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If you wish to purchase back copies (issues published prior to your effective start date) of the *Journal of the American Board of Family Practice*, there is a charge of $12.50 per issue. Contact the Jamesburg, NJ, address on this page for information.

REPRINTS

Individual copies of articles are available from the Jamesburg, NJ, office. If you wish to order bulk reprints (minimum order of 100) please contact Eileen Lewis, phone: (732) 656-1140, ext. 161, at the Jamesburg, NJ, office.

INDEXING

The *Journal of the American Board of Family Practice* is indexed in *Index Medicus*.

INFORMATION FOR AUTHORS

The *Journal of the American Board of Family Practice* welcomes for editorial review manuscripts that contribute to family practice as a clinical scientific discipline. High priority is given to reports of clinically relevant studies that have practical implications for improved patient care. Manuscripts are considered in relation to the extent to which they represent original work, their significance to the advancement of family medicine, and their interest to the practicing family physician. Some papers that are accepted by the *Journal* will be selected for an accompanying guest editorial or concurrent commentary by other invited authors addressing issues raised by the papers. The *Journal* publishes the following features:

Original Articles. Reports of original research, usually dealing with a clinical, health services, or other clinically relevant study.

Medical Practice. Scholarly articles that relate directly to clinical topics useful in everyday family practice, whether dealing with diagnostic or therapeutic roles of the family physician or reporting studies of what family physicians do in practice.

Clinical Review. In-depth reviews of specific clinical problems, disease entities, or treatment modalities; comprehensive and critical analysis of the literature is required (usual maximum length 5000 words).

Clinical Guidelines and Primary Care. Summaries of major clinical guidelines proposed by various specialty, governmental, or health care organizations, with critical commentary from a primary care perspective.

Family Practice and the Health Care System. Articles reporting studies and scholarly commentary on changing trends and patterns of care in family practice, primary care, and the health care system.

Health Policy. Articles relating to specific health policy issues from a national perspective, usually invited from individuals with extensive health policy experience.

Special Articles. Articles in other areas that may relate to the role of the family physician, education for family practice, or other subjects important to family practice as a clinical specialty.

Brief Reports. Short reports of pilot studies or case reports with a teaching point of clinical relevance (usual length 1000–1500 words).

Family Practice—World Perspective. Papers reporting developments related to the practice or education of family physicians in various countries around the world (usual length 1200–1800 words).

Reflections in Family Practice. Papers in narrative or essay format that illuminate qualitative aspects of family practice, including such areas as ethical issues, the physician-patient relationship, or the diverse roles of the family physician.

Editorial. Focused opinion or commentary that bears on an issue relevant to the field. May or may not accompany an original article in the same issue (usual length 1000–1500 words)

Letters to the Editor. Observations, opinion, or comment on topics under discussion in the journal, usually not to exceed 500 words.

Book Reviews. Books for review and book reviews should be sent to John P. Geyman, MD, Editor, the *Journal of the American Board of Family Practice*, Department of Family Medicine, School of Medicine, Box 354696, University of Washington, Seattle, WA 98195.

The following guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." The current (fourth) edition was published in the February 7, 1991, issue of the *New England Journal of Medicine.*

MANUSCRIPT SUBMISSION

Address all submissions to John P. Geyman, MD, Editor, *Journal of the American Board of Family Practice*, Department of Family Medicine, School of Medicine, Box 354696, University of Washington, Seattle, WA 98195.

Manuscripts containing original material are accepted for consideration with the understanding that neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted for publication elsewhere before appearing in the *Journal.* This restriction does not apply to abstracts or press reports published in connection with scientific meetings. Copies of any possibly duplicative manuscripts should be submitted to the editor along with the manuscript that is to be considered by the *Journal.* The *Journal* strongly discourages the submission of more than one article dealing with related aspects of the same study. In almost all cases, a single study is best reported in a single paper.

Submit an original and 3 copies of the complete manuscript, including text pages, legends, tables, references, and glossy prints of figures. The manuscript should be on 8 ½ × 11-inch paper, double-spaced throughout, with 1-inch margins. Include a copy of the manuscript on a computer disk, and indicate which software program is used.

A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors. If authors acknowledge by name persons who provided important technical, advisory, or reviewer contributions, the corresponding author should sign the following statement: "I have obtained written permission from all persons named in the acknowledgment."

The *Journal* expects authors to take public responsibility for their manuscripts, including conception and design of the work, data analysis, writing, and review of the paper. Authors are expected to stand behind the validity of their data and, if asked by the editor, to submit the actual data for editorial review with the manuscript. In most instances authorship should be limited to 8 authors or fewer, all meeting the above criteria for authorship. Exceptions to these guidelines, especially those involving multisite collaborative research projects, should be discussed on a case-by-case basis with the editor.

The *Journal* also expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. Consultancies, stock ownership or other equity interests, patent-licensing arrangements, and other kinds of associations that might involve conflict of interest should be disclosed to the editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the editor.

MANUSCRIPTS

Titles and Authors' Names

With the manuscript, provide a page giving the title of the paper; a running foot of fewer than 40 letter spaces; the name(s) of the author(s), including first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to whom reprint requests should be addressed. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Two to four keywords should be submitted with the manuscripts to be used for purposes of classification by subject. Use terms from the Medical Subject Headings from *Index Medicus* when possible.

Abstracts

Use another page to provide an abstract of not more than 200 words. This abstract should be factual, not descriptive, with its content appropriate to the type of paper. For original articles reporting results of studies, a four-paragraph format should be used labeled Background, Methods, Results, and Conclusions. These should briefly describe, respectively, the object of the study, the methods used, the major results, and the author(s) conclusions. Abstracts are not necessary for Brief Reports, World Perspective, or Family Practice and the Health Care System papers.

Abbreviations

Except for units of measurement, abbreviations are discouraged. The first time an abbreviation appears, it should be preceded by the words for which it stands.

Drug Names

Generic names should, in general, be used. If an author so desires, brand names may be inserted in parentheses.

Inclusive Language

Sex bias should be avoided and gender-inclusive language used whenever possible.

References

References must be typed in double spacing and numbered consecutively as they are cited. References first cited in tables or figure legends must be numbered so that they will be in sequence with references cited in the text. The style of references is that of the *Index Medicus*. List all authors when there are 6 or fewer; when there are 7 or more, list the first 6, then "et al." Sample references are as follows:

Standard Journal Article

Morrow JD, Margolies GR, Rowland J, Roberts LJ 2nd. Evidence that histamine is the causative toxin of scombroid-fish poisoning. N Engl J Med 1991;324:716-20.

(Note that month and issue number are omitted when a journal has continuous pagination throughout a volume.)

Organization as Author

Clinical Experience Network (CEN). A large-scale, office-based study evaluates the use of a new class of nonsedating antihistamines. A report from CEN. J Am Board Fam Pract 1990;3:241-58.

Book

Rakel RE. Textbook of family practice. 4th ed. Philadelphia: WB Saunders, 1990.

Chapter in Book

Haynes RC Jr. Agents affecting calcification: calcium, parathyroid hormone, calcitonin, vitamin D, and other compounds. In: Gilman AG, Rall TW, Nies AS, Taylor P, editors. Goodman and Gilman's the pharmacological basis of therapeutics. 8th ed. New York: Pergamon Press, 1990.

Government Agency

Schwartz JL. Review and evaluation of smoking cessation methods: the United States and Canada, 1978-1985. Bethesda, MD: Department of Health and Human Services, 1987. (NIH publication no. 87-2940.)

Personal Communications

Numbered references to personal communications, unpublished data, and manuscripts either "in preparation" or "submitted for publication" are unacceptable (see "Permissions"). If essential, such material may be incorporated in the appropriate place in the text.

Tables

Type tables in double spacing on separate sheets, and provide a title for each. For footnotes, use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, etc. Excessive tabular data are discouraged.

Illustrations

Figures should be professionally designed. Glossy, black-and-white photographs are requested. Symbols, lettering, and numbering should be clear, and these elements should be large enough to remain legible after the figure has been reduced to fit the width of a single column. The back of each figure should include the sequence number, the name of the author, and the proper orientation (eg, "top"). Do not mount the figure on cardboard. Photomicrographs should be cropped to a width of 8 cm; and electron photomicrographs should have internal scale markers.

If photographs of patients are used, either the subjects should not be identifiable or their pictures must be accompanied by written permission to use the figure. Permissions forms are available from the editor.

Legends for illustrations should be type-written (double-spaced) on a separate sheet and should not appear on the illustrations.

Color illustrations are used from time to time. Send both transparencies and prints for this purpose.

Permissions

Every effort (short of changing the patient data) should be made by the authors to protect the anonymity of patients (and relatives) in any published work. If identification is unavoidable, informed consent should be obtained and attached with the submitted letter; in the case of minors or incompetent patients, consent should be obtained from relatives or guardians.

Materials taken from other sources must be accompanied by a written statement from both author and publisher giving permission to the *Journal* for reproduction. Obtain permission in writing from at least one author of papers still in press, of unpublished data, and of personal communications.

REVIEW AND ACTION

Manuscripts are examined by the editorial staff and are usually sent to outside reviewers. Authors will remain anonymous to outside reviewers and vice versa. External statistical review will be accomplished where appropriate. Every effort will be made to complete the review process as expeditiously as possible.

Copyright Transfer Forms

Transfer of copyright to the *Journal* is requested upon acceptance of the material for publication. Copyright transfer is required of all materials to be published in the *Journal* including Letters to the Editor and Book Reviews.

Reprints

Authors will receive reprint information and rates when they are sent their page proofs. Reprints ordered at that time will be shipped about 3 weeks after the publication date.

The American Board of Family Practice, Inc.

Certificate of Added Qualifications in Sports Medicine

Next Examination: Friday, April 16, 1999
Application Deadline: November 1, 1998

The Certificate of Added Qualifications (CAQ) in Sports Medicine is being offered by the American Board of Family Practice in conjunction with the American Board of Emergency Medicine, the American Board of Internal Medicine and the American Board of Pediatrics. The requirements for all Boards will be similar. An examination will be administered to candidates from all four Boards at the same time and test sites. The standard for passing the examination is identical for all.

Defininition

Sports Medicine is a body of knowledge and a broad area of health care which includes: 1) exercise as an essential component of health throughout life; 2) medical management and supervision of recreational and competitive athletes and all others who exercise; and, 3) exercise for prevention and treatment of disease and injury.

Content

The practice of Sports Medicine is the application of the physician's knowledge, skills and attitudes to all persons engaged in sports and exercise. The content of the examination will include:

- Physiology and biomechanics of exercise
- Basic and nutritional principles and their application to exercise
- Psychological aspects of exercise, performance and competition
- Guidelines for evaluation prior to participation in exercise
- Physical conditioning requirements for various activities
- Pathology and pathophysiology of illness and injury as it relates to exercise
- Effects of disease on exercise and the use of exercise in the care of medical problems
- Prevention, evaluation, management, and rehabilitation of injuries
- Understanding pharmacology and effects of therapeutic, performance-enhancing and recreational drugs
- Promotion of physical fitness and healthy lifestyles
- Functioning as a team physician
- Ethical principles as applied to exercise and sports
- Medical-legal aspects of exercise and sports
- Anatomy related to exercise
- Growth and development related to exercise

Requirements

Family physicians must be certified by the American Board of Family Practice and must be Diplomates in good standing at the time of the examination. The Diplomate must hold a currently valid, full and unrestricted license to practice medicine in the United States or Canada. ABFP Diplomates may apply through one of the two pathways:

I. Fellowship Pathway

A candidate must have completed, or will have completed by June 30th of the examination year, a minimum of one year in a sports medicine fellowship program associated with an ACGME-accredited residency in Family Practice,* Emergency Medicine, Internal Medicine, or Pediatrics. (If the sports medicine program is not currently accredited by the ACGME or if it has not previously provided candidates for examination, the program director should seek prior ABFP approval of the curriculum to be completed.)

Documentation Required: A letter from the fellowship program director is required verifying satisfactory completion of the sports medicine fellowship program, indicating beginning and ending training dates (month, day and year). Candidates who have not yet completed their fellowship program but will do so **by June 30, 1999,** should submit with the application a preliminary letter of completion from the program director indicating the anticipated completion date. Upon completion of the fellowship, the program director should submit a final letter verifying satisfactory completion and the date. The candidate's examination results will not be released without the final verification letter. If not received by August 1, 1999, the examination will be considered null and void.

**Effective July 1, 1998, candidates entering family practice sports medicine fellowship training must enter programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) to be used toward training requirements for admission to the examination.*

II. Practice Pathway**

A candidate must have:

A. Five years of practice experience (time spent in any training cannot be equated as practice) consisting of at least 20 % professional time devoted to sports medicine defined as one or more of the following:

- Emergency assessment and care of acutely injured athletes
- Management of medical problems in the athlete
- Rehabilitation of ill and injured athletes
- Diagnosis, treatment, management and disposition of common sports injuries and illness
- Exercise as treatment
- Field supervision of athletes

B. Thirty (30) hours of AMA Category I (or its equivalent) in sports medicine-related continuing medical education during the past 5 years.

Documentation Required: The Verification of Medical Practice Forms are provided in the application. Two forms should be completed by persons in positions such as coaches, high school or college administrators, hospital directors, county medical society administrators, or other practitioners who are knowledgeable of the candidate's practice. Five years of practice must be verified per verification. Only one of the forms may be from a partner or practice associate.

***The Practice Pathway will be available only through the 1999 examination. After the 1999 examination, the Practice Pathway will expire and only those ABFP Diplomates who satisfactorily complete a one-year sports medicine fellowship will be eligible to apply for the CAQ in Sports Medicine.*

CME

The board does not recommend any specific review courses or study material in preparation for the examination. You may contact the American Academy of Family Physicians (800) 274-2237 and the American College of Sports Medicine (317) 637-9200 for information on sports medicine-related CME.

Administration of the Examination

The proctored, written examination will be a half-day examination administered in several major cities across the United States, biennially in the odd-numbered years. The next examination will be administered April 16, 1999. A list of testing centers will be distributed as part of the formal application.

Those who are successful on the examination will be awarded an ABFP Certificate of Added Qualifications in Sports Medicine. The certificate will bear a date limiting the duration of its validity to ten years. If for any reason primary certification in Family Practice is not maintained (e.g., expiration, revocation, etc.), certification in Sports Medicine will simultaneously be withdrawn at the time of the loss of the primary certificate. Upon restoration of the family practice certificate, the CAQ in Sports Medicine will simultaneously be restored for the remainder of the current certificate.

Application Period

The application period for the 1999 Sports Medicine Examination will begin July 1, 1998 and end with a deadline of November 1, 1998 or a late deadline (will include late fee) of December 1, 1998. The fee for the examination is $750.00, if the application is received with a postmark of November 1, 1998 or before, or $950.00 for an application with a postmark between November 2, 1998 and December 1, 1998. Applications received with a postmark after December 1, 1998 may not be accepted for the 1999 examination.

Requests for application materials should be made in writing to:

Sports Medicine Examination
The American Board of Family Practice,Inc.
2228 Young Drive
Lexington, KY 40505-4294
fax: (606) 335-7509
(888) 995-5700, ext 264 (toll free)
(606) 269-5626, ext. 264
