

- Title page -

**Article category:** Research article, Review article, Case report

**Article title:** Provide a brief, informative title of 150 characters or less.

**Authors' names and affiliations consistent with the data in ORCID:**

Author<sup>1,2</sup>, Author<sup>2</sup>, Author<sup>2,3</sup>, Author<sup>2,4</sup>, Author<sup>2,5</sup>, Author<sup>2,5</sup>, Author<sup>1,2</sup>, Author<sup>1,2\*</sup>

<sup>1</sup> Department of Biochemistry, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand.

<sup>2</sup> Cholangiocarcinoma Research Institute, Khon Kaen University, Khon Kaen, Thailand.

<sup>3</sup> Department of Parasitology, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand.

<sup>4</sup> Faculty of Associated Medical Sciences, Khon Kaen University, Khon Kaen, Thailand.

<sup>5</sup> Department of Radiology, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand.

**\* Corresponding author:** Provide full contact details (full name, academic level, contact address, and e-mail address) for a corresponding author of the paper.

**Short running title:** Indicate a short title (no more than 50 characters) to be appeared in the upper outside of each page.

## ABSTRACT

Please write the concise descriptive English abstract in one paragraph (descriptive abstract) including following information: the introduction and purpose of the research, methods, principal findings and major conclusions. The references must be avoided in this part. In addition, non-standard or uncommon abbreviations should be avoided. However, if essential, they must be defined at their first mentioned in the abstract itself. The *p*-value should be typed in italicized font (*p*-value < 0.05). The font text should appear in 12-point Times New Roman with single column format. Keep 1.5-line space and the layout of the text should be prepared with 2.5 cm margins and a footer containing a page number.

**KEYWORDS:** Five key words relating to the study or less, e.g., Periductal fibrosis; Cholangiocarcinoma; *Opisthorchis viverrini* infection; Raw fish consumption.

## Introduction

Please provide an adequate background and state the objectives of the research<sup>(1,2)</sup>, avoiding a detailed literature survey or a summary of the results<sup>(2-4)</sup>.

References in the main text should be indicated by numbers in parentheses in line with the text with superscript, numbered consecutively in order of appearance, and placed before the punctuation<sup>(5,6)</sup>.

## Materials and methods

### *Study design and participants*

Please provide sufficient details of study design and participant recruitment, i.e., setting, and inclusion and exclusion criteria, sample size estimation, along with details of ethical approval (i.e., name of ethical committees [approval number]) and informed consent provided. Subsequently, details of research protocols to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Tables and figures can be placed next to the relevant text in the article, not at the end of a manuscript. The total number of tables and figures should be 5 or less, except letter to the editor (1 table and/or 1 figure).

## Results

Results should be clear and concise (Figure 1). Cited tables and figures in the text should be typed in bold font; for example, the baseline characteristics of the subjects are shown in table 1. For the *p*-value, *p* should be typed in italicized font (*r* = -0.98, *p*-value < 0.05).

References cited in tables or figure legends should be indicated by numbers in parentheses in line with the text with superscript in sequence at the point where the table or figure is first mentioned in the main text.

Tables and figures can be placed next to the relevant text in the article, not at the end of a manuscript (Table 1).

**Table 1** Personal data and outcomes of the study of total, male and female participants

Variable	Total (n = 67)	Male (n=36)	Female (n=31)	p-value
Age <sup>a</sup> : years*	75.0 ± 6.6 (73.4 – 76.6)	75.8 ± 6.4 (73.6 – 77.8)	74.3 ± 6.9 (71.7 – 76.1)	0.348
Body mass index <sup>b</sup> : kg/m <sup>2</sup> *	23.0 ± 3.0 (22.3 – 23.7)	22.5 ± 3.3 (21.4 – 23.7)	23.5 ± 2.6 (22.8 – 24.6)	0.105
Underlying diseases <sup>c</sup> : n (%)	32 (47.8)	18 (50.0)	14 (45.2)	0.196
Daily walking device <sup>c</sup> : Cane [n (%)]	4 (6.0)	1 (2.8)	3 (9.7)	0.235
2MST <sup>b</sup> : times*	55.7 ± 14.7 (52.1 – 59.3)	59.9 ± 12.7 (55.9 – 64.0)	50.7 ± 15.6 (44.6 – 56.4)	0.012
FTSST <sup>a</sup> : s*	12.6 ± 2.9 (12.2 – 13.5)	12.6 ± 2.9 (11.7 – 13.6)	13.2 ± 2.9 (12.3 – 14.3)	0.249
1minSPUT <sup>b</sup> : times*	29.3 ± 1.1 (27.6 – 31.1)	30.9 ± 6.6 (28.7 – 33.1)	27.5 ± 7.4 (25.2 – 30.5)	0.075

**Note:** \* The data are presented by mean ± SD (95% confidence interval), and the data between male and female participants were compared using <sup>a</sup> the independent samples *t* test for data with normal distribution, <sup>b</sup> the Mann-Whitney U test for variables with non-normal distribution, and <sup>c</sup> the data are compared using the *Chi* square test. <sup>†</sup> Underlying diseases, including hypertension, diabetes mellitus, hyperlipidemia, gout, heart failure, chronic kidney disease, asthma, and osteoarthritis.

**Abbreviations:** FTSST = five times sit-to-stand test; 2MST = two-minute step test, 1minSPUT = one-minute seated push up test.

**Tables:** Please submit tables as editable text and not as images. Tables can be placed next to the relevant text in the article. Number tables consecutively in accordance with their appearance in the text. Table heading should be concise and self-explanatory. The explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (\*, \*\*) are used only to indicate the probability level of tests of significance. Please ensure that the data presented in Tables or Figures do not be duplicated in the text. Please avoid using vertical rules and shading in table cells.



**Figure 1** Position while assessing a one-minute seated push-up test

- (A) Starting position with clinical push-up broads.
- (B) Position while lifting the body up from the floor during the test.

*Figures:* Figures should be numbered in the order of their citation in the text. Items requiring explanatory footnotes should follow the same style as that for tables. Figures can be placed next to the relevant text in the article. Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF), or MS Office files) and with the correct resolution.

## Discussion

This part should explain the significance of the findings, not repeat them. Avoid extensive citations and discussion of published literatures. Smith et al<sup>(13)</sup> explained that the conclusion section should be separated and stated below discussion section.

## Conclusion

Indicate overall conclusion of the study in informative and concise manners.

## Take home messages

Provide a take-home message based on the research findings for the general population (no longer than 50 words).

## Conflicts of interest

Declare information for conflicts of interest (if any). If not, indicate ‘The authors declare no conflict of interest’.

## Acknowledgements

General acknowledgment (such as consultations and statistical analyses) should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section.

## Funding support

Indicate the sources of financial support for the research. Examples of funding support statement:

“This research was supported by the XXXX (Grant number: XXXX).”

“This work received no specific grant from any funding agency”

## Author contributions (please see [Contributor Roles Taxonomy](#))

A CRediT author statement must be included at the end of the manuscript. Example:

Arpassanan Wiyanad: Conceptualization, Methodology, Formal analysis, Writing – Original draft.

Thiwabhorn Thaweewanakij: Conceptualization, Methodology, Formal analysis, Writing – Review & Editing.

Sugalya Amatachaya: Conceptualization, Formal analysis, Resources, Funding acquisition, Writing – Review & Editing.

## Data availability

The authors clearly explain data availability and sharing. Example of data availability:

- Data openly available in a public repository that issues datasets with DOIs
- Data generated at a central, large scale facility, available upon request
- Data available on request due to privacy/ethical restrictions
- Data available on request from the authors
- Author elects to not share data

## References

References should be compiled at the end of the manuscript according to the order of citation in the text. Reference style based on the system of Vancouver style – Uniform Requirements for Manuscripts Submitted to Biomedical Journals (1997) and Vancouver Referencing (2001). Total number of references of original article should be 30 or less (*see Author Guidelines*). Journal references should include, in order, authors' surnames and

initials, article title, abbreviated journal name, year, volume (issue), and inclusive page numbers. The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 6 authors only, followed by “et al”, as examples showed below.

1. Biewener AA. Patterns of mechanical energy change in tetrapod gait: pendula, springs and work. *J Exp Zool A Comp Exp Biol* 2006; 305(11): 899-911.
2. Giangregorio L, McCartney N. Bone loss and muscle atrophy in spinal cord injury: epidemiology, fracture prediction, and rehabilitation strategies. *J Spinal Cord Med* 2006; 29(5): 489-500.
3. Techasen A, Loilome W, Namwat N, Duenngai K, Cha'on U, Thanan R, et al. *Opisthorchis viverrini*-antigen induces expression of MARCKS during inflammation-associated cholangiocarcinogenesis. *Parasitol Int* 2012; 61(1): 140-4.
4. Zumla A, Johnson M, Miller R. AIDS and respiratory medicine. London: Chapman & Hall; 1997.
5. Piot P, Kapita BM, Ngugi EN, Mann JM, Colebunders R, Wabitsch R, et al. AIDS in Africa: a manual for physicians. Geneva: World Health Organization; 1992.
6. World Health Organization. Biosafety guidelines for diagnostic and research laboratories working with HIV. Geneva: WHO; 1996.
7. Pratt RJ. AIDS: a strategy for nursing care. 3rd ed. London: Arnold; 1991.
8. Green J, McCreaner A. Counseling in HIV infection and AIDS. 2nd ed. Cambridge (MA): Blackwell Science; 1996.
9. Wormser GP, editor. AIDS and other manifestations of HIV infection. 3rd ed. Philadelphia: Lippincott-Raven Publishers; 1998.
10. Bishop ML, Fody EP, Schoeff LE, editors. Clinical chemistry: principles, techniques, and correlations. New York: Lippincott Williams & Wilkins; 2013.
11. Ward JW, Drotman DP. Epidemiology of HIV and AIDS. In: Wormser GP, editor. AIDS and other manifestations of HIV infection. 3rd ed. Philadelphia: Lippincott-Raven Publishers; 1998. p. 1-16.
12. Chokphukiao P. Reliability and discriminative ability of the 1.7-cm block for kyphosis measure [Master Thesis in Physical Therapy]. Khon Kaen: Khon Kaen University; 2017.
13. Thaweevannakij T. Physical performance and fall of Thai elderly [Ph.D. Thesis in Human Movement Sciences]. Khon Kaen: Khon Kaen University; 2012.

14. Artchaithorn P, Amatachaya S, Peungsawan P, Thaweevannakij T. Cut-off point of a body mass index to detect the impairment of mobility and functional endurance in community-dwelling elderly. Proceedings of the 1st International Conference on Integrative Medicine; 2019 Oct 7-8; Chiang Rai, Thailand. School of Integrative Medicine: Mae Fah Luang University; 2019.
15. US Food and Drug Administration. Replacement reagent and instrument family policy for in vitro diagnostic devices [online] 2003 [cited 2019 Oct 21]. Available from: <https://www.fda.gov/media/111186/download>
16. Wiyanad A, Chokphukiao P, Suwannarat P, Thaweevannakij T, Wattanapan P, Gaogasigam C, et al. Is the occiput-wall distance valid and reliable to determine the presence of thoracic hyperkyphosis? *Musculoskelet Sci Pract.* Forthcoming 2018.