



## Editorial

## What's new in JSAMS 2023?

From time to time it is necessary to adapt journal structures to recent developments within the scientific community. Like many other disciplines, sports medicine and sport science are facing enhanced reporting requirements for scientific publications, expressed in consented guidelines like the CONSORT statement (<http://www.consort-statement.org/media/default/downloads/CONSORT%202010%20Checklist.pdf>). Following them properly, however, may lead to difficulties with low word limits. So far the JSAMS limit was set at 3,000 for original research, and it has probably served well to facilitate concise writing. However, we felt that it may also have restricted potential authors too strongly and possibly even deterred a few from considering our journal. Therefore, it was decided to allow more words for manuscripts describing original research (up to 4,000 and even up to 5,000 for qualitative research).

Similarly, recent initiatives in favour of more transparent research have been acknowledged and taken into account when introducing the new article category of registered reports. A registered report refers to a study protocol (and a justification of the research question, the planned methodology and the planned statistical analysis) which is reviewed prior to the start of the study and then either sent back for revisions or (possibly after revision) accepted. Such an acceptance implies an in-principle acceptance of the later results provided the authors follow all steps outlined in their protocol. This means that for an accepted (and online published) protocol, later review only refers to a verification of methods and statistical calculations and to the appropriateness of the discussion (to avoid over-/misinterpretation). The protocol is published together with the results and the discussion in one issue.

Other new article types complement these adaptations: We introduce brief reports/research letters/short communications which all serve to allow for a publication of scientific observations, clinical cases or studies of preliminary character. Finally, the new category of viewpoint articles supports ongoing scientific debates which can now be continued into our journal. When a viewpoint is published, the editor may invite another scientist with an opposing opinion to write a "counterpoint". Further new submission types on invitation only are "cornerstone" reviews which can be narrative. Topics are identified by the editorial board but can also be suggested externally by e-mailing an outline for such a review to the editorial office. This category also includes methodological papers of particular interest within the scope of the journal.

### Highlights of this issue

Italy is one of the countries which was struck very early and hard by the Covid-19 pandemic. Accordingly, restrictive measures for the general population and for athletes were quite extensive. Also, the awareness for complications of infections with SARS-CoV-2 was considerable as illustrated by early publications from Italian sport physicians (Corsini et al.<sup>2</sup>). This gives the report from Maestrini<sup>4</sup> and colleagues about cardiac complications in 219 SARS-CoV-2 infected Italian athletes a very specific background. They were investigated on average 10 days

after becoming negative again on nasopharyngeal swabs (PCR). The screening protocol was comprehensive and included a cardiac MRI only when indicated by findings from the baseline examinations. They consisted of blood testing including troponin, echocardiography, a pulmonary function test, Holter monitoring and a cardiopulmonary exercise test in addition to the established Italian screening approach (history, physical examination and resting ECG). The documented low number of myocarditis cases (<1%) is particularly noteworthy as the study has been conducted when the relatively aggressive delta variant was most prevalent. However, vaccinations were already available and the vaccination rate in this population was supposedly high. Like many studies about the pandemic, this one suffers from a lacking control population or a control condition under different "infection pressure", i. e. another leading infectious agent. Nevertheless, the reported findings (including the prevalence of ventricular extra beats) are very much worth to be highlighted and are indicative of SARS-CoV-2 not being such an aggressive virus to the myocardium as it has been assumed in the early stages of the pandemic. With a high prevalence of the omicron variant even lower numbers can be expected (still to be proven).

Two other papers in this issue from Leo et al.<sup>3</sup> and Beaumont et al.<sup>1</sup> address cycling-specific research questions. Although cycle ergometry is extensively utilized in scientific studies to investigate general metabolic and energetic research issues due to its high degree of standardization, precise measurability, good availability and ease of conduction for everybody, research less frequently deals with competitive road cycling. In Leo et al.'s study, performance indicators from 30 professional U23 cyclists are related to race performance. This is carried out by using very up-to-date parameters, namely power outputs measured over relatively short periods of time (5 min) and anthropometric scaling. Best "predictive capacity" for cycling podium performance is calculated for a compound score which combines both approaches, direct measurements of power outputs in the field and anthropometric scaling. This approach certainly overcomes more traditional ways of performance prediction by means of  $VO_{2max}$  and thresholds.

Beaumont and colleagues use a computer simulation to quantify the drag for different cycling formations when driving against given crosswinds. This interesting study shows how existing knowledge about aerodynamics can be combined with computer power to estimate optimal racing positions. Of course, several assumptions have to be made (and to be altered when assessments are made for individuals) for such calculations. However, the issue is solved in this study by using anthropometrics from a given driver who is thoroughly scanned. With a body height of 1.80 m and a weight of only 63 kg it is obvious that results might be somewhat different in less leptosome race drivers...

### References

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