

Instructions for Authors

The Editor-in-Chief of ESMJ, **Carlos Vicente Andreoli**, can be contacted via email at jesm@medicinadoesporte.org.br.

Journal of Exercise & Sports Medicine Journal (JESM) is the official scientific journal of the **Brazilian Society of Exercise and Sports Medicine (SBMEE)**.

Submit manuscripts online at: **ScholarOne**.

Download the **Instructions for Authors** (PDF) or see below.

Download the **Editorial Ethics Policies** (PDF).

This journal is a member of (or follows the principles of) the **Committee on Publication Ethics (COPE)**.

JESM is a **100% open access** journal. All content is freely available **without registration**, from the first published issue to the most recent issue.

Licence: Creative Commons CC BY 4.0.

Article processing charges (APC): There are provide fees and conditions].

Manuscript Submission Guidelines

1) Exclusivity and publication rights

Manuscripts must not be under simultaneous consideration by any other journal before or during the peer-review process.

As a general policy, JESM does not consider manuscripts that have previously been made available on **preprint servers**.

Articles published in JESM may not be published elsewhere without written permission from the rights holder/licence holder, when applicable.

Authors are responsible for obtaining and providing all necessary permissions to reproduce any copyrighted material (figures, tables, instruments, images, etc.) that they do not own.

2) Transparency regarding related work and sample overlap

Manuscripts should cite any other work by one or more co-authors that is relevant to the subject matter of the current submission or that used any of the same participants, animals, biological samples, or specimens reported in the current submission.

This includes manuscripts in preparation, under review, accepted for publication, or already published. In such cases, the relationship to the current submission must be clearly stated (e.g., study continuation, secondary analysis, pre-planned subanalysis, partially overlapping cohort, etc.).

3) Declaration of Artificial Intelligence (AI) use

Authors must declare the use of **Artificial Intelligence (AI)**, when applicable, in the conduct of the study and/or in the writing of the manuscript.

If AI was used, authors must:

- identify the program/tool; and

- describe objectively how AI was used (e.g., writing support, language editing, data extraction/organization, statistical analysis, image generation/editing, etc.).

AI tools may not be listed as authors. Full responsibility for the content, data, conclusions, and scientific integrity remains with the authors.

4) Review articles and “Current Concepts”

All review articles (e.g., systematic reviews, meta-analyses, structured narrative reviews) may be considered for the **Current Concepts** section.

Authors with review proposals may contact the Associate Editor responsible for this section — Carlos Vicente Andreoli – jesm@medicinadoesporte.org.br to determine whether:

- the journal has recently published a similar review; or
- a closely related submission is currently in progress.

5) Submissions from editorial board members

The Editor-in-Chief and/or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in ESMJ.

In such cases, the peer-review process and final decision will be managed by designated alternative editors, and the submitting Editor/Board member will have no involvement in the decision-making process, ensuring independence and impartiality.

Submissions

Authors should register in ESMJ’s online submission system and **link and verify their ORCID iD** before submitting manuscripts.

Submit manuscripts at: **ScholarOne**.

Once the manuscript is received by the editorial office, the corresponding author will receive an acknowledgment email with an assigned **manuscript identification number**, which should be used in all subsequent correspondence related to that submission.

Required items at submission

1) Title Page

The Title Page must be uploaded as a separate file and should include, at minimum:

- Full title of the manuscript;
- Full names of all authors, with institutional affiliations;
- Corresponding author (email and institutional address);
- Funding/support statement (when applicable);
- Conflict of interest statement (summary);
- Word count and number of figures/tables (if applicable; this may be standardized in a journal template).

2) Blinded Manuscript

The main manuscript must be submitted **without any identifying information**, including:

- author names;
- initials;

- institutions;
- email addresses;
- acknowledgments; and
- details that could reveal the center/service.

State or country names may be used, but avoid specific locations that could identify the institution (e.g., city, region, specific hospital) when this could compromise the anonymity of the peer-review process.

The blinded manuscript must include:

- abstract;
- full text; and
- tables and figures inserted at the end of the text.

3) Disclosure Statement (Conflicts of Interest)

JESM requires a **Conflict of Interest Disclosure Statement** for all authors.

- The corresponding author must complete and submit the disclosure on behalf of all co-authors, reporting potential financial and non-financial conflicts of interest.
- Authors are encouraged to disclose relevant relationships, payments, and affiliations from the **previous 5 years** (e.g., consulting, speaking engagements, sponsorships, funded research, intellectual property, equity/ownership interests, etc.).

4) Ethics approval (CEP/IRB) or waiver

A copy of the ethics committee approval letter—or a waiver statement—must be uploaded when the study involves:

- human participants (including retrospective data);
- human tissues/samples;
- identifiable health information; and/or
- animal models.

The Methods section must clearly state ethics approval/waiver and, when applicable, informed consent.

Requirements for specific study types

A) Randomized Controlled Trials (RCTs)

All clinical trials must be **prospectively registered** at **ClinicalTrials.gov** or in a similar registry recognized by the **ICMJE**.

In addition:

- The original study protocol must be submitted as **supplementary material**.
- The protocol must be **blinded for peer review** (remove author names, institutions/locations, and also the trial registration number if it could compromise blinding).
- Either the formal study protocol or equivalent information available in the public registry will be accepted.
- A **CONSORT flow diagram** describing group allocation and participant flow is required.
- The **CONSORT checklist** must be completed and uploaded as supplementary material.

B) Observational studies (cohort, case-control, cross-sectional)

Observational studies should include a **selection/follow-up flow diagram** when applicable (e.g., record screening, eligibility, exclusions, losses to follow-up, follow-up period).

- The **STROBE checklist** must be completed and uploaded as supplementary material.

C) Biologics studies (PRP, cell-based therapies, and related interventions)

Studies evaluating biologic therapies (e.g., PRP, autologous conditioned serum, autologous protein solution, autologous or allogeneic cell-based therapies) must include the **MIBO checklist** as supplementary material.

D) Animal studies

Studies involving animal models must upload the completed **ARRIVE checklist** as supplementary material.

Authors

Authors may be asked to provide full supporting data for their study (e.g., spreadsheets, databases, code/scripts, statistical outputs, instruments used, and methodological documentation). If authors refuse to provide these materials when requested, the manuscript may be **rejected without further review**, at the editor's discretion.

A **cover letter, acknowledgments, and suggested reviewers** are optional.

If a manuscript has **more than 5 authors**, authors are encouraged to include a brief statement describing each author's contributions (e.g., study conception, data collection, analysis, drafting, critical revision), either in the appropriate field of the submission system or in a cover letter.

Only individuals who made substantial contributions to the **conception and/or scientific conduct** and/or **writing/critical revision** of the work should be listed as authors. Contributions that do not meet authorship criteria (e.g., institutional support, limited technical assistance without intellectual contribution, administrative support, language editing, technical support) should be acknowledged in a footnote or in the **Acknowledgments**, as appropriate.

There is no formal limit on the total number of authors. However, in the final published layout, the journal may list up to **20 authors on the first page**; additional authors will be listed at the end of the article.

ESMJ strongly encourages all authors to link their **ORCID iD** to their accounts in the submission system. ORCID is a persistent digital identifier that distinguishes researchers, including those with similar names.

If you do not already have an ORCID iD, please create one at: **[INSERT ORCID LINK]**.

Authorship changes (after submission)

IMPORTANT: If the named authors for a manuscript change at any point between submission and the final decision (addition, removal, or reordering), an **Authorship**

Change Form must be completed and digitally signed by **all authors**, including any added or removed.

- Adding an author will only be considered when there is a clear and documented justification, typically related to substantial contributions arising from changes requested during peer review.
- The completed form may be uploaded at the revised submission stage or emailed to the editorial office: **[INSERT EDITORIAL OFFICE EMAIL]**.
- **Changes to the author byline are not permitted after acceptance** of the manuscript.

Manuscript Formats

Manuscript pages should be:

- double-spaced;
- consecutively numbered; and
- formatted with continuous line numbering (from the beginning to the end of the document).

The abstract must be included in the manuscript file and also entered into the **Metadata** section of the submission system.

As a general rule, manuscripts should be **6,000 words or fewer**, including the abstract and references.

There are also limits for figures, tables, and references, as described in the relevant sections below.

The system accepts most common file formats; however, **Microsoft Word** is the preferred format.

Manuscript Preparation

Abstract

The abstract should summarize the content of the article in **350 words or fewer** and must be structured as follows:

Background: In one or two sentences, summarize the current body of scientific knowledge related to your study and how it led to your investigation.

Hypothesis/Purpose: State the hypothesis(es) your study aims to confirm or refute. If no hypothesis exists, state the primary purpose.

Study Design: Identify the overall study design (see list below).

Methods: Succinctly summarize the methods used. Include the study population/sample, type of intervention/exposure (when applicable), method of data collection, and the duration of follow-up/study period.

Results: Report the most important results. Include only:

- statistically significant positive results; or
- clinically relevant negative results supported by adequate statistical power.
Report **actual data** (values and effect measures when possible), not only *p* values.

Conclusion: Answer the original question/hypothesis. Summarize the main conclusions that can be directly drawn from the study.

Clinical Relevance: If the study was laboratory-based, describe its relevance to clinical sports medicine and sports orthopaedics/traumatology.

Key Terms: Include **4 to 6** key terms for indexing. During submission, authors may be asked to select terms from a list used for reviewer assignment. These terms may also be used in the manuscript.

What is known about the subject: Briefly state what is currently known to place the study in perspective for reviewers.

What this study adds to existing knowledge: Clearly state the main contribution of the study to current knowledge.

Important note: The last two items (“What is known...” and “What this study adds...”) are intended **for reviewers only**, are **not included in the word count**, but should appear at the end of the abstract in the uploaded manuscript.

Study Designs

Meta-analysis: A systematic synthesis that pools results quantitatively from two or more studies to obtain an overall answer to a question of interest, summarizing evidence regarding a treatment, procedure, or association.

Systematic Review: An article that examines published material on a clearly described topic in a systematic way. It must describe how evidence was identified, which sources were searched, and the inclusion and exclusion criteria used.

Randomized Controlled Clinical Trial: Participants are randomized into an experimental group and a control group. These groups are followed for outcomes of interest.

Note: Clinical trials must be prospectively registered in a recognized registry (e.g., **ClinicalTrials.gov** or another registry accepted by the **ICMJE**) to be considered for publication.

Crossover Study Design: The administration of two or more experimental therapies/interventions sequentially (in a specified or randomized order) to the same group of participants.

Cohort Study: Identification of two groups (cohorts), one exposed to the factor/intervention of interest and one not exposed, followed forward over time for the outcome of interest.

Case-Control Study: Identification of participants with the outcome of interest (cases) and participants without the outcome (controls), looking back to determine whether they had the exposure of interest.

Cross-Sectional Study: Observation of a defined population at a single point in time (or short interval), with exposure and outcome assessed simultaneously.

Case Series: Describes characteristics of a group of patients with a particular condition or who have undergone a specific procedure. May be prospective or retrospective. No control group is used, although the discussion may compare results with published outcomes.

Case Report: Similar to a case series, but describing a single case (or a very small number of cases) with clinical/scientific relevance.

Descriptive Epidemiology Study: An observational study describing injuries and/or medical events occurring in a particular sport, defined population, or specific context.

Controlled Laboratory Study: An in vitro or in vivo investigation in which one group receiving an experimental treatment/intervention is compared with one or more control groups receiving no treatment or an alternative treatment.

Descriptive Laboratory Study: An in vitro or in vivo study describing characteristics such as anatomy, physiology, biomechanics/kinesiology in a broad sample or a specific group of interest. Authors should choose the design that best fits the study.

Editorial determination of study design and level of evidence

The final designation of the study design and level of evidence may be determined or adjusted by the Editor, based on recognized evidence-based medicine guidance (e.g., the Centre for Evidence-Based Medicine).

Text

In general, manuscripts should follow the standard **IMRAD** structure (**I**ntroduction, **M**aterials and **M**ethods, **R**esults, and **D**iscussion).

Authors are responsible for all statements and information presented in the work, including any editorial/copyediting changes made during production (authors will have the opportunity to review and approve the final version prior to publication).

Authors with limited fluency in English (when submitting in English) should have the manuscript reviewed or edited by a qualified professional or a native English speaker to ensure clarity and accuracy.

Ethics and requirements for studies involving humans, animals, tissues, and cadavers

Manuscripts involving **human** or **animal** subjects must include, within the text, an explicit statement of approval by the appropriate ethics committee/agency, and a copy of the approval document must be uploaded at submission.

If approval was not required, authors must upload a formal waiver statement from the responsible body, when applicable.

In addition:

- **Human studies** must report the **enrollment date range** (recruitment/entry period).
- For retrospective studies, also report the **treatment/intervention date range** when relevant.
- **Human cadaveric specimen studies** must report the **source of the material** (e.g., donation to a university anatomy program) and state whether permission/authorization was obtained for research/publication, in accordance with local regulations.

- **Animal studies** must conform to recognized animal research guidelines (e.g., **ARRIVE**). When available, authors should report the source of animal joint/tissue specimens.
- **Case reports**, when accepted by the journal, require written permission from the patient authorizing the inclusion of clinical information and images for publication (with publication-specific consent).

Surgical reports and minimum follow-up

Reports of surgical procedures, except in rare and well-justified circumstances (e.g., early safety/complication outcomes, acute failures, relevant intraoperative findings), must include a minimum follow-up of **2 years**.

Drugs and devices

Use **generic names** for drugs and devices. If a specific brand was used, include the brand name and, in parentheses, the manufacturer's name and location at the first mention of the product in the text.

Units, abbreviations, and standardization

- Use **International System (SI)** (metric) units.
- Use abbreviations sparingly. At first mention, write the term in full followed by the abbreviation in parentheses.

Participant flow diagram

A flow diagram illustrating participant grouping and flow is required:

- for **randomized controlled trials** (CONSORT flow diagram), and
- for **clinical observational studies** when applicable (screening/selection, exclusions, losses to follow-up, and analyzed populations).

Statistical methods

Statistical methods must be described in sufficient detail to allow reproducibility. Authors are encouraged to:

- report **exact p values** (except when $p < 0.001$); and
- include **95% confidence intervals** whenever possible (particularly for effect estimates).

Acknowledgments

Acknowledgments should be included on the **Title Page** submitted as a separate file.

Technical assistants, colleagues, and collaborators who contributed to the quality of the work but do not meet authorship criteria should be recognized here. Briefly describe the contribution made by each acknowledged individual (e.g., data collection support, statistical support, technical/laboratory support, language editing).

References

References must be:

- double-spaced;
- numbered in the order in which they first appear in the text (1, 2, 3...); and

- listed at the end of the manuscript in the same citation order.

In the text, citations should be made using numbers (e.g., "...as previously described.¹"), using a single format consistently throughout the manuscript.

Reference limit

Except for review articles, references should be limited to **30**. Manuscripts with references that do not comply with the required format may be returned for correction and resubmission.

Formatting

In general:

- abbreviate journal titles according to **Index Medicus**; and
- follow **Vancouver** style for punctuation and bibliographic elements (authors, title, journal, year, volume, pages, and DOI when available).

Acceptability criteria

References must be **retrievable**, meaning accessible and verifiable.

The following may be included in the reference list:

- published articles; and
- articles published on **preprint servers**, when the journal's policy allows their citation as references.

Do not include in the reference list:

- unpublished conference presentations;
- non-traceable / non-verifiable materials.

Unpublished data, submitted manuscripts, and personal communications

Information derived from:

- presentations,
- manuscripts submitted but not yet accepted, or
- unpublished data

should be cited **in the text**, immediately after the relevant information, as "**unpublished data**" (e.g., "Surname et al., unpublished data, year").

Personal communications and other references to unpublished data are discouraged and should be used only when absolutely necessary.

For peer-review purposes, unpublished documents that are closely related to the submitted manuscript or essential for understanding it may be uploaded as **blinded supplemental files**.

Figures and Tables

Any material submitted with an article that has been reproduced from another source (i.e., previously copyrighted) must comply with current copyright regulations. It is the authors' responsibility to obtain **written permission** for reproduction of copyrighted material and to provide the editorial office with the corresponding documentation. Without such authorization, the material cannot be reproduced in the journal.

Figures and tables should appear **at the end of the manuscript, after the references**. In addition, high-resolution images must be uploaded separately as **Figure files** in the appropriate submission fields.

Figures and tables must:

- be cited in **numeric order** in the text;
- have clear and complete legends; and
- not exceed the equivalent of **3 journal pages** in total (figures + tables), except when justified and at the editor's discretion.

For estimating "journal pages":

- 1 page \approx 1 large figure/table, or
- 1 page \approx 2 medium-sized figures/tables, or
- 1 page \approx 4 small figures/tables.
(Operational definitions: "medium" = full-page width and approximately half-page length; "small" = one-column width and half-page length or less.)

File naming and legends

All image files must be labeled with the figure number (and, when applicable, with figure parts, e.g., **Figure 2A, 2B**).

The figure legend should appear below each figure and must:

- describe each part (A, B, C...);
- explain symbols, arrows, and markings; and
- ensure full consistency between terms used in the text, labels, and legends.

For randomized clinical trials, a **CONSORT flow diagram** must be included to illustrate allocation and participant flow.

Use of color

The journal will use color when necessary (e.g., histology, surgical photographs, imaging findings).

For analytical figures (bar charts, line graphs, diagrams), authors are encouraged to submit in **black and white** whenever this does not compromise interpretation.

Technical resolution requirements (publication standard)

For publication, accepted figures must meet the minimum resolution requirements:

- Line art/drawings (no grayscale): ideally in the original format; if scanned, **1200 dpi** is recommended.
- Color photographs: **600 dpi** is recommended.
- Black-and-white photographs: **300 dpi** is recommended.

Charts and figures created in software (e.g., Word/Excel/PowerPoint) should, whenever possible, be submitted in their **original editable format**. Figures embedded as pasted images within Word/PowerPoint may be acceptable for review but are not suitable for the final production process. If figures are embedded in the manuscript for readability, they must also be submitted as separate files.

Patient photographs and consent

Photographs of patients that allow identification must be accompanied by a **signed image release form** granting permission for publication.

If authorization is not provided, the manuscript must ensure adequate anonymization (e.g., occluding the eyes and other identifying features); however, the journal may refuse images if there is still a risk of identification.

Tables

The system accepts most common file formats. All tables must:

- include a title describing the content and purpose of the table;
- be clearly formatted (well-defined rows and columns); and
- complement, rather than duplicate, information presented in the text.

Supplementary Videos

Submission of supplementary videos is encouraged. Videos may be submitted with the manuscript and, if approved by the Editor, will be published online as supplementary material associated with the article.

Videos are especially recommended for manuscripts describing:

- surgical techniques;
- physical examination techniques;
- exercise/rehabilitation techniques; and
- injury mechanisms.

Authors are responsible for ensuring compliance with copyright and permission requirements. For videos featuring identifiable individuals, an audio-visual likeness/image release form will be required when applicable. It is the authors' responsibility to obtain and submit all required signed release forms for each video.

Revised Manuscripts

Revision submissions must include:

- a supplementary document listing all reviewer comments followed by the authors' point-by-point responses to each comment; and
- when changes are made to the text, the line number where each change occurs should be indicated in the response.

In the revised manuscript, all changes should be clearly highlighted (e.g., highlighting or track changes) to facilitate editorial evaluation.

Any information that was removed for blinded review should be added back in when appropriate (e.g., acknowledgments, institutional information on the Title Page), and references must follow the journal's required format.

Figures submitted with the revised version must be provided in final **high-resolution** format, ready for publication (see "Figures and Tables").

Accepted Manuscripts

After acceptance and typesetting, authors will be required to carefully review the article proofs, which will have undergone editorial copyediting. Corrections must be made at the proof stage.

The journal may limit extensive changes at proof stage, prioritizing corrections of formatting, standardization, and objective errors. Substantial content changes after proofs may be declined or may require additional editorial review.

After online publication, corrections follow the formal erratum/correction process according to journal policy. For this reason, author names, affiliations, and other essential information must be verified with particular care during proof review.

Letters to the Editor

Letters to the Editor should be submitted through the journal's online submission system: **[INSERT LINK]**.

- All authors' names must appear at the end of the letter text.
- A conflict of interest disclosure statement must be included when applicable.
- When a letter discusses a published article, it may be forwarded to the article's authors for a reply, at the editor's discretion.

Important notice: plagiarism and copyright infringement

JESM takes issues of plagiarism, copyright infringement, and other breaches of editorial best practices seriously. Submitted manuscripts may be screened using similarity-detection software.

If the journal identifies:

- reproduction of copyrighted material without permission;
- plagiarism;
- disputed authorship;
- manipulated data/images; and/or
- substantially incorrect information,

the journal may reject the manuscript, request clarifications and additional documentation, or take editorial actions consistent with international standards for publication integrity (including corrections and retractions when necessary).