

Journal of Special Operations Medicine

Template with Submission Criteria and Guidelines

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Abstract and Manuscript Word and Figure/Table Limits

	Word limit (including abstract)	Limit figures/ tables	Abstract word limit
Case Report	2,000	4	150, nonstructured
In Brief	2,000	4	150, nonstructured
Original Research	3,750	8	250, structured
Review	3,750	4	200, structured
Review with case presentations	3,500	8	200, structured
Editorial	2,000	4	none
Letter to Editor	1,500	0	none
There I was	2,000	4	none
Picture This	2,500	8	150, nonstructured
World of Special Operations Medicine	2,000	6	150, nonstructured
Book Review	750	Cover shot	none
Handbook: Full work			5-10 sentences, 100- 250 words
Handbook: Chapter			5-10 sentences, 150 words

Template Instructions and Template

The following template is intended to clarify the submission process for authors.

- This template is suggested (but not required) for your first manuscript submission. The template is required for revisions.
- Authors should replace blue words with their own black words. Grey words are for informational purposes and should be deleted.
- Instead of manually formatting text, authors should use the default Styles in *this* template (on the Microsoft Word ribbon, under Home, the Styles are towards the right). Simply copy the text and click on the relevant style. Heading <1> is for level-one sections of the manuscript (e.g., Introduction, Methods). Heading <2> is for level two (subsections). Regular body text should be formatted as the “Body” format. Quotations are formatted as “Extract.”
- The current level-one headings in the template below (Introduction, Methods, Results, Discussion) are for original research. They can be changed to the appropriate headings for your study design.
- Some text is intended as an example. For example, “²COL Second Last” does not imply that the authors must have a COL on the manuscript. “Initials orchestrated all approvals for field observations” does not imply that authors must have an author who conducted field observations.
- Remove the text before (including this page) and after (starting at manuscript checklist) the template. Submit as an editable Microsoft Word document.

<rh> Running Head

Title In All Caps: Study Design (suggest <50 characters)

First M. Last, PhD¹; Second M. Last, MD²; Third M. Last, MDiv³; Fourth Last, DO⁴*

*Correspondence to [Name, Organization, Address, City, State, Zipcode](#) or email

¹**Dr First Last** is a [position](#) affiliated with [Institution, City, State](#). ²**COL Second Last** is a [position](#) affiliated with the [US Army](#). ³**Third Last** is affiliated with the [Institution, City, State](#). ⁴**Col (Ret) Fourth Last** is a [position](#) affiliated with the [Institution, City, State](#). Use ICMJE authorship guidelines. Any medics must be involved and included as authors. All affiliations under 30 words.

ABSTRACT

- ☐ The abstract summarizes your manuscript (or handbook/chapter). It is freely discoverable online and helps search engines and readers find your work. Abstracts are the only substantive portion of the article indexed in many electronic databases and the only portion that many viewers read; therefore, authors need to be careful that the abstract accurately reflects the article's content. The authors must ensure that the information in the abstract does not differ from that in the main text.
- ☐ Clearly describe the main arguments, conclusions, and essential aspects. Summarize content rather than 'selling' it.
- ☐ Please indicate and provide the ClinicalTrial.gov address if part of a clinical trial.
- ☐ Under 250 words for original research. See the guidelines below for other manuscript types.
- ☐ Example for original research/systematic review: **Background:** Captures the essence of the work from the first sentence. States purpose. **Methods:** Identify equipment if appropriate, but do not include the URL until the main manuscript. **Results:** Include data and p-values. **Conclusion:**
- ☐ Single paragraph.
- ☐ Refer to content in the 3rd person neutral singular ('it').
- ☐ Research findings are in the past tense.

- ☐ Incorporate keywords. While the list of keywords (below) should be in their basic form (e.g., singular nouns, infinitive verbs), any word form may be used in the Abstract.
- ☐ Any acronyms/abbreviations are spelled out in the first usage; the fully spelled-out term is not used thereafter. Do not use any abbreviation if only needed once.
- ☐ If abstracts do not meet these requirements or minimum or maximum word count, copyeditors will edit them to comply and query the author.

KEYWORDS: *first; second; third; fourth; fifth*

- ☐ *Keywords* are index terms that capture the essence of your work. Abstracts and keywords help people discover your work and generate links to it; they are an integral part of Search Engine Optimization (SEO). These should be the kinds of short words and phrases readers might put into a search box.
- ☐ Use 5-10 keywords. Use NIH MeSH listings and other commonly searched terms. (For handbooks, 5-10 for the work and each chapter).
- ☐ Identify the most important topics covered in the piece of content. Be specific. Avoid general words that will overlap with unrelated searches.
- ☐ Each keyword is short and in its basic (uninflected) form. Use one word where possible. Use two- or three-word specialist terms only where necessary.
- ☐ Use lowercase except for proper nouns.
- ☐ Format names as 'John Smith' rather than 'Smith, John.'
- ☐ Use **italicized** type only (no italics for handbooks – even for book titles).
- ☐ No punctuation (e.g., inverted commas or quotation marks) except semicolons, as shown.
- ☐ Use abbreviations or acronyms if these will be more familiar to the readership (e.g., "Tony Blair," not "Anthony Charles Linton Blair")
- ☐ Use variants as separate Keywords (e.g., "RAF" and "Royal Air Force").

- ☐ If copyeditors feel the keywords do not meet these requirements, they will edit them and query the author.

Introduction

- ☐ A logical argument to justify the significance and purpose of the work. Should not include information (even related information) that does not support the rationale for the study/work. Suggested framework: paragraph 1: what was known about the subject area prior to the study; paragraph 2: link to the knowledge gap that existed before the study; paragraph 3: study purpose and hypotheses. Provide only directly pertinent references.
- ☐ Primary and secondary objectives must be clear. Describe all prespecified subgroup analyses. Provide only directly pertinent references.
- ☐ Include hypotheses tested. State the purpose/objective at the end.
- ☐ Do not include data or results/conclusions from the work being reported.
- ☐ Example of an AMA citation.¹ See the Reference section below for more details.
- ☐ Example of a quotation:

Here is a formatted quotation using the “Extract” style.

Methods

- ☐ The methods must contain sufficient detail for readers to understand what was done and to reproduce the results.
- ☐ Any work with animals or human subjects must include statements about ethical approval (including approval number). Human subjects must *also* include a statement about informed consent (parental/guardian consent if appropriate). State explicitly if a study is exempt from either (e.g., publicly available data).
- ☐ Use this format for all equipment, software, or specialized reagents: “manufacturer, manufacturer city, state; (URL).” Only do this in the first use of the product.
- ☐ Specify whether the product was purchased by researchers/the studied unit for the study or was supplied for free by the seller or manufacturer. Example: “QuikClot® Combat

Gauze™ (Z-Medica, Wallingford, CT, USA; www.z-medica.com/healthcare). Provided by the manufacturer for this study.”

- ☐ Add the registered or trademark symbol (™ or ®) as appropriate for company names. Brand names are capitalized and generic names of drugs are lowercase.
- ☐ Statistical methods must include the level of significance (i.e., $p \leq 0.05$).

Results

- ☐ Present the results in a logical sequence using text, tables, and figures. See more on the table and figure requirements in the manuscript checklist below.
- ☐ Include a copy of any figures and tables in the manuscript for the benefit of reviewers. ALL graphs and images must also be provided as separate high-resolution (300 dpi) images (prefer JPEGs) [see “Illustrations (Figures)”].
- ☐ Data presented in tables and figures should not be repeated in text.
- ☐ References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

Discussion

- ☐ Restate the purpose at the beginning. The discussion should flow from the purpose statement and a summary of the study’s key findings.
- ☐ Should place the study findings in the context of what was known before the study.
- ☐ The article should end with a conclusion paragraph concisely presenting defensible take-home message.

Author Contributions

Initials conceived of this study and wrote the protocol. **Initials** obtained funding and IRB. **Initials** acted as liaison to **Organizations**. **Initials** orchestrated all approvals for field observations. **Initials** recruited participants and collected and analyzed interviews and data. **Initials** wrote the first draft

of this paper. Initials served as medical expert during the data analysis process. All authors read and approved the final manuscript.

Disclaimer

All articles written by military members must be preapproved by your commander and PAO before submission. Authors must adhere to standard OPSEC practices and refrain from mentioning specific units, specific locations, troop strengths, names of actively serving military personnel, TTPs, vulnerabilities, and any other information that could be useful to an adversary.

Organization approved this publication for universal distribution. The Organization's Institutional Review Board approved the study as an exempt protocol (Protocol Number) in Month Year. The information, content, and conclusions do not necessarily represent the official position or policy of Organization(s).

Disclosures

Initials served as the role on this project and was paid through companies. All other authors report no financial disclosures. Or, "The authors have indicated they have no financial relationships relevant to this article to disclose."

Potential conflicts of interest must be included in the manuscript. The ICMJE has developed a uniform disclosure form used by all JSOM authors. Author(s) must specify whether products were purchased by researchers, their unit, or supplied for free by the seller or manufacturer. Finally, the author(s) must disclose any relationship with the manufacturer or seller, whether financial, R&D, or other.

Funding

This research is sponsored by funding (grant number) from the Granting Agency. The authors should also give information regarding any other publication or presentation of study data, including meeting abstracts.

References

- ☐ Provide direct references to original research sources whenever possible (instead of reviews). However, extensive lists of references to original work can use excessive space and may be published on our online version only.
- ☐ Avoid using abstracts as references.
- ☐ References to papers accepted but not yet published should be designated as "in press." If these manuscripts are not indexed online yet, authors verify that they have been accepted for publication and obtain written permission to cite them.

Use the *American Medical Association* reference and citation format. Download the Endnote template here: https://endnote.com/style_download/ama-11th-american-medical-association-11th-edition/

- ☐ In-text manuscript citations are in numerical order of appearance (superscript).
- ☐ References are also in order of appearance in the manuscript.
- ☐ References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.
- ☐ Authors: initials of first and second names with no spaces or punctuation. If there are six or fewer authors, list all. (If there are more than six authors, include only the first three, followed by "et al."). If there is no author, start with the title.
- ☐ Abbreviate the title of the journal according to the listing in PubMed.

Examples:

Author. Title. *Abbrev Journal*. YYYY;Vol(Issue):page range. URL. Published date. Accessed date.

Or if DOI is available, this is preferable:

Author AA, Author BB. Title of article. *Abbreviated Journal Title*. Year;Volume(Issue):Page-Page. Doi:xx.xxxx/xxxxxxxxxxxxxx.

Author AA, Author BB, Author CC, et al. *Title of Book*. Location: Publisher; Year:Page- Page.

Section/chapter author. Title of section/chapter. In: Book author (or editor followed by “ed”). *Title of the book*. Edition/Volume. City, State: Publisher; year of publication: page numbers of selection.

Presenter Name. Title of paper or presentation. Paper or Poster presented at: Conference Title; Month Day, Year; Location. URL. Accessed date.

Author AA. Webpage title. Name of Website or Organization (bold if previous information is not available). URL. Published or Updated date. Accessed date.

Author AA. Title of Article. *Title of Magazine or Newspaper*. Month Day, Year:Page- Page. URL. Published date or Last updated date. Accessed date.

Author AA. *Title of Work*. [dissertation or master’s thesis]. Location: Institution; Year:Page-Page.

Manuscript Checklist

JSOM-Specific Requirements:

- ☐ The abbreviation for the United States is U.S. The abbreviation for ultrasound is US.
- ☐ Capitalize references to U.S. Servicemembers (Servicemember, Soldier, Operator, Sailor, Airman, Marine, Pararescueman, Ranger, SEAL) and Special Operations Forces (SOF) or Special Forces. Applies to U.S. only.
- ☐ Hyphenate “side-effects.” Healthcare and Servicemember are one word.

Formatting:

- ☐ One-inch margins.
- ☐ Format to **Calibri, size 12 font**.
- ☐ Alignment: Justified.
- ☐ Single-spaced.

Check for omissions and consistency:

- ☐ Presence of abstract (unless not required based on article type).
- ☐ Presence of author bios.
- ☐ Permission to include names or anything previously published.
- ☐ Confirm the article title and author’s name match the main text.

Language:

- ☐ Avoid any acronym/abbreviation that is only used twice. All acronyms/abbreviations must be defined on first use. The spelled-out form must not be used again after the abbreviation is defined. Acronyms must be separately defined in abstract, manuscript, and Table/Figure captions. Using an abbreviation in the abstract is unnecessary, even if used in the manuscript. Do not begin a sentence with an abbreviation. Avoid abbreviations in the title.
- ☐ Use active voice (“Participants provided the samples”) instead of passive (“The samples were provided by the participants”) except when inappropriate. In most cases, passive voice is acceptable to prevent the authors’ personal pronouns (“The participants were recruited” is an acceptable alternative to “We recruited the participants”).
- ☐ No blatantly offensive, culturally insensitive, or patronizing language. JSOM requires sensitivity to natives of host countries and occupied regions. Realistic language of Operators (including curse words) may be tolerated in anecdotal and historical articles,

mainly when used as direct quotes or when such use is traditional among Operators. We will delete or change blatantly offensive use.

General:

- ☐ Check spelling, capitalization, punctuation, grammar, and word usage. The Style Notes (below) take precedence.
- ☐ Confirm consistent tense. References to the current manuscript findings in the past tense ("We found that X decreased Y."). Results from other published work in present tense ("In the Santino study, X decreases Y.")

Style points

- ☐ Use "(i.e., text)" and "(e.g., text)." Use parentheses, lowercase, and periods followed by a comma.
- ☐ Latin words are italicized. Examples include: *circa*, *et al.* (note period), *in vivo*, *in vitro*.
- ☐ Use "and" instead of "&" except for R&D.
- ☐ Do not superscript in cases like 19th century (do not use 19th)
- ☐ Used closed em for parenthetical dash and en-rule for extents. See [link](#).
- ☐ Use single quotes within double quotes. Example: "He said, 'I ate the apple.'"
- ☐ Capitalize the initial letters of all major parts of speech in titles and headings ("Swimming in Combat Scenarios").
- ☐ Use serial (Oxford) comma: "X, Y, and Z" instead of "X, Y and Z."
- ☐ Lowercase 1st letter after a colon (e.g., "... aspect remains unchanged: the guidelines are evidence based.")
- ☐ Note callouts in text: ¹⁻⁵
- ☐ Use periods at the end of URLs and addresses.

Tables:

- ☐ Type each table with double spacing on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Do not use internal horizontal or vertical lines other than the program's defaults.

- ☐ Give each column a short or abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use the following symbols in sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡, §§.
- ☐ Identify statistical measures of variations, such as standard deviation and standard error of the mean. Be sure that each table is cited in the text. If you use data from another published or unpublished source, obtain permission and acknowledge that source fully.
- ☐ Additional tables containing backup data too extensive to publish in print may be appropriate for publication in the electronic version of the journal, deposited with an archival service, or made available to readers directly by the authors. An appropriate statement should be added to the text to inform readers that this information is available and where it is located. Submit such tables for consideration with the paper so that they will be available to the peer reviewers.

Figures

- ☐ When saving a Word document, Excel spreadsheet, or PowerPoint presentation that contains an image, loss of image quality, such as blurring, may occur because PowerPoint, Excel, and Word perform a basic compression of images on save, and it is not possible to recover pictures that have already been compressed.
- ☐ Figures should be either professionally drawn or photographed. All figures must be submitted as separate electronic files with photograph-quality (300 dpi) digital prints or figures in a format (JPEG) that will produce high-quality images. Place a copy of the image in the text for reviewers.
- ☐ Titles and detailed explanations should be given in the legends, not the figures. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the original magnification and method of staining in photomicrographs.
- ☐ Photomicrographs should have internal scale markers or provide the original magnification and stain used. Symbols, arrows, or letters used in photomicrographs should contrast with the background. Photographs of potentially identifiable people must be accompanied by written permission to use the photograph.
- ☐ Figures should be numbered consecutively according to the order in which they have been cited in the text. If a figure has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce the figure.
- ☐ Permission is required irrespective of authorship or publisher, except for documents in the public domain.

Numbers, Units, and Measures Formatting Guidelines

- Spell out one to nine (unless attached to units). Use numerals for 10 and above.
- Use a leading zero before the decimal point (e.g., $p < 0.001$; $R < 0.75$). Do not use P-values without the associated data (e.g., the mean difference between the compared numbers).
- Use commas for numbers over three digits (e.g., “4,596”).
- Date format: 5 February 2014 (except when this conflicts with AMA citation guidelines).
- Length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or decimal multiples. Temperatures should be in degrees Celsius. Blood pressure should be in millimeters of mercury. Use international units.
- Do not use a space between dosages and abbreviated units. Examples:
 - 10mg, 10cc, 10mL, 10mcg, 60mmHg, 10cm, 1km, 10m, 10kg, 10in, 10ft, 1tbsp.
 - 2lb, 8oz, 80Hz (example: “between 20 and 80Hz”).
 - 72°F or 15° (angle)
 - 50mg/mL (milliliter: mL). 50–100mg (example: “between 75 and 100mg”)
 - 2g (for gram - not gm). Example: “(651g vs. 1,598g)” when in parentheses.
 - 50% (use instead of “50 percent”). Example: “86.5% to 90.5%”
 - 50mcg/kg (do not use the μ symbol for micro, as in 50 μ g/kg). We do not want it to be confused with mg.
 - 30U (for 30 units)
 - 18-gauge needle can be abbreviated 18G needle
- For spelled-out units, include the space:
 - “150 beats per minute (bpm)” for first use. 150bpm for subsequent uses.
 - “From 21 to 48 years”
 - nine cups, 10 million, 18 seconds, 20 days, 13 weeks (“between 13 and 15 million”)
 - 60 minutes (when in a dosage, abbreviate as min and close space: “60min”)
 - 12 hours (when in a dosage, abbreviate as hr and close space: “12hr”). Example: “(12–72 hours)” when in parentheses.
 - β weights (not beta weights)
 - postoperative day 3 (instead of postoperative Day 3).
- Apply this spacing guideline to statistics:
 - <10 , >10 , “(>0.80)”
 - $p < 0.001$
 - 8 ± 3

For Reference: Common Abbreviation/Acronym List

JSOM note:

- ☐ The abbreviation for the United States is U.S. The abbreviation for ultrasound is US.
- ☐ Acceptable substitutions: q5min: in lieu of “every 5 minutes;” prn in lieu of “as needed.”

ABPP	American Board of Professional Psychology
ABS	Aftermath of Battle Scale
AAJT	Abdominal Aortic and Junctional Tourniquet™
AAT	Abdominal Aortic Tourniquet™
AAR	after-action report
ACLS	Advanced Cardiac Life Support
AGR	active guard reserve
AMAL	Authorized Medical Allowance List
ANA	Afghan National Army
CHAMP	Consortium for Health and Military Performance
ALS	Advanced Life Support
ARB	Attack Reconnaissance Battalion
ASOPRS	American Society of Ophthalmic Plastic and Reconstructive Surgery
AT	annual training
BAMC	Brooke Army Medical Center
BUD/S	Basic Underwater Demolition/SEAL
bpm	beats/minute
C4	Combat Casualty Care Course
CA	civil affairs
C-A-T	Combat Application Tourniquet®
CMF	Career Management Field
CES	Combat Experiences Scale
CoTCCC	Committee on Tactical Combat Casualty Care
C-TECC	Committee on Tactical Emergency Casualty Care
CroC	Combat Ready Clamp
CRO	combat rescue officer
CUF	“care under fire”
DHA	Defense Health Agency
DHA MEDLOG	Defense Health Agency Medical Logistics office
DNBI	disease and nonbattle injury
DO	Doctor of Osteopathy
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDTR	DoD Trauma Registry
DoJ	Department of Justice
DRM	demands/resources model
DRRI	Deployment Risk and Resilience Inventory
ECCN	enroute critical care nurse

ED	emergency department
EMS	emergency medical services
FB	foreign body
FDA	U.S. Food and Drug Administration
FDP	freeze-dried plasma
FFT	fast Fourier transformation
FLA	field litter ambulance
GSW	gunshot wound
Hz	Hertz
HPM	human performance modification
HPO	human performance optimization
HS	hypertonic saline
IDT	inactive duty training
IED	improvised explosive device
IgE	Immunoglobulin E
INR	international normalized ratio
IOFB	intraocular foreign body
IPAP	Interservice Physician Assistant Program
IV	Intravenous
Joint First Aid Kit	JFAK
JTS	Joint Trauma System
JETT	Junctional Emergency Treatment Tool
JTTS	Joint Theater Trauma System
KTD	Kendrick Traction Device
MD	Medical Doctor
MERT	Medical Emergency Response Team
MES	Medical Equipment Set
MTF	Military treatment facilities
MOTR	Military Orthopedic Trauma Registry
NAR	North American Rescue (always spell out on ad directory page)
NARA	National Archives and Records Administration
NCO	noncommissioned officer
NORNAVSOC	Norwegian Naval Special Operations Commando
NS	normal saline
OASD/HA	Office of the Assistant Secretary of Defense for Health Affairs
OIC	officer-in-charge
OODA	Observe, Orient, Decide, and Act
PCL	PTSD Checklist
PCC	Primary Casualty Care *NOTE* This acronym is used in favor of PFC
PFC	Primary Field Care
PhD	Doctor of Philosophy
PHQ	Patient Health Questionnaire
PHTLS	Prehospital Trauma Life Support
PHTR	Prehospital Trauma Registry

PJs	pararescuemen
POI	point of injury
PRBCs	packed red blood cells
PSH	Portable Surgical Hospital
PsyD	Doctor of Psychology
PTLS	Prehospital Trauma Life Support
PTSD	posttraumatic stress disorder
RS	REEL Splint
SAMMC	San Antonio Military Medical Center
SE	standard error
SJT	SAM® Junctional Tourniquet
SOF	Special Operations Forces
SOFMED	Special Operations Medical Forces
SOM	Special Operations Medicine
SOMA	Special Operations Medical Association
STS	Slishman Traction Splint
SWAT	Special Weapons and Tactics
TBI	traumatic brain injury
TCD	target compression device
TCMC	Tactical Combat Medical Care
TEMS	Tactical Emergency Medical Support
TMC	troop medical clinic
THREAT	
T	Threat suppression
H	Hemorrhage control
RE	Rapid Extraction to safety
A	Assessment by medical providers
T	Transport to definitive care
TO&E	tables of organization and equipment
TRIMEDS	Tri-Service Medical Excess Distribution System
US	Ultrasound
U.S.	United States
USAISR	U.S. Army Institute of Surgical Research
USASOC	U.S. Army Special Operations Command
VAS	visual analogue scale
WALK bag	Warrior Aid and Litter Kit (an NAR product)

For Reference: Common Capitalization List

JSOM note: Capitalize references to U.S. Servicemembers (Soldier, Operator, Sailor, Airman, Marine, Pararescueman, Ranger, SEAL).

Acting Undersecretary of Defense
 Airborne
 Alamo Scouts
 Allied and Coalition nationals
 American Expeditionary Force
 Armed Services
 Army, Navy, Air Force, Marine Corps, Coast Guard
 Class II (510K) medical devices
 combatant commands
 combat medics
 combat lifesavers
 combat support hospital
 Company B
 Department of Defense
 deployed JTTS prehospital director
 German Special Forces
 H1N1 influenza
 Hispanic or Latino ethnicity
 Injury Severity Score
 Israeli Defense Force
 Joint Theater Trauma Registry
 JTTS director
 Level I trauma center
 military academy cadets
 Native American/Alaskan Native
 Navy SEAL
 Operator (when referencing a U.S. SOF Soldier)
 Operational Forces
 Pacific theater
 Ranger
 Ranger headquarters
 Ranger unit
 Regular Army
 SAM Junctional Tourniquet
 Second World War
 Servicemembers
 Soldier (U.S. only)
 South Asia
 Southeast Asia

Special Operations Forces (SOF)
sub-Saharan Africa
Tactical Combat Casualty Care (TCCC)
Uniformed Services
unit support subscale of the DRRI
U.S. Government
Western Hemisphere
75th Ranger Regiment
Operational Forces
Special Operations Forces
U.S. Army 75th Ranger Regiment
U.S. Army Institute of Surgical Research
U.S. Central Command
U.S. Forces
U.S. Government
U.S. Military
U.S. Special Operations Command
Army Health Care Specialist (Military Occupational Specialty 68W)
Aerospace Medical Technician (Air Force Specialty Code 4N)
Navy Hospital Corpsman (HM rating)

For Reference: Formatting for Titles, Ranks, and Degrees

Rank:

- ☐ Abbreviations for military ranks vary by branch of service.
- ☐ Please see <https://www.formsofaddress.info/military-rank-abbreviations/>.
- ☐ If you are not sure about their branch of service, please contact the publisher.
Publisher@JSOMonline.org.

Academic degrees:

Bachelor of Arts degree in biology

master of science degree

Examples of Titles:

Army Chief of Staff GEN Peter J. Schoomaker

assistant professor in the Department of Psychology at the University of Utah

Chief of Psychological Applications

command surgeon

commanding officer

department research director

deputy command surgeon

Director of Trauma Care Delivery

executive director of the National Center for Veterans Studies

fellow of the American College of Surgeons

JTTS director

medic

Navy SEAL platoon commander

Office of the Chief Surgeon, National Guard Bureau

research manager for the National Center for Veterans Studies

senior research physiologist

staff emergency medicine physician

For Reference: Frequently Used Brands and Products

Abdominal Aortic and Junctional Tourniquet™ (AAJT™; <http://www.chinookmed.com>)
 Combat Ready Clamp™ (CRoC™; <http://www.combatmedicalsyste.ms.com>)
 Junctional Emergency Treatment Tool (JETT™; <http://www.narescue.com>)
 QuikClot® Combat Gauze™ (<http://www.z-medica.com/healthcare/Products>).
 SAM Junctional Tourniquet® (SJT®; <http://www.sammedical.com/products>)

AAJT	Abdominal Aortic and Junctional Tourniquet™
AAT	Abdominal Aortic Tourniquet™
Atabrine™	
Benzedrine™	
C-A-T	Combat Application Tourniquet®, http://combattourniquet.com/
CRoC™	Combat Ready Clamp
Celox™ Gauze	
ChitoGauze®	
Combat Gauze™	
Combat Gauze™ XL	
EZ-IO®	Intraosseous Infusion System
HemCon® bandage	
JETT™	Junctional Emergency Treatment Tool
Omni-Stat™	
SAM® Junctional Tourniquet	
TraumaStat™	
Voluven®	
WoundStat™	

For Reference: Detailed *American Medical Association* Reference and Citation Format

The rules and examples below are for reference only. Selected examples below from <https://guides.lib.berkeley.edu/publichealth/style/AMA> and other sources. Omit any unavailable information.

Journals:

Author. Title. *Abbrev Journal*. YYYY;Vol(Issue):page range. URL. Published date. Accessed date.

Or if DOI is available, this is preferable:

Author AA, Author BB. Title of article. *Abbreviated Journal Title*. Year;Volume(Issue):Page-Page. Doi:xx.xxxx/xxxxxxxxxxxxxxxx.

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Book Article, Chapter, or Section:

Section/chapter author. Title of section/chapter. In: Book author (or editor followed by “ed”). *Title of the book.* Edition/Volume. City, State: Publisher; year of publication: page numbers of selection.

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Author AA. Webpage title. Name of Website or Organization (bold if the previous information is unavailable). URL. Published or Updated date. Accessed date.

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For Reference: Abbreviation of Common Journal Titles for References

Use PubMed abbreviations.

<i>Acad Emerg Med</i>	<i>Clin Chest Med</i>
<i>ACS Bull</i>	<i>Clin J Pain</i>
<i>Addict Behav</i>	<i>Clin Psychol Rev</i>
<i>Adv Nutr</i>	<i>Clin Ther</i>
<i>Adv Nutr (Bethesda, Md.)</i>	<i>Cochrane DB Syst Rev</i>
<i>Adv Prev Med</i>	<i>Current Allergy Asthma R</i>
<i>Am Fam Physician</i>	<i>Curr Med Chem</i>
<i>Am J Clin Nutr</i>	<i>Curr Opin Endocrinol Diabetes Obes</i>
<i>Am J Emerg Med</i>	<i>Electroencephalogr Clin Neurophysiol</i>
<i>Am J Indust Med</i>	<i>Emerg Med (Fremantle)</i>
<i>Am J Orthop</i>	<i>Environ Sci Technol</i>
<i>Am J Psychiatry</i>	<i>Eur J Appl Physiol Occup Physiol</i>
<i>Am J Sports Med</i>	<i>Exp Brain Res</i>
<i>Anesth Analg</i>	<i>Food Sci Technol Int</i>
<i>Anxiety Stress Coping</i>	<i>Front Hum Neurosci</i>
<i>Ann Emerg Med</i>	<i>Gut Microbes</i>
<i>Ann R Coll Surg Engl</i>	<i>Health Educ Behav</i>
<i>ANZ J Surg</i>	<i>Health Promot Int</i>
<i>Arch Ophthalmol</i>	<i>Hum Factors</i>
<i>Appetite</i>	<i>Injury</i>
<i>Armed Forces J</i>	<i>Int J Burn Trauma</i>
<i>Arthroscopy</i>	<i>Int J Environ Res Public Health</i>
<i>Asian Pacific J Allergy Immunol</i>	<i>Int Psychogeriatr</i>
<i>Assessment</i>	<i>Iranian J Nursing Midwifery Res</i>
<i>Austral Fam Phys</i>	<i>JAMA</i>
<i>Aviat Space Environ Med</i>	<i>J Acad Nutr Diet</i>
<i>Binocul Vis Strabismus Q</i>	<i>J Affective Dis</i>
<i>BMC Medicine</i>	<i>J Am Acad Orthop Surg</i>
<i>BMC Neurosci</i>	<i>J Army Med Dept</i>
<i>BMC Psychiatry</i>	<i>J Appl Psycho</i>
<i>BMJ</i>	<i>J Appl Soc Psychol</i>
<i>Behav Brain Funct</i>	<i>J Bone Joint Surg Br Proc</i>
<i>BioFactors (Oxford, England)</i>	<i>J Consult Clin Psychol</i>
<i>BioMed Res Int</i>	<i>J Counseling Dev</i>
<i>Br J Anesth</i>	<i>J Emerg Med Serv</i>
<i>Br J Sports Med</i>	<i>J Emerg Nursing</i>
<i>Br Med J</i>	<i>J Fam Psychol</i>
<i>Calcif Tiss Int</i>	<i>J Fam Violence</i>
<i>Can Med Assoc J</i>	<i>J Gen Intern Med</i>
<i>Cavalry</i>	<i>J Neurol Neurosurg Ps</i>

J Neurophysiol
J Nutr Educ Behav
J Nutr Gerontol Geriatr
J Nutr Health Aging
J Occup Health Psychol
J Orthop Trauma
J Perioper Pract
J Psychiatric Res
J Physiol
J Physiol Anthropol
J R Army Med Corps
J R Nav Med Serv
J Sci Food Agr
J Spec Oper Med (we use JSOM in informal discussions)
J Surg Res
J Trauma
J Trauma Acute Care Surg
J Traumatic Stress
Mamm Genome
Med Sport Sci
Mil Med
Mil Psychol

Mol Metab
MSMR
Nat Rev Neurosci
N Engl J Med
Neuropharmacology
Nutr Metab Cardiovasc Dis
Nutr Neurosci
Obes Rev
Occup Med
Ophthalmology
PloS ONE
Prehosp Dis Med
Prehosp Emerg Care
Psychiatry: Interpers Biol Process
Psychol Addict Behav
Physiol Behav
Prehosp Emerg Care
Psychol Sci
Scand J Trauma Resuscit Emerg Med
Traumatology
US Army Med Dept J
Wilderness Environ Med

For Reference: Common Spelling Errors List

The following words are sometimes misspelled in the manuscripts. The “trouble spots” are typed in red.

abscess
 albumen
 amoxicillin
 aneurysm
 arrhythmia
 asthma
 brachial
 cocaine
 codeine
 conjunctiva
 decubitus
 diarrhea
 diphtheria
 dysentery
 ecchymosis

neuro
 Novocaine
 ophthalmoscope
 pathognomonic
 penicillin
 phlegm
 pneumococcus
 pruritus
 purulent
 rhythm
 saliva
 sedentary
 specimen
 stethoscope
 susceptible

foramen
funduscope
gonorrhea
hematoma
humerus
malleolus
mnemonic
mucous (adjective)
mucus (noun)

symmetrical
syphilis
temporal
tetanus
thoracic
tinnitus
vulva