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Sports Traumatology and Arthroscopy is an international, peer-reviewed journal dedicated to the latest advances and research in sports traumatology, arthroscopy and related surgical techniques. Our aim is to serve as a premier platform for the dissemination of significant new findings and the exchange of evidence-based knowledge and experience that highlight progress in all areas of sports traumatology and arthroscopy. Three issues are released every year in April, August, and December.

Aim

The primary aim of Sports Traumatology and Arthroscopy is to improve the care of patients with sports injuries by promoting the understanding of the pathophysiology of sports injuries, improving diagnostic techniques, and advancing treatment and rehabilitation methods. The journal aims to bridge the gap between sports traumatology research and clinical practice by providing a forum for the exchange of information relevant to clinical orthopedics, sports medicine and the science of sports injury and repair.

Scope of the Journal

The scope of the journal includes, but is not limited to, the following areas

Arthroscopy: Innovative techniques, clinical outcomes, and advances in arthroscopic surgery for the treatment of sports injuries.

Sports Orthopedics: Articles on surgical and non-surgical treatment options for sports injuries, including the use of novel techniques, materials, and implants.

Injury Prevention and Management: Studies on the prevention, diagnosis, treatment, and rehabilitation of sports-related injuries.

Regenerative Medicine: Treatment methods that involve the process of replacing, engineering, or regenerating human cells, tissues, or organs to restore or establish normal function after sports injuries, including ligaments, cartilage, menisci, and bone.

Biomechanics and Kinesiology: The study of the biomechanics of exercise and its effects on the body, with the goal of improving injury prevention strategies and rehabilitation approaches.

Rehabilitation and Physical Therapy: Evidence-based practices for rehabilitating athletes after injury or surgery, including physical therapy techniques and recovery protocols.

Performance Enhancement: Studies on optimizing athletic performance through innovative training techniques, nutrition, and injury prevention strategies.

Musculoskeletal Anatomy: Studies that focus on the anatomical and biomechanical aspects of sports injuries in order to develop better prevention and treatment strategies, such as new surgical techniques and modifications.

Diagnostic Techniques and Imaging: Research on imaging and diagnostic techniques for sports injuries.

Systematic Review and Metanalysis: Comprehensive reviews of the current literature that use explicit, systematic methods to identify, select, and critically appraise relevant research on a specific topic or question.

Case Reports: Detailed reports of individual cases, clinical experiences, and studies that contribute to the understanding of sports injuries and their management.

Sports Traumatology and Arthroscopy invites submissions from researchers, clinicians, and allied health professionals in sports medicine, orthopedic surgery, physical therapy, and related fields. We are committed to providing our readers with high-quality, impactful articles that contribute to the advancement of sports traumatology, arthroscopy, and injury management. Through rigorous peer review and a commitment to excellence, we aim to assist orthopedic surgeons and all physicians who care for patients with sports injuries in improving patient outcomes and advancing the field of sports traumatology and arthroscopy.

Owner: On behalf of the Turkish Sports Traumatology Arthroscopy and Knee Surgery Society:
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Declarations

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Ethics approval and consent to participate: The name of the ethical committee or institutional review board, Date of approval, and the number of approvals.

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Every research paper should adhere to appropriate standards for research reporting. This ensures that editors, peer reviewers, and readers have sufficient information to understand the research methodology and assess the reliability of the results. We recommend the use of standard reporting templates for various studies, which you can find at <https://www.equator-network.org/>.

Preparation of Declarations in the Abstract Page

Acknowledgements

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All authors' contributions to the manuscript should be listed under the authors' contribution categories using their initials (e.g., ML). It should also be noted that all authors have read the final version of the submitted manuscript and agree with its accuracy.

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The institution from which the ethics committee approval was obtained and the date and number of the approval should be reported. For studies where ethics committee approval is not required, the reason why it is not required should be reported. It should also be stated that informed consent was obtained from the participants.

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All authors are required to declare what support they received to carry out their research. Declaring funding sources acknowledges funders' contributions, fulfills funding requirements, and promotes greater transparency in the research process. Each author must individually declare all sources of funding received for the research submitted to the journal. This information includes the name of granting agencies, grant numbers, and a description of each funder's role. If the funder has played no role in the research, this must be stated as well. If no financial support was received, it should be written as 'No financial support was received for this study'.

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Data Availability Statement

A data availability statement in an article informs readers about the location and method of accessing data underpinning the findings and analyses. This might encompass links to datasets that are open to the public and were examined or created as part of the research, details about the available data, and/or instructions for obtaining data that isn't openly accessible. We strongly recommend uploading the raw data as a Supplementary file.

References

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Authors should always try to read and cite the original work (the primary source) in the manuscript. In cases where this is not possible, secondary sources citing the primary original source may be cited. However, this situation is undesirable and should be used unexceptionally. Self-citations may be used if the content of the article is related to the submitted manuscript. However, authors, editors, and peer-reviewers should not abuse this option to promote their own papers.

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Reference citations in the text should be identified by numbers in square brackets, such as [5], [7,8], and [4-9, 11]. The reference list should be numbered consecutively.

Journal Article

Grimberg J, Duranthon LD, Bellaïche L, Petrover D, Kalra K. The time for functional recovery after arthroscopic rotator cuff repair: Correlation with tendon healing controlled by computed tomography arthrography. *Arthroscopy*. 2008;24:25-33.

If there are more than 6 authors, provide first six authors and use 'et al.' at the end of author list. Digital Object Identifier (doi) number should be added to the end of the reference (if available).

Cvetanovich GL, Gowd AK, Liu JN, Nwachukwu BU, Cabarcas BC, Cole BJ, et al. Establishing clinically significant outcome after arthroscopic rotator cuff repair. *J Shoulder Elbow Surg*. 2019;28:939-48.

Book

Newton ML. Current practice of pain. 1st ed. St. Luis, MO: Mosby; 1990.

Book Chapter

Jurkovich GJ. Duodenum and pancreas. In: Mattox KL, Feliciano DV, Moore EE, editors. Trauma. 4th ed. New York: McGraw-Hill; 2000. pp. 735–62.

Online Document

Cartwright J. Big stars have weather too. IOP Publishing PhysicsWeb. <http://physicsweb.org/articles/news/11/6/16/1>. Accessed 26 June 2007.

Dissertation

Trent JW. Experimental acute renal failure. Dissertation, University of California; 1975.

Case Reports

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1500 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order. The manuscript could be of up to 1500 words (excluding references and abstract) and could be supported with up to 20 references. Case Reports could be authored by up to 4 authors.

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