



Journal of Dance Medicine & Science

Table of Contents

GENERAL INFORMATION	3
MISSION AND SCOPE	3
SUBMISSIONS	3
REVIEW PROCESS	3
Authorship Guidelines	4
Corresponding Author.....	4
Authorship and Name Changes.....	4
PROTECTION OF HUMAN SUBJECTS AND PARTICIPANT CONFIDENTIALITY ...	4
USE OF INCLUSIVE LANGUAGE	5
CONFLICTS OF INTEREST AND FUNDING SOURCES	5
LANGUAGE	5
PREPARATION OF MANUSCRIPTS	6
Overall Style and Formatting Guidelines.....	6
Requirements for All Submissions.....	6
Length Limits for Submissions.....	7
Manuscript Formats.....	8
Original Research (Quantitative).....	8
Original Research (Qualitative).....	8
Systematic Reviews and Meta-Analyses.....	9
Case Reports.....	10
Case Series.....	11
Cohort Studies.....	11
Short Communications.....	12
Methodology.....	12
Position Statements.....	13
Consensus Statements.....	13
Letters to the Editor.....	13
RESOURCES FOR SUBMISSION	13
Original Quantitative Research.....	13
Original Qualitative Research and Mixed Methods Research.....	14
Systematic Reviews and Meta Analyses.....	14
Case Reports.....	14
GRAPHICS AND VISUAL DISPLAYS	14
Tables.....	14

Figures	15
<i>REPORTING DATA AND STATISTICS</i>	15
<i>SUPPLEMENTAL CONTENT</i>	16
<i>REFERENCE STYLE</i>	17
Quick Guide to AMA Style (11th Edition)	17
Reference List	17
In-text Citations	17
Minimum information required by type with examples	17
<i>CONTACT INFORMATION FOR SUBMISSIONS</i>	19
<i>MANUSCRIPT PROCESSING</i>	19
Manuscript Flow Process	19
Initial Submissions	20
Revisions	20
Copyediting and Author Galley Proofs	20
<i>CONFLICT OF INTEREST</i>	20
Peer Reviewers	20
Editors	21
<i>PUBLICATION, FAST TRACK, AND OPEN ACCESS</i>	21
<i>Journal of Dance Medicine & Science Peer-Review Response Form</i>	22

GENERAL INFORMATION

The Journal of Dance Medicine & Science (JDMS) is the official journal of the International Association of Dance Medicine & Science (IADMS). The JDMS publishes scholarly, scientific articles on all aspects of dance medicine and science.

MISSION AND SCOPE

The mission of the JDMS is to advance dance medicine and science knowledge to promote health for dancers, and dance for health.

The journal's scope is multi-disciplinary, drawing from all fields related to dance medicine and science. These fields include, but are not limited to: anatomy, exercise physiology, strength and conditioning, biomechanics, epidemiology, kinesiology, rehabilitation, athletic training, physical therapy, general medicine, sports medicine and surgery, neuroscience, motor control, dance for health, dance education, psychology, and nutrition.

SUBMISSIONS

The JDMS accepts the following types of submissions: Original Research Articles, Case Studies, Case Series, Cohort Studies, Methodology, Letters to the Editor, Systematic Reviews, and Meta-analyses. All other submission types should be sent to Editor-in-Chief for approval. All submissions must be original contributions, not previously published (except as a conference abstract or proceedings), must not be under consideration for publication elsewhere, and, if accepted, must not be published elsewhere in similar form, in any language, without the consent of J Michael Ryan (JMR) Publishing Inc. Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with the journal, its editors, or the publisher.

REVIEW PROCESS

The JDMS is a refereed journal. All manuscripts undergo a double-blind peer-review process for new submissions, including review by a minimum of 1 peer-reviewer and 1 Associate Editor. Authors submitting manuscripts should include the names and email addresses of 3 possible qualified peer reviewers for their submission. The suggested peer reviewers should have demonstrated published expertise in the topic area of the submission. The Editors may choose these and other qualified reviewers for the peer-review process.

All manuscripts are evaluated based on their scientific rigor, originality and importance to the field, using the following criteria: *Is the topic area appropriate for JDMS, is the relevance clearly stated, does the manuscript achieve its stated purpose, is the writing clear, are the data accurate, and are the conclusions valid?*

NOTE: Before submission, remember to review the Peer-Review Response Form at the end of this document to ensure you understand how the manuscript will be reviewed.

All final manuscripts are approved by the Editor-in-Chief, who may request additional changes or modify the decision. Authors are notified by e-mail as soon as possible about the acceptability of their manuscript.

Authorship Guidelines

The JDMS adheres to the Uniform Requirements for manuscripts Submitted to Biomedical Journals established by the International Committee of Medical Journal Editors (ICMJE; www.icmje.org).

Corresponding Author

One author must be identified as the corresponding author, who is responsible for ensuring all authors meet the authorship criteria and complete all submission requirements including but not limited to: submitting the manuscript to the Journal, serving as the main contact during the review process, and performing any related activities if the manuscript is accepted, such as reviewing proofs of the edited manuscript and answering editorial queries. The corresponding author will be identified as the primary contact in the published article.

The corresponding author is responsible for ensuring that all listed authors have contributed significantly to the study by meeting all 4 of the below criteria. Authors who do not meet all the criteria should be acknowledged in the acknowledgments section.

1. Substantial contributions to the conception or design of the work; or acquisition, analysis, or interpretation of the data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Authorship and Name Changes

The JDMS follows the COPE guidelines (<http://www.publicationethics.org/>) for changes in authorship. Changing the author list after submission requires agreement from all authors. This includes additions, deletions, and changes in ordering. Requests must come from the corresponding author along with an explanation for the change. If the change is deemed to be appropriate, the corresponding author must receive and provide to JDMS the consent to the change from all the authors, including any being added, deleted, or reordered. Authorship issues identified after publication will not be corrected. In the case of an authorship dispute, the journal will not arbitrate.

PROTECTION OF HUMAN SUBJECTS AND PARTICIPANT CONFIDENTIALITY

The JDMS requires that the research in all submissions has been conducted in an ethical and responsible manner. Authors must comply with the standards of the International Committee of Medical Journal Editors regarding the protection of research participants (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection->

[ofresearch-participants.html](#)). The name of the Institutional Review Board (IRB) or Ethics Committee that approved the research protocol involving human participants must be included in the Methods section. The Methods section must also contain a statement that participant informed consent was obtained. The JDMS mandates that clinical trials initiated on or after January 1, 2013, be prospectively registered (i.e., the protocol was registered before the first participant was recruited) in a public trials registry. In these cases, authors should provide the name of the registry and the registration number on the title page. In all cases, it is the author's responsibility to ensure that a participant's identity be carefully protected. Authors should mask participants' identities and remove all participants' personal data from all figures, photographs, and images.

USE OF INCLUSIVE LANGUAGE

The JDMS promotes the use of inclusive language in all submissions. Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, sex, race, ethnicity, culture, sexual orientation, disability, or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, and reference to dominant culture and cultural assumptions. Please use gender neutrality by using plural nouns ("clinicians, participants") as default and wherever possible to avoid using "he, she," and never use "he/she." Please avoid the use of descriptors that refer to personal attributes such as age, sex, race, ethnicity, culture, sexual orientation, disability, or health condition unless they are relevant and valid.

CONFLICTS OF INTEREST AND FUNDING SOURCES

Authors must state all possible conflicts of interest on the Title Page of the manuscript, including financial, consultant, and institutional and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated as none declared. All sources of funding should be acknowledged in the Title Page of the manuscript. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript with the heading "Conflicts of Interest and Source of Funding Sources."

LANGUAGE

The Journal is published in American English and all spelling and punctuation should conform to this standard. Authors who speak English as a second language are encouraged to seek the assistance of a colleague experienced in writing for English language journals or to contact a professional translation service before submission of their manuscript.

PREPARATION OF MANUSCRIPTS

Overall Style and Formatting Guidelines

The Journal adheres to the latest AMA Manual of Style (currently 11th edition) for all submissions.

Requirements for All Submissions

All submissions should be typed, double-spaced and in a font no smaller than 11 point. Begin numbering the pages of your manuscript with the Abstract Page as #1; then consecutively number all successive pages (top right). Include continuous line counts on each page to facilitate the review process. Do not right justify pages.

See below documents required for all submissions:

1. Cover Letter stating that:
 - The manuscript is not currently in review elsewhere and the authors will not submit the manuscript anywhere else until they receive a final decision from the journal
 - All authors meet the criteria for authorship stated International Committee of Medical Journal Editors (ICMJE) Author Inclusion Guidelines
 - Declarations of any Conflicts of Interest
2. Copyright Transfer Statement: <https://iadms.org/media/2937/jdms-copyright-agreement.pdf>
3. Title Page citing:
 - Title of the article
 - Names, affiliations, and ORCID numbers (if possible) of all authors
 - Corresponding author's address, telephone, and e-mail address
 - Conflicts of Interest Statement
 - The title should be relevant, concise, and should contain a key phrase that accurately describes your submission
 - For research articles, consider stating results in the title
 - Consider adding details about the participants if appropriate
 - Directional and specific titles are preferred rather than ambiguous or equivocal or question statements.
 - For example, rather than stating:
 - *A quasi-experimental examination on the effects of exercise on jump height in dance*, state the following:
 - *A 10-week resistance training program improves vertical jump height in healthy female professional ballet dancers*
 - For review articles, you may include “review” or “a review of” in the title.
 - Generally, use words that can expand the search indexing ability of the manuscript
4. A Separate Blinded Title Page with Title Only
5. Structured Abstract with Word Count (see types for maximum word counts): All manuscripts must include an abstract that serves as a summary. Include the article title without authors' names followed by the abstract two lines below. Word limits and required headings per manuscript category (see below).

6. 3 Key Points: Key points should serve as “take-home messages” for readers. Each key point should consist of a single sentence and no more than 30 words. All key points must be supported by the results of the current study.
7. Level of Evidence (if applicable): based on the Centre for Evidence-Based Medicine ([CEBM](#)) guidelines
8. Main Body of Text (see types for maximum word counts and other information)
9. Acknowledgments: Acknowledge all forms of support, including grants, pharmaceutical and industry support, and institutional and other individuals who have assisted in the project but are not co-authors.
10. Tables: all tables should be typed within the manuscript using Word’s table creation functionality. Tables should be placed at the end of the manuscript immediately following the reference list.
11. Graphics (for example figures, charts, graphs, photographs, illustrations). Note: color illustrations are acceptable.
 - Each graphic should be a separate, high resolution file
 - Photographs should be submitted in TIF or JPG formats
 - Drawn images should be submitted in TIF or JPG
 - Graphs should be submitted as TIF, JPG, or as original Excel files that include both the data and the graphs
 - All figure and captions should be listed in order and correspond to the relevant file
12. Supplemental files (where applicable)
13. All pages should be numbered (top right)
14. NOTE: If the manuscript is accepted, we may ask authors to submit a 250-character summary appropriate for dissemination on social media outlets

Length Limits for Submissions

See below the length limits based on submission types.

These limits exclude Title, Abstract, Acknowledgments, Tables, and Figures.

If a manuscript exceeds the above word counts or number of references, the corresponding author should initially contact the Editor-in-Chief for approval before submission.

Type	Maximum Word Count	Abstract Word Count	Maximum References
Original Research	4000	300	40
Systematic Reviews and Meta Analyses	5000	300	70
Case Reports	1000	300	10
Case Series	2000	300	15
Cohort Studies	2000	300	30
Short Communications	2000	300	10
Methodology	2000	300	10
Letters to the Editor	300	-	5
Position and Consensus Statements	5000	300	70

Manuscript Formats

Manuscripts should be organised in the following formats:

Original Research (Quantitative)

- **Abstract:** The structured abstract should include the Introduction, Methods (including but not limited to study design, participant characteristics, data sources with units of measurement, data analyses procedures), Results, and Conclusion (may include discussion of results and implications; maximum 300 words).
- **Word Count:** Number of Words (excluding references, tables, figures, and other supplementary information)
- **Key points:** 3 key points that highlight the practical or clinical applicability or research and clinical outcomes. Each key point should consist of a single sentence and no more than 30 words.
- **Introduction:** A succinct summary of previous research that sets up the study need and ends with the study's purpose.
- **Methods:** Suggested headings: Participants (including power analyses where appropriate), provide evidence of Ethics or Institutional Review Board (IRB) approval, Study Design, Level of Evidence, Procedures, Data Analyses
- **Results:** Describe research findings including references to relevant tables and figures.
- **Discussion:** A succinct section that discusses the primary findings, meaning, importance and relevance of the results in relation to the introduction, research questions and comparisons with prior work. The discussion should also include a limitations and future recommendations section.
- **Practical and Clinical Applications and Implications:** How the study can be applied to or affect current practice in dance medicine and science, dance, and the wider community from a practical or clinical perspective.
- **Conclusion:** A concise summary of the study
- **References:** A maximum of 40 references; see below for reference style
- **Legends:** a list of Figure legends
- **Supplemental Materials:** (videos, tables, etc.)

Original Research (Qualitative)

- **Abstract:** The structured abstract should include the Introduction, Methods (including but not limited to theoretical framework, participant characteristics, data sources, and analysis procedures), Results, and Conclusions (may include discussion of results and implications; maximum 300 words).
- **Key points:** 3 key points that highlight the practical or the clinical applicability or the research and clinical outcomes. Each key point should consist of a single sentence and no more than 30 words.
- **Introduction:** A succinct summary that sets up the study need and ends with the study's purpose.
- **Methods:** Summarize the research design including the rationale to your inquiry, Ethics or Institutional Review Board (IRB) approval, participants or data sources, recruitment process and selection, researcher-participant relationships, data collection identification process, recording and data transformation, methodological integrity and data-analyses strategies
- **Results:** Describe research findings, including quotes, excerpts of data that are compatible with the study design. Include figures, tables, and models if useful.
- **Discussion:** A succinct section that discusses the primary findings, meaning, importance and relevance of the results in relation to the introduction, research questions and comparisons with prior work. The discussion should also include a limitations and future recommendations section.
- **Practical and Clinical Applications and Implications:** How the study can be applied to or affect current practice in dance medicine and science, dance, and the wider community from a practical or clinical perspective.
- **Conclusion:** A concise summary of the major findings
- **References:** A maximum of 40 references; see below for reference style
- **Legends:** a list of Figure legends
- **Supplemental Materials:** (videos, tables, etc)

Systematic Reviews and Meta-Analyses

All review articles should filter, synthesize, and interpret information on the topic so that readers understand the consensus and controversies surrounding the issue. Where possible, practical recommendations should be made to place the information in context for the reader. Systematic Reviews and Meta Analyses should follow Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Guidelines and employ an appropriate critical analysis methodology that examines the strength of evidence, such as Grading of Recommendations, Assessment, Development and Evaluations (GRADE), Consolidated Standards of Reporting Trials (CONSORT), Physiotherapy Evidence Database (PEDro), modified Downs and Black checklist (mDB), and/or Risk of Bias analysis. We recommend that meta-analyses are only carried out when total participant numbers reach a significant effect through power analyses.

- **Abstract:** The structured abstract should include the Introduction, Methods (including but not limited to study design, participant characteristics, data sources with units of

measurement, data analyses procedures), Results, and Conclusions (may include discussion of results and implications; maximum 300 words).

- **Key points:** 3 key points that highlight the practical or the clinical applicability or the research and clinical outcomes. Each key point should consist of a single sentence and no more than 30 words.
- **Introduction:** A succinct summary of previous research and ends with the study's purpose.
- **Methods:** PRISMA or other relevant guidelines (see above)
- **Results:** Describe research findings including references to relevant tables and figures.
- **Discussion:** Focus on the strength of evidence and methodologies of the included studies.
- **Practical and Clinical Applications and Implications:** How the findings can be applied to or affect current practice in dance medicine and science, dance, and the wider community from a practical or clinical perspective.
- **Conclusion:** Limited to the data and interpretations presented in the results and discussion sections
- **References:** A maximum of 70 references; see below for reference style
- **Legends:** a list of Table and Figure legends
- **Supplemental Materials:** (videos, tables, etc.)

Case Reports

Needs to meet the following criteria: Report a new syndrome, injury, or medical condition; report a new test or diagnostic technique or method; or report an interesting case study to inform fellow clinicians of complications or problems associated with a common condition.

- **Abstract:** The abstract should be a concise, one paragraph summary that focuses on the clinical relevance of the study (maximum 300 words).
- **Key Points:** 3 key points that highlight the applicability or research and clinical outcomes. Each key point should consist of a single sentence and no more than 30 words.
- **Introduction:** This should explain background of the case, including the disorder, usual presentation and progression. It should also include a brief literature review. This should give an introduction to the case report from the standpoint of those without specialist knowledge in the area, clearly explaining the background of the topic. It should end with a very brief statement of what is being reported in the article.
- **Case Report** including reference to 1-2 figures. Provide evidence of Ethics or Institutional Review Board (IRB) approval
- **Discussion:** The discussion serves to summarize and interpret the key findings of the case report, to contrast the case report with what is already known in the literature and justify its uniqueness, to derive new knowledge and applicability to practice, or to draw clinically useful conclusions. This should also include limitations and a short conclusion section.

- **Practical and Clinical Applications and Implications:** How the findings can be applied to or affect current practice in dance medicine and science, dance, and the wider community from a practical or clinical perspective.
- **References:** A maximum of 10 references; see below for reference style
- **Legends:** Figure legends
- **Supplemental Materials:** (videos, tables, etc.)

Case Series

A case series is an extension of a case report but includes more than 2 participants. It is a descriptive study that provides details of the clinical experience of its participants.

- **Abstract:** The abstract should be a concise summary that focuses on the clinical relevance of the study. (maximum 300 words).
- **Key Points:** 3 key points that highlight the applicability of the research and the clinical outcomes. Each key point should consist of a single sentence and no more than 30 words.
- **Introduction:** This should explain background of the cases, including the disorder, usual presentation and progression. It should also include a brief literature review. This should give an introduction to the case series from the standpoint of those without specialist knowledge in the area, clearly explaining the background of the topic. It should end with a very brief statement of what is being reported in the article
- **Case Series** including reference to 1-2 figures. Provide evidence of Ethics or Institutional Review Board (IRB) approval.
- **Discussion:** The discussion serves to summarize and interpret the key findings of the case series, to contrast the case series with what is already known in the literature and justify its uniqueness, to derive new knowledge and applicability to practice, and/or to draw clinically useful conclusions. This should also include a limitations section and a short conclusion.
- **Practical and Clinical Applications and Implications:** How the findings can be applied to or affect current practice in dance medicine and science, dance, and the wider community from a practical or clinical perspective.
- **References:** A maximum of 15 references; see below for reference style
- **Legends:** Figure legends
- **Supplemental Materials:** (videos, tables, etc)

Cohort Studies

An observational study with 2 or more groups (cohorts) of people with similar characteristics. One group has a treatment, is exposed to a risk factor or has a particular symptom and the other group does not. The study follows their progress over time.

- **Abstract:** The abstract should be a concise summary that focuses on the clinical relevance. (maximum 300 words)
- **Key points:** 3-4 key points that highlight the applicability or research and clinical outcomes. Each key point should be just one sentence long
- **Introduction:** Succinct review of applicable literature to identify key issues, debates, or theoretical framework to conclude with the objectives, aims, and research goals.
- **Methods:** Summarize the research design including the rationale to your inquiry, participants or data sources, recruitment process and selection, researcher-participant relationships, data collection identification process, recording and data transformation, methodological integrity and data-analytic strategies
- **Results:** Describe research findings, including quotes, excerpts of data that are compatible with the study design. include figures, tables and models if useful.
- **Discussion:** A succinct section that discusses the meaning, importance and relevance of the results in relation to the introduction and research questions or hypotheses. This should also include a limitations section
- **Practical and Clinical Applications and Implications:** How the study can be applied to or affect current practice in dance medicine and science, dance, and the wider community
- **References:** A maximum of 30 references; see below for reference style
- **Legend:** Figure legends
- **Supplemental Material** (videos, tables, etc.)

Short Communications

The submission should be written as concisely as possible but should contain all elements necessary to allow interpretation and replication of the results.

- **Abstract:** The abstract should be a concise summary that focuses on the relevance of the study or other related concepts. (maximum 300 words)
- **Key points:** 3-4 key points that highlight the applicability of the study. Each key point should be just one sentence long
- **Introduction:** a short justification of the proposed methodology providing reference to previous literature and theory
- **Method:** including specific subsections for equipment, procedures, and statistics
- **Discussion:** a concise reflection on how the method builds on previous methodologies
- **References:** A maximum of 10 references; see below for reference style
- **Legend:** Figure legends

Methodology

The submission should be written as concisely as possible but should contain all elements necessary to allow interpretation and replication of the results.

- **Abstract:** The abstract should be a concise summary that focuses on the methodological relevance of the study or other related concepts. (maximum 300 words)

- **Key points:** 3-4 key points that highlight the applicability of the proposed method. Each key point should be just one sentence long
- **Introduction:** a short justification of the proposed methodology providing reference to previous literature and theory
- **Method:** including specific subsections for equipment, procedures, and statistics
- **Discussion:** a concise reflection on how the method builds on previous methodologies
- **References:** A maximum of 10 references; see below for reference style
- **Legend:** Figure legends

Position Statements

Position Statements may only be submitted after consulting the Editor-in-Chief. These succinct but comprehensive documents are typically prepared by a recognized association or society for the purpose of providing guidelines in important areas of dance medicine and science. A Position Statement should reflect both hard scientific evidence and the practical perspective of a controversial topic area. The authors should be recognized as leading figures within the discipline.

Consensus Statements

Consensus Statements may only be submitted after consulting with the Editor-in-Chief. These manuscripts are typically prepared by a Consensus Group and endorsed by a recognized body in Dance Medicine and Science or Sport and Exercise Medicine. Consensus Groups are typically formed in a systematic fashion including recognized experts within the field. The purpose is to provide a summary of up-to-date research or best clinical practice on a particular area of dance medicine and science. Consensus statements should be periodically revised to reflect best practice in the light of new research.

Letters to the Editor

Letters to the Editor and responses should be concise and include a maximum of 5 references. Acceptance is at the journal's discretion. If a letter to the editor discusses an article appearing in the JDMS, then prior to acceptance for publication, it will be forwarded to the authors of the article for response. If accepted, and if practical, the journal will publish the letter and the response in the same issue.

RESOURCES FOR SUBMISSION

Authors are encouraged to consult the following guidelines specific to certain study designs when writing their manuscripts as described by the Enhancing the QUALity and Transparency Of health Research (EQUATOR) Network <https://www.equator-network.org/>. While some examples are provided below, use below resources as appropriate:

Original Quantitative Research

- Randomized Trials: Consolidated Standards of Reporting Trials ([CONSORT](#)),
- Diagnostic and Prognostic Studies: Studies of Diagnostic Accuracy ([STARD](#)),

- Observational Studies: Strengthening the Reporting of Observational studies in Epidemiology ([STROBE](#))

Original Qualitative Research and Mixed Methods Research

- Standards for Reporting Qualitative Research ([SRQR](#)),
- Consolidated Requirements for Qualitative Research ([COREQ](#))
- Journal Article Reporting Standards ([JARS](#)) APA –JARS-QUAL-MIXED

Systematic Reviews and Meta Analyses

- Preferred Reporting Items for Systematic Reviews and Meta-Analyses ([PRISMA](#)),
- Meta-analysis of Observational Studies in Epidemiology ([MOOSE](#))

Case Reports

- Consensus-based Clinical Case Reporting Guideline Development ([CARE](#))

GRAPHICS AND VISUAL DISPLAYS

As a general guideline, any graphics and visual displays (e.g., tables, figures, charts, graphs, photographs, and illustrations) presented in the manuscript must be sufficiently clear, well-labelled, and described by its legend to be understood by the intended audience without reading the results section, i.e., it must be able to stand alone and be interpretable.

Tables

All tables must be formatted using Word's table creation functionality and placed at the end of the manuscript immediately following the reference list. Tables should be numbered consecutively. All tables should be free-standing and have a title that describes the table's content and purpose. Provide generous spacing within tables and use as few line rules as possible. Tables should enhance the text and so table information should not duplicate data in the text. Use footnotes to explain all abbreviations used in the table.

While different types of tables have different content, see below some universal components that you should include in all tables.

- Number: Data should be reported to the level they were collected; if age was collected in whole years, then the mean should be a whole number (e.g., mean age was 24 years); if stature was collected to 1 decimal place then the mean should be limited to 1 decimal place (e.g., mean stature was 168.2 cm); otherwise data should be limited to 2 decimal places. SD or SE should be kept to 1 or maximum 2 decimal places
- Title: Should be free-standing and may include population, dependent and independent variables, type of information delivered, and units of measurement
- Row and Column Headings: Variables and Categories

- Body: Information (data, numbers, text, pictures, images)
- Symbols: Depicting items to emphasize in the body
- Notations and Footnotes: Descriptions of symbols or added footnotes

Also see some additional tips when creating tables

- Do not put too much information into a single table
- Try to include only 1 data point in 1 table cell
- Use white space well. Keep enough space so that readers can see data clearly
- Do not be redundant. If the data exist in the text, do not repeat in the table and vice versa
- Organize rows and columns in the same manner as referred in the text (e.g., Dancers first, Non-dancers second; Right first, Left second)
- Provide summary statistics and provide comparisons along columns (vertically-top-to-bottom) if possible than along rows (horizontally-side-to-side)

Figures

All Figures and artwork need to be submitted as separate, high resolution graphics files in the following formats (jpg, jpeg, tif, tiff, png) with a resolution of at least 300 ppi. Name your image files uniquely using your last name and the figure number—example, “Smith et al Fig 1.jpg”). Please supply image files at least 100% of the intended printed size while maintaining a maximum width of 16.5 cm. For each image, provide a descriptive legend.

If the image is from another source (i.e., is not your original illustration but is from a previously published source or from the internet), in the figure’s caption provide a statement indicating where it came from (the credit if appropriate). Additionally, if the illustration is from a previously published source, documentation that permission for its reproduction must be submitted with your manuscript.

All figures, images, and photographs of individuals must conceal their personal data or identity. Do not blur faces in your illustrations, instead in the figure’s caption indicate whether the faces should be blurred; we will then alter the images appropriately and you will then review them when you receive proofs.

- Do not put too much information into a single graph
- Graphs should be horizontal rather than vertical
- Use Error bars (graphical representations of the variability of data)
- Label axes so that the letters lie horizontal along the vertical axes
- Confirm that the X and Y axes start at (0,0), and if not, make note of this in the figure with a double slash mark
- Use minimal tick lines

REPORTING DATA AND STATISTICS

- Authors must use terminology based upon the International System of Units (SI). A full list of SI units can be accessed online at <https://www.nist.gov/pml/weights-and-measures/metric-si/si-units>
- The spread of the data should be expressed as either standard deviation (± 1 SD) and confidence intervals (95% CI - preferred).

- Within the methods section, in quantitative original research, power analyses to justify participant numbers should be included if appropriate. Within longitudinal studies, participant attrition should be reported within the methods section.
- Statistical significance is usually considered to be at 95% ($p \leq 0.05$) but can be altered if appropriate and justified within the text (e.g., adjustments for multiple comparisons).
- Specifically for JDMS, please report the exact p value (e.g., $p = 0.03$) and not a non-equality e.g., $p < 0.05$. Remember that the ‘p’ value is a probability and thus can never be 0. If the statistical software provides value of $p = 0.000$, report the value as $p < 0.001$.
- All significant statistical outputs should be reported in full as appropriate for the tests used, e.g., reporting f values and the appropriate degrees of freedom (df) in the case of Analysis of Variance (ANOVA) study designs e.g., $F(2,40) = 3.5, p = 0.02$.
- When reporting results, avoid use of the word “significant” unless you mean “statistically significant”; in that case, use both those words.
- When reporting results and discussing findings, keep the order consistent as stated in the methods so that readers can follow your text.
- When discussing statistical data results, use reader-friendly language. This means that you should translate the statistical tests into biological meaningful sentences. For example, when reporting results of an ANOVA,
 - Rather than stating:
 - *the ANOVA revealed a significant main effect [$F(2,40) = 3.5, p = 0.02$] for jump height between dancers and non-dancers’, state the following:*
 - *Dancers jumped significantly higher than non-dancers [$F(2,40) = 3.5, p = 0.02$]*
 - Rather than stating:
 - *The Pearson product moment correlation analyses showed that a strong correlation [$r(129) = -0.80, p = 0.002$] existed between hip muscle strength and balance errors in the dancers, state the following:*
 - *Dancers with greater hip muscle strength had significantly lesser balance errors [$r(129) = -0.80, p = 0.002$].*

Writing in this manner will allow readers to understand the actual meaning of the statistical tests. Remember that the primary audience of the journal is not those with advanced statistical knowledge but rather a multi-disciplinary group of stakeholders interested in dance medicine and science (e.g., dancers, educators, practitioners).

SUPPLEMENTAL CONTENT

Authors are encouraged to submit supplemental content that does not fit neatly into the manuscript. Supplemental material or data submitted with a manuscript will undergo peer-review with the main manuscript. If the manuscript is accepted for publication and if the supplemental material is deemed appropriate for publication, the material or data will be posted online only with the article at the time of publication. Supplemental material will not be copyedited or formatted; therefore, the authors are responsible for the accuracy and presentation of the material. Supplemental material can be a dataset, coding program files, or any other content which supports and is pertinent to your submission. Supplemental material should be labeled as Supplementary Dataset S1, Supplementary Code S1, etc.

REFERENCE STYLE

The JDMS uses the latest American Medical Association reference style (currently 11th Edition). References should be cited in all manuscripts with superscripts and listed in numerical order according to the order of their citation in the article; not alphabetically. While a quick guide is provided below, authors should refer to the official website for information: <https://www.amamanualofstyle.com/>

Quick Guide to AMA Style (11th Edition)

Reference List

- References are listed numerically in the order they are cited in the text. Two references should not be combined under a single reference number.
- Use the author's surname followed by initials without periods or spaces. The names of all authors should be given unless there are more than 4, in which case the names of the first 3 authors are used, followed by “et al.” Do not use the word “and” between names.
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As previously,^{1,3–8,19}

The derived data were as follows^{3,4}:

Minimum information required by type with examples

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Authors. Article title. Journal name. Year;vol(issue #):inclusive pages. URL.

Print article: minimum information

Authors. Article title. Journal name. Year;vol (issue #):inclusive pages.

Examples:

- Wheelis M. Investigating injury risk on raked stages in dancers. *J Biomech.* 2020;6(6):595-600.
- Lissarassa YPS, Vincensi CF, Costa-Beber LC, et al. Hydration treatment positively impacts metabolic profile in collegiate dancers: association with heat shock response pathways. *Cell.* 2020;25(3):467-479.

Book (print, electronic, or chapter)

Regardless of the book type, include any of the following elements that are known in this order: Author(s) (whole book or chapter), Chapter title, Editors (if second or above) and translators, Book title with subtitle, Volume number and title (when there is more than 1), Publisher name, Copyright year, page numbers. Examples below do not include all possible elements.

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Authors. *Book Title* (Volume or Edition Number if applicable). City of publication, State or Country of publication: Name of publishing company, Year of publication.

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Walker J, Pollard, J, Murray E. *Research in Dance Sciences* (Vol 2). Gainesville, Florida, Arts Research Press; 2021.

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Authors. *Book Title* (Volume or Edition Number if applicable). City of publication, State or Country of publication: Name of publishing company, Year of publication. Accessed date.URL.

Example:

Modell AH. *Imagination and the Meaningful Brain in Dance*. Boston, Massachusetts, MIT Press, 2020. Accessed October 31, 2020.
<http://site.ebrary.com/lib/uic/docDetail.action?docID=10173553>.

Chapter within Book: minimum information

Authors. Chapter title. *In:* Editors names (ed). *Book Title* (Volume or Edition Number if applicable). City of publication, State or Country of publication: Name of publishing company, Year of publication, inclusive page numbers of the chapter.

Example:

Sisk JE. Supplemental Training. *In:* Krapp K (ed). *The Handbook of Dance Medicine & Science*. Philadelphia, Pennsylvania, Performing Arts Group, 2020, pp. 407-412.

Website

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Author(s) (or, if no author is available, the name of the group responsible for the site).
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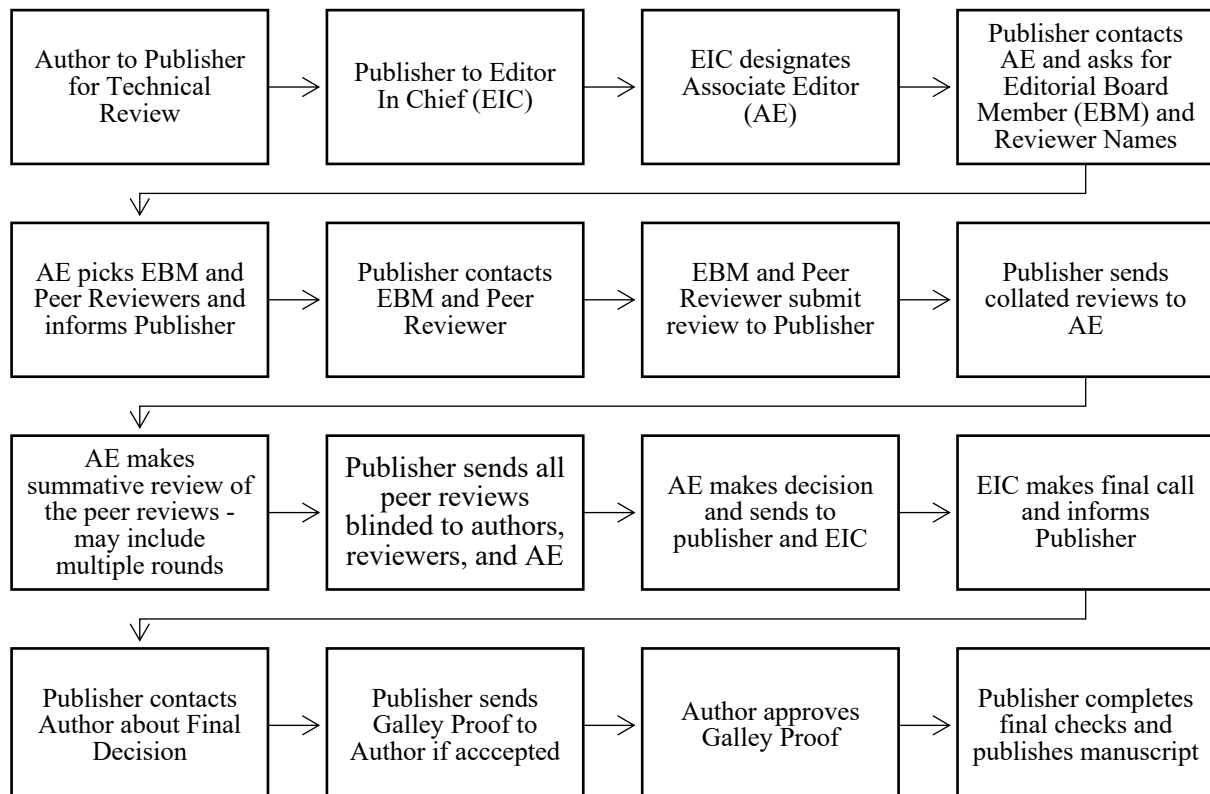
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MANUSCRIPT PROCESSING

See below the manuscript processing flow based on the submissions.

Also see Peer-review Response form at the end of this document to note how the journal will review the submission.

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All manuscripts will undergo initial processing checks for adherence to Journal guidelines. If accepted, they will be sent for peer-review.

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PUBLICATION, FAST TRACK, AND OPEN ACCESS

Beginning January 1, 2021, the JDMS is published online only. The online articles will be published in PDF format. Beginning January 1, 2021, the journal has transitioned into an open access publication with a 1-year embargo. Since January 1, 2021, all issues published from 1997-2019 (i.e., back issues) have been made freely available online. The four most recent issues of the journal remain locked and only available to IADMS members and other paid subscribers. As each issue is published, a corresponding back issue is made open access. The journal publishes fast track articles as appropriate on the journal website. Fast track articles may not have undergone complete proof, are locked and not available as open access articles.

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