conflict of Interest: Authors are required to state on the Acknowledgment Page all funding sources, and the names of companies, manufacturers, or outside organizations providing technical or equipment support. In particular, authors should (a) disclose professional relationships with companies or manufacturers who will benefit from the results of the present study, and (b) state that the results of the present study do not constitute endorsement of the product by the authors or AKTA. Failure to disclose such information could result in the rejection of the submitted manuscript.

Human and Animal Experimentation

Studies and case reports involving the use of human subjects must conform to the policy statement regarding the use of human subjects and written informed consent as published by *Clinical Kinesiology*. All studies involving animal experimentation must be conducted in

conformance with the published policy statement of *Clinical Kinesiology* on research with experimental animals.

Failure to conform to these detailed guidelines, which follow, and to guarantee such conformance by a statement in the manuscript will result in rejection of the manuscript. Institutional Review Board /Ethics committee approval must also be clearly stated.

Symposium Proceedings

Organizers of symposia concerned with new developments or the "state of the art" in Kinesiotherapy and related sciences are encouraged to contact the Editor regarding the possibility of publication. Symposium presentations should not exceed 15 double-spaced pages. Authors who use previously published material MUST obtain prior written permission to reprint from the publisher holding the copyright and provide a quality original for publication. (See Previously Published Material.) All invited symposia will be subject to the peer-review process.

Case Studies

Authors are encouraged to submit manuscripts describing specific clinical cases that provide clinically relevant instructional information on assessment and treatment of a particular case that proves unique to Kinesiotherapy practice. Manuscripts should be current, concise, accurate, and understandable and should contain the following:

1. An abstract that contains the clinical implications.
2. An introduction that provides commentary with regard to the clinical problem, which will be explained using the case as an example. Document the patient's agreement to the use of their clinical data in the presentation.
3. A brief case report including history, physical examination and laboratory findings followed by treatment and outcome.
4. A discussion section that explains in detail the clinical implications of the course of the case as well as key aspects of the case that may be unique or may differ from similar reported cases in the medical literature.

Language

English is the language of the publication. Authors who speak English as a second language are encouraged to seek the assistance of a colleague experienced in writing for English language journals.

Authors are encouraged to use language that is nonsexist and sensitive to persons with disabilities, as outlined at the following websites:

- http://www.sacto.org/adaweb/learning_about_disabilities.htm
- <http://www.crinet.org/moreinfo/etq3.htm>
- <http://faculty.ed.uiuc.edu/tgrayson/SPED205/Guidelines.html>

As a general rule, only standardized abbreviations and symbols should be used. If unfamiliar abbreviations are employed, they should be defined when they first appear in the text. Authors should follow *Webster's Third New International Dictionary* for spelling, compounding, and division of words. Trademark names should be capitalized and the spelling verified. Chemical or generic names should precede the trade name or abbreviation of a drug the first time it is used in the text.

Terminology and Units of Measurement

To promote consistency and clarity of communication and to avoid ambiguity, authors should use standard terms generally acceptable to the field of Kinesiotherapy, Exercise Science, Physical Education, Physical Medicine and Rehabilitation. The units of measurement will be Système International d'Unités (SI).

Exceptions to the SI that will be permitted will be heart rate: beats per min; blood pressure: mmHg; gas pressure: mmHg. Authors should refer to the *British Medical Journal* 1:1334-1336, 1978) and the *Annals of Internal Medicine* 106:114-129, 1987 for the proper method to express other units or abbreviations. When expressing units, authors must locate the multiplication factor midway between lines to avoid confusion with periods, e.g., $\text{ml}\cdot\text{kg}^{-1}\cdot\text{min}^{-1}$.

The basic and derived units most commonly used in reporting research in this Journal include the following:

mass:	gram (g) or kilogram (kg)
force:	newton (N)
distance:	meter (m), kilometer (km)
temperature:	degree Celsius ($^{\circ}\text{C}$)
energy, heat, work:	joule (J) or kilojoule (kJ)
power:	watt (W)
torque or moment:	newton-meter (N•m)
frequency:	hertz (Hz)
pressure:	pascal (Pa)
time:	second (s), minute (min), hour (h)
volume:	liter (l), milliliter (ml)
amount of a particular substance:	mole (mol), millimole (mmol).

Selected conversion factors:

$$\begin{aligned}1 \text{ M} &= 0.102 \text{ kg} \text{ (force)} \\1 \text{ J} &= 1 \text{ N}\cdot\text{m} = 0.000239 \text{ kcal} = 0.102 \text{ kg}\cdot\text{m}; \\1 \text{ kJ} &= 1000 \text{ N}\cdot\text{m} = 0.239 \text{ kcal} = 102 \text{ kg}\cdot\text{m} \\1 \text{ W} &= 1 \text{ J}\cdot\text{s}^{-1} = 6.118 \text{ kg}\cdot\text{m}\cdot\text{min}^{-1}\end{aligned}$$

Formulas and Equations

Formulas and equations should be kept to a minimum and always presented in a single line:

$$(a + b)/(x + y).$$

Presentation in the text as $\frac{a+b}{x+y}$ requires hand composition and adds an additional line of space. All unusual characters must be accompanied by a definition or explanation. The names of Greek letters should be written in the margin of the text.

Sample Size

Authors should justify the adequacy of their sample size by providing calculations regarding the power of their statistical tests. While there are different approaches that authors may take in performing these calculations, the text by Cohen (1988) is recommended as an appropriate

starting point. (Cohen, J. *Statistical Power Analysis for the Behavioral Sciences*, 2nd Ed. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers, 1988).

Figures

Clinical Kinesiology will accept black-and-white or color figures and illustrations submitted electronically in Microsoft Word, Excel, or PowerPoint.

Art Work: The design of original figures should be consistent, drawn to the same scale, and designed as simply as possible.

- There should be no "shading" with shades of gray or dot patterns.
- All "lines" should be solid. Distinguish data by the use of intermittent symbols.
- Appropriate distinctions for bar graphs would be a white bar, black bar, diagonal line in either or both directions, checkered pattern, horizontal or even vertical lines.
- Multipanels should be aligned vertically, not horizontally- 1/4 inch to 3/8 inch apart. There should be no more than three panels to any one figure.
- Unless unique, photographs of equipment are strongly discouraged.
- Lettering (symbols, letters, and numbers) should be a minimum 10-point font and should be of professional quality with consistent spacing and alignment.
- Line width should be 3/4 points or greater.
- Properly identify each figure with its figure number and caption.
- Indicate the top of the figure, especially when it is a radiological or histological photographs.
- Be careful of the wording on figures: "n" should be "N"; "p" should be "P". British spelling will be changed to American spelling.

Tables

- Tables must be double-spaced and should be designed to fit a one-column width (3.25 inches) or a two-column width (7 inches).
- Each table should have a brief title; explanatory matter should be in the caption below the table.
- The table shall contain means and standard deviation and must be free of nonsignificant decimal places.
- Abbreviations used in tables must be consistent with those used in the text and figures. Definition symbols should be listed in the order of appearance, determined by reading horizontally across the table and should be identified by standard symbols.

Previously Published Material

Clinical Kinesiology will accept only original, unpublished illustrations and tables except in the cases of review articles, symposia, and meta-analyses. Authors of review articles, symposia and meta-analyses papers who do use previously published material MUST obtain prior written permission to reprint from the publisher holding the copyright and be able to provide a quality original to the Editor for publication. It is also customary that you receive the written permission of the authors. The statement "used by permission" must appear in the caption of the figure or table with complete reference citation. Permission to reprint, if required, must accompany the manuscript at the time of submission.

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Letters addressed to the Editor will be considered for publication if they promote intellectual discussion of an article recently published. Letters should contain an informative title and follow

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Policy of Statement Regarding the Use of Human Subjects and Informed Consent

By law, any experimental subject or clinical patient who is exposed to possible physical, psychological, or social injury must give informed consent prior to participating in a proposed project. Informed consent can be defined as the knowing consent of an individual or his legally authorized representative so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion. The Editorial Board of *Clinical Kinesiology* requires that all appropriate steps be taken in obtaining the informed consent of any and all human subjects employed by investigators submitting manuscripts for review and possible publication. In most cases, informed consent should be obtained by having the subject read a document (an Informed Consent Form) presenting all information pertinent to the investigation or project and affixing a signature indicating that the document has been read and consent given to participation under the conditions described therein. The document should be written so that it is easily understood by the subjects and provided in a language in which the subjects are fluent.

Investigators are requested to consider the following items for inclusion in an Informed Consent Form as appropriate to the particular project:

1. a general statement of the background of the project and the project objectives.
2. a fair explanation of the procedures to be followed and their purposes, identification of any procedures which are experimental, and description of any and all risks attendant to the procedures.

3. a description of any benefits to be reasonably expected and, in the case of treatment, disclosure of any appropriate alternative procedures that might be advantageous to the subject.
4. an offer to answer any queries of the subject concerning procedures or other aspects of the project.
5. an instruction that the subject is free to withdraw consent and to discontinue participation in the project or activity at any time without prejudice to the subject.
6. an instruction that, in the case of questionnaires and interviews, the subject is free to deny answer to specific items or questions.
7. an instruction that, if services or treatment are involved in the setting or context of the project, they will be neither enhanced nor diminished as a result of the subject's decision to volunteer or not to volunteer participation in the project.
8. an explanation of the procedures to be taken to insure the confidentiality of the data and information to be derived from the subject. If subjects are to be identified by name in the manuscript, permission for same should be obtained in the Informed Consent Form or obtained in writing at a later date.

If the subject is to be videotaped or photographed in any manner, this must be disclosed in the Informed Consent Form. The subject must be advised as to who will have custody of such videotapes or photographs, who will have access to the tapes or photographs, how the tapes or photographs are to be used, and what will be done with them when the study is completed.

The informed consent document must not contain any exculpatory language or any other waiver of legal rights releasing, or appearing to release, an investigator, project director, or institution from liability. At the bottom of the form, provision should be made for the signature of the subject (and/or a legally authorized representative) and the date. It is generally advisable to precede this with a statement to the effect that the subject and/or representative have read the statement and understand it. In the case of minors, one or both parents should sign (as appropriate). For minors of sufficient maturity, signatures should be obtained from the subject and the parent(s).

The Editorial Board endorses the Declaration of Helsinki of the World Medical Association as regards the conduct of clinical research. Physicians are expected to comply with the principles set forth in this declaration when research involves the use of patients. In the case of psychological research, investigators will be expected to comply with the principles established by the American Psychological Association. These principles are presented in the publication, "Ethical Principles in the Conduct of Research with Human Participants" (American Psychological Association, Washington, D.C., 1982). The use of subjects should be approved by an ethics committee prior to the investigation.

It will not be necessary for an author to describe in the manuscript the specific steps that were taken to obtain informed consent, to insure confidentiality of results, or to protect the privacy rights of participating subjects. It will be satisfactory for the author to indicate that, "Written informed consent was obtained from the subject," or by similar wording. It will be understood by the editors that such a statement indicates the author's guarantee of compliance with the directives presented above and ethics committee approval was received.

Policy Statement of Clinical Kinesiology on Research with Experimental Animals

The ability of science to enhance the well-being of humans and animals depends directly on advancements made possible by research, much of which requires the use and availability of experimental animals. Therefore, all who propose to use animals for research, education, or testing purposes must assume the responsibility for their general welfare. It is essential to recognize and to appreciate that the intent of scientific research is to provide results that will advance knowledge for the general and specific benefits of humans and animals. To accomplish these goals, *Clinical Kinesiology* will support research of high scientific merit that includes the use of experimental animals.

Before the Journal will consider supporting research projects, the College must receive written assurances from the institution that the policies and procedures detailed in the *Guide for the Care and Use of Laboratory Animals* as published by the U.S. Department of Health and Human Services and proclaimed in the Animal Welfare Act (PL89-544, PL91-979, and PL94-279) are policy of the institution. Furthermore, the ACSM endorses the rules, procedures, and recommendations for the care of laboratory animals as advocated by the American Association for Accreditation of Laboratory Animal Care (AAALAC). Support for research and publication of research findings by the ACSM require that the institution where the research was conducted confirm it has filed a National Institutes of Health assurance and/or has AAALAC approved facilities.

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