

**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 Monograph<sup>1</sup> in a 2014 study<sup>2</sup>, 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 = 4,000 words max; images and tables do not count towards the total word count]***

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

**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.<sup>4,5</sup>

**Pathogenesis (including, when appropriate, pathophysiology).** This is an additional component to consider for inclusion.<sup>6,7</sup> It is part of the main body. It's in double-spaced, Times New Roman font, size 12.<sup>8</sup>

**Clinical Aspects (symptoms, signs, laboratory tests, and diagnosis).**<sup>9,10</sup> 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.<sup>4</sup>

**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.<sup>10</sup>

**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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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.
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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).]*