

Title of Review Article Manuscript
[90 characters max, including spaces]

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Author Disclosure: Dr Jones has [disclosure]. Drs Smith, Noble, and Eccleston have disclosed no financial relationships relevant to this article. This commentary [does/does not] contain a discussion of an unapproved/investigative use of a commercial product/device.

Abbreviations: (list and define abbreviations used in the text; [or] Abbreviations: none)

Content Specifications

[follow example format below]

Identify which sports are appropriate for athletes with various conditions that may limit sports participation (5816)

Recognize the effects of a febrile illness on sports participation (1546)

Recognize the cardiac risks associated with sports participation and when cardiac evaluation is required (815, 1547, 4098)

Education Gap(s) (or Practice Gap(s))

[list at least one; 100 to 150 words; follow example format below]

Only 37% of pediatricians reported knowledge of the PPE Monograph¹ in a 2014 study², and the majority felt the lack of a standardized approach was an obstacle to performing the PPE. Clinicians should be aware of current guidelines for performing a pre-participation history and physical examination and identify children and adolescents who may be at increased risk from sport participation.

Objectives

[Objectives should address the following statement: "After completing this article, readers should be able to ..."; word count variable; follow example format below]

1. Recognize the cardiac risks associated with sport participation and when additional cardiac evaluation is required.
2. Understand the importance of assessing and documenting neurocognitive function prior to sport participation.

Abstract [250 words max]

This is an abstract. It is single-spaced. It should highlight any discrepancy between the current health situation / condition versus the optimal health situation / condition. Use epidemiological information to reiterate gaps in education or practice.

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[The Main Body of the Manuscript Goes Here; Review = 5,400 words max; images count towards the total word count; full page 700 words, half-page 350 words]

This is my manuscript's main body. It's in double-spaced, Times New Roman font, size 12. This section can be up to 5,400 words long.¹ This is my manuscript's main body.² It's in double-spaced, Times New Roman font, size 12. This section can be up to 5,400 words long.³

Epidemiology (including prevalence and etiology). This is an additional component to consider for inclusion. It is part of the main body. It's in double-spaced, Times New Roman font, size 12.^{4,5}

Pathogenesis (including, when appropriate, pathophysiology). This is an additional component to consider for inclusion.^{6,7} It is part of the main body. It's in double-spaced, Times New Roman font, size 12.⁸

Clinical Aspects (symptoms, signs, laboratory tests, and diagnosis).^{9,10} This is an additional component to consider for inclusion. It is part of the main body. It's in double-spaced, Times New Roman font, size 12.⁴

Management (including therapy). This is an additional component to consider for inclusion. It is part of the main body. It's in double-spaced, Times New Roman font, size 12.¹⁰

Prognosis (including follow-up). This is an additional component to consider for inclusion. It is part of the main body. It's in double-spaced, Times New Roman font, size 12.

Evidence / Summary [200-400 words]

- This is a bulleted list; see the evidence requirements in the author guidelines.
- This is a bulleted list; see the evidence requirements in the author guidelines.
- This is a bulleted list; see the evidence requirements in the author guidelines.

Acknowledgements [Optional]

Thank you to Dr. Jane Doe for her review of the manuscript. Thank you also to the research group at College University Medical Center for their contribution.

Suggested Readings [Optional; instead of, or in addition to, References]

- Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*. 2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
- Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*. 2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
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References [if any; if not, include Suggested Readings instead]

1. Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*. 2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
2. Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*. 2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
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5. Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*. 2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
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7. Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*. 2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
8. Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*. 2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
9. Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*.

2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.
10. Smith A, Jones B, King G, et al. Article title goes here, 1900-2012. *Pediatrics*.
2014;123(1):e75-e82. doi: 10.1542/peds.2015-1827.

Figure 1. This is the legend from a figure from the review.

Figure 2. This is also a legend from a figure from the review.

[Figures must be uploaded through your Author Center. We cannot accept Excel (.xls, .xlsx) or Powerpoint (.ppt, .pptx) files.]

[Tables should be inserted here in Word document format (not as images).]