GLATA Annual Meeting & Symposium

FREE COMMUNICATIONS AND CASE REPORTS SESSION

DEADLINE FOR ABSTRACT SUBMISSION: November 15

Instructions for Submission of Abstracts and Process for Review of all Free Communication Submissions

Instructions for Abstract Preparation and Submission

Please read all instructions before preparing and submitting the abstract. Individuals may submit only one Original Research Abstract or Clinical Case Study Abstract as the primary (presenting) author but may submit unlimited abstracts as a secondary author.

Original Research abstracts must be written to the accepted scientific standards of a research area and should present findings pertaining to healthcare issues related to the athletic training profession. The Clinical Case Study Abstract should present a unique individual athletic injury case of general interest to the GLATA membership.

Formatting Instructions

- It is recommended you prepare your abstract in a word processing program in accordance with the following instructions. You will later copy/paste the text into corresponding online fields in the HUBB System.
- The body of the abstract for Original Research is limited to 450 words. The body of the abstract for a Clinical Case Study is limited to 600 words.
- Each abstract is carefully reviewed for scientific merit, methodologic quality, innovation and impact on the practice of athletic training and considered for inclusion in our free communications program. Abstracts should always contain detailed results that directly address the research question and support the stated conclusions.
- Abstracts fall into one of the 7 categories (Basic Research, Survey Research,
 Meta-analyses & Systematic Reviews, Critically Appraised Topics, Qualitative
 Research, Level 1-3 Clinical Case studies and Level 4 Clinical Case studies; the
 author is responsible for determining the most applicable category for structuring
 their abstract. Authors should choose the format that seems to best fit your study
 (see <u>formatting guidelines</u> and suggested content in the examples below). The
 following nomenclature should be used to appropriately identify <u>original research</u>
 or <u>case study</u> abstracts.
- Guidelines for Figures/Tables that accompany abstract submissions:
 - 1. Only 1 figure or table may be uploaded per abstract. However, submission of a figure or table is optional. A table legend does not count toward the word limit of the abstract however the title MUST be succinct.
 - 2. The table / figure MUST be referenced within the text of the abstract.
 - 3. The figure or table must contain original material that is directly relevant to the results or conclusions of the abstract.
 - 4. The figure or table must be original. That is, it may not contain any protected or copyright material or any material that was previously

- published in (or is currently being considered for) any publication or free communications program. A figure or table that does not adhere to these guidelines will not be reviewed and will subject the abstract to rejection without review.
- 5. Figures showing participants or patients in any image (photograph, radiograph, etc) must conceal each person's identity.
- 6. The figure or table should be saved as a pdf in a file separate from the abstract.
- 7. The maximum size of the figure or table is 6.5 inches wide and 4 inches high. The minimum size is 2 inches wide and 2 inches high.
- Guidelines for additional information required for submission:
 - 1. Title: Each submitted abstract must have a clear and succinct title that clearly represents the content of the abstract. Case study abstracts should indicate the level of case study at the end of the title.
 - Authors and Faculty Mentor: Full names must be included for all abstract authors. Additional information, such as contact information, affiliation, and credentials are required for the primary author and faculty mentor if applicable.
 - 3. Domain of Athletic Training: Identify the <u>domain(s) of athletic training</u> that the content of the abstract best represents.
 - 4. Level of Difficulty: Determine the level of difficulty for the proposed abstract/presentation. Categories include Mastery, Advanced, and Essential.
 - Mastery Includes the highest level of theory, concepts, and application of knowledge of technique within a specific area.
 - Advanced Includes in-depth theory, concepts, and applications of information and/or techniques that are presented beyond the essential level.
 - Essential Includes core theory, concepts, and applications.
 - 5. Learning Objectives: Provide three learning objectives for your abstract/presentation. <u>Best practices for learning objective construction</u> and the use <u>Bloom's Taxonomy Action Verbs</u> should be implemented. Specifically, objectives should start with an action verb and avoid the use of "appreciate" and "understand".
 - Peer Reviewed References: Provide three key references supporting the submission's content or context. References should be presented AMA format.
 - 7. Resume, CV, or Bio: A resume, CV, or Bio must be uploaded for the presenting author.

Review Criteria for All Original Research Abstracts:

- Completeness of requested information in each structured heading
- Overall clarity of writing
- Originality of research and or contribution to the literature or knowledgebase
- Methods and results address the primary objective
- Consistency between purpose, results and conclusions
- Adequacy of sample size to support conclusions

Review Criteria for All Clinical CASE Study Abstracts:

- Must provide a <u>patient release form</u> (keep on file until requested)
- Completeness of requested information in each structured heading
- Alignment with specific type of case study identified
- Overall clarity of writing
- Case managed according to standard of care
- Uniqueness of case to the practice of athletic training

^{*} Note: student submissions are reviewed specifically in the following categories: Significance, Approach, Innovation and overall impact on the practice of athletic training

Abstract Preparation Guidelines:

1. Basic Research

- Basic Sciences (e.g. muscle tissue biopsy, EMG, etc)
 Epidemiology (e.g. cohort, case-control, intervention, clinical trial)
 Biomechanics (e.g. motion analysis, jump landing characteristics)

| Context | Write a sentence or two summarizing the rationale for the study, providing a reason for the study question and/or uniqueness of study. Finish by stating the precise objective(s) or question(s) addressed in the abstract, including hypotheses if applicable | | |
|-------------|--|--|--|
| Methods | Please describe succinctly the methods of the study performed (you do not need to include any additional sub-headings). The following should be included (where applicable): Study design (Clinical trial, cohort, cross-section, controlled laboratory study, etc) and setting, patient population (include appropriate data for age, height, mass, time from surgery, etc); Intervention (where applicable), independent variables, primary dependent variables (including specific units of measure where appropriate), data processing, statistical analyses and other appropriate information needed to evaluate the scientific quality of your abstract. | | |
| Results | The main results of the study should be given. Comparative reports must include descriptive data (e.g., proportions, means, rates, odds ratios or correlations), accompanying measures of dispersion (e.g., ranges, standard deviations or confidence intervals) and inferential statistical data. Where appropriate, results should be accompanied by the exact level of statistical significance. | | |
| Conclusions | Summarize or emphasize the new and important findings of the study. The conclusion must be consistent with the study objectives and results as reported and should be no more than three to four sentences. If possible, relate implications of the findings for clinical practice. | | |
| Word Count | 450 | | |

2. Survey Research

- Instrument development (e.g. validation and reliability, psychometrics)
 Cross-sectional survey (e.g. paper, web-based, or interview questionnaires)

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|-------------|---|
| Context | Write a sentence or two summarizing the rationale for the study, providing a reason for the study question and/or uniqueness of study. Finish by stating the precise objective(s) or question(s) addressed in the abstract, including hypotheses if applicable. Please describe succinctly the methods of the study |
| | performed (you do not need to include any additional sub-headings). Describe the overall study design of the project reported (e.g., cross sectional, case-control, longitudinal or controlled intervention trial). Describe the environment of the study and relevant information to determine transferability of the findings. Describe the target population, sample selection procedures (ie population based, convenience sample, random sample, etc.) and important aspects of the final subject pool (i.e., number, average age, years of experience or gender) including final response rate. Clearly identify variables that support the objectives, all instruments used, relevant accuracy/reliability information and any data manipulation. Clearly identify statistical analyses. |
| Results | The main results of the study should be given. Reports must* include descriptive data (e.g., proportions, means, rates, odds ratios or correlations), accompanying measures of dispersion (e.g., ranges, standard deviations or confidence intervals) and inferential statistical data. Where appropriate, results should be accompanied by the exact level of statistical significance. |
| Conclusions | Summarize or emphasize the new and important findings of the study and relate implications of the findings for clinical practice. The statement of your findings must be consistent with the results as reported and should be no more than three to four sentences. |

3. Meta-Analysis Research & Systematic Reviews

- Meta-analysis (e.g. review and analysis of ACL clinical trials)
 Systematic Review (e.g. review of all clinical trials of the ACL without analysis)

| Context | Write a sentence or two summarizing the rationale for the study, providing a reason for the study question and/or uniqueness of study. Finish by stating the precise objective(s) or question(s) addressed in the abstract, including hypotheses if applicable. | |
|-------------|--|--|
| Methods | Please describe succinctly the methods of the study performed (you do not need to include any additional sub-headings). This section should identify method of selecting papers included in the study (including search databases, timeframe, key words, limits, where appropriate) and how those studies were evaluated for quality of design. Describe which variables were extracted, how those data were obtained, and how they were analyzed as applicable. | |
| Results | Provide a succinct representation of the findings of the review that support the primary objective(s) of the study. Point estimates and measures of dispersion should be included with associated statistical results where appropriate. | |
| Conclusions | Summarize or emphasize the new and important findings of the study and relate implications of the findings for future research and/or for clinical practice and offer an indication as to the strength of the evidence provided. The statement of your findings must be consistent with the results as reported. | |

4. Critically Appraised Topics

• Critically Appraised Topics (short summary of evidence around a focused clinical question; e.g. what are the effects of hip mobilizations on patient outcomes?)

| Clinical Scenario | Write a sentence or two providing a clinical scenario or general introduction for the need to evaluate the evidence pertaining to a particular clinical question. | |
|-------------------------------------|---|--|
| Focused Clinical Question | Explicitly state the focused clinical question that should clearly identify the patient or population of interest (P), intervention or exposure (I/E), comparison or control group (C, when warranted), the outcome of interest (O), and time (T, when warranted). | |
| Search Strategy | Clearly describe the search strategy of peer-reviewed evidence including criteria for inclusion/exclusion, search strategy (databases used, hand search, etc.), search terms (combination of terms), and number of possible pieces of evidence. | |
| Evidence Quality Assessment | Describe the method used to appraise the evidence including the number of evaluators and how consensus may have been achieved (if applicable). Recommended methods include PEDro based on the CONSORT statement (www.pedro.org.au/), QUADAS scale based on the STARD statement (www.quadas.org), and STROBE (www.strobestatement.org/?id=available-checklists). | |
| Results and Summary of Search | Provide synthesis of the results and summarize the key findings. Review the strengths and weaknesses of the evidence used to answer the clinical question. | |
| Clinical Bottom Line | Clearly communicate an answer to the clinical question and include the strength of the recommendation. | |

5. Qualitative Research

• Research using qualitative techniques (e.g. interviews or direct observation, etc)

| Context | Write a sentence or two summarizing the rationale for the study, providing a reason for the study question and/or uniqueness of study. Finish by stating the precise objective(s) or question(s) addressed in the abstract, including hypotheses if applicable. | |
|-------------|---|--|
| Methods | Please describe succinctly the methods of the study performed (you do not need to include any additional sub-headings). This section should clearly identify the study design (case study, phenomenology, grounded theory, etc) and describe the environment in which the study was conducted to allow reviewers to understand transferability of the findings. Describe the target population and selection procedures and important aspects to describe the final subject pool. Sampling methods (theoretical sampling, criterion sampling) should be described and justify the number of participants (data saturation, etc). Describe methods of data collection, management and analysis. Where appropriate describe agreement and verification for data collection and analyses as well as any verification strategies. | |
| Results | A short descriptive account of the case or the interpretation of the findings should be provided. This should include identifying and briefly explaining the emergent categories of themes. | |
| Conclusions | Summarize or emphasize the new and important findings of the study and relate implications of the findings for future research and/or for clinical practice. The statement of your findings must be consistent with the results as reported and should be no more than five sentences. | |

Clinical Case Study Abstracts

Report of a Single Patient Case (e.g. snake bites football player)

Format For Clinical Case Study Abstracts

NOTE: All clinical case report abstracts submitted to Free Communications must have permission of the patient prior to submission. Click here_ for sample of Consent Release Form.

CASE Study abstract guidelines update

As of August 2018 the CASE (Contributing to the Available Sources of Evidence) study guidelines have been revised to be more inclusive of both evidence-based and practice-based evidence. Drawing from recent publications, 1-4 there are now four types of CASE study abstracts. Levels 1-3 are submitted in one format and Level 4 is submitted in a different format.

Table. Comparison of types of CASE report/study based on terminology and research design

| Traditional | | Abstract Format (see guidelines |
|-------------|--------------------------------|---------------------------------|
| Terminology | New Terminology* | on following pages) |
| Case Study | Level 1 Validation CASE Study | Level 1-3 Clinical CASE Study |
| _ | - | Abstract Guidelines |
| Case Study | Level 2 Exploration CASE | Level 1-3 Clinical CASE Study |
| _ | Study/Series | Abstract Guidelines |
| Case Study | Level 3 Exploration CASE | Level 1-3 Clinical CASE Study |
| _ | Study/Series | Abstract Guidelines |
| Case Report | Level 4 Rare Events CASE Study | Level 4 Clinical CASE Study |
| | | Abstract Guidelines |

^{*}The level of the clinical case should be indicated in the abstract body and/or title to facilitate the review process.

Authors are encouraged to review the following references to determine the Level of case study they are submitting:

- 1. McKeon JMM, King MA, McKeon PO. Clinical Contributions to the Available Sources of Evidence (CASE) Reports: Executive Summary. *J Athl Train*. 2016;51(7):581.
- 2. McKeon JMM, McKeon PO. Evidence-based practice or practice-based evidence: what's in a name? *Int J Athl Ther Train*. 2016;21(1):1-3.
- 3. McKeon JMM, McKeon PO. New year, a new set of guidelines for making clinical contributions to the available sources of evidence. *Int J Athl Ther Train*. 2016;21(1):1-3.
- 4. McKeon JMM, McKeon PO. Building a case for case studies. *Int J Athl Ther Train*. 2015;20(5):1-5.

6. Level 1-3 Clinical CASE Study Abstract Guidelines

Background: Provide an overview of the condition of interest using available evidence, where appropriate. Indicate the level of the clinical CASE Study. For a Level 1 validation CASE study, the authors should provide a clear description of the previously reported comparison study and highlight the most important findings. For Level 2 & 3 exploration case studies/series, introduce the alternate, unique, or irregular presentation of the case examined compared to the available evidence.

Patient: Present the clinical case(s), including primary patient characteristics (age, sex, sport if appropriate, sport or activity, and years of experience) and diagnosis. For a case series, describe the underlying target population with measures of means and variance and important aspects of the subject pool. Pertinent aspects of the medical history should be included. Describe their complaints, MOI, initial clinical examination, diagnostic imaging, lab tests, and their commonality (examples: characteristic, injury, postural/gait abnormality, pathology, MOI). Describe the process that led to the diagnosis of the condition.

Intervention or Treatment: Describe the management of the case, interventions used, the timeline for progression to final resolution in the case, and the specific time points when treatment was provided. Relevant and unique details should be included. For level 2 or 3 case studies/series, compare and contrast the interventions used with the typical presentation of the condition as described in the literature.

Outcomes or other Comparisons: Describe the primary outcomes or results of the case. For Level 1 CASE studies, compare and contrast the outcome from the current case to the outcome of the previously reported comparison study. Compare / contrast the outcomes used in the Level 2 or Level 3 Exploration CASE Studies / CASE Series with the typical presentation of the condition as previously described. For Case Series, report whether all patients responded similarly to each other. For this, it is important to ensure that similar outcome measures were used.

Conclusions: Interpret the findings of the study. For Level 1 CASE studies, discuss the current case in the context with the previously reported comparison study including the similarities and differences in the patient and outcomes. Discuss challenges associated with implementing the intervention from the comparison study "in real life" and provide recommendations for continued use of the assessment or intervention. For Level 2 & 3 case studies/series, discuss the challenges associated with the case due to the atypical presentation and provide recommendations for clinical practice.

Clinical Bottom Line: Provide an overall statement of the most important clinical points that can be gleaned from the current CASE study.

Word count: 600

7. Level 4 Clinical CASE Study Abstract Guidelines

Background: Include the individual's age, sex, sport or activity, pertinent aspects of their medical history, a brief history of their complaint and physical findings from the athletic trainer's examination. Differential Diagnosis: Include all possible diagnoses suspected based on the history, mechanism of injury, and the initial clinical examination prior to physician evaluation and subsequent diagnostic imaging and laboratory tests. Treatment: Include the physician's evaluation and state the results of diagnostic imaging and laboratory results if performed. The final diagnosis of the injury or condition and subsequent treatment and clinical course followed should be clearly detailed. Relevant and unique details should be included, as well as the final outcome of the case. Uniqueness: Briefly describe the uniqueness of this case such as its mechanism, incidence rate, evaluate findings, rehabilitation, or predisposing factors. Conclusions: Include a concise summary of the case as reported and highlight the case's importance to the athletic training profession and provide the reader with a clinical learning opportunity. Word Count: Limited to 600 words including headings.

Acceptable Abbreviations

These abbreviations do not need to be spelled in the abstract

AAROM Active Assistive Range of Motion

ACL Anterior Cruciate Ligament
ADL Activities of Daily Living

AED Automated External Defibrillator

AIDS Acquired Immune Deficiency Syndrome

AMA American Medical Association

AROM Active Range of Motion
ATF Athletic Training Facility
ATP Athletic Training Program
BESS Balance Error Scoring System

BMI Body Mass Index
BOC Board of Certification

BP Blood Pressure bpm Beats per Minute

CAATE Commission on Accreditation of Athletic Training Education

CAI Chronic Ankle Instability

CDC Centers for Disease Control and Prevention

CE Continuing Education
CNS Central Nervous System

COPD Chronic Obstructive Pulmonary Disease

CPM Continuous Passive Motion
CPR Cardiopulmonary Resuscitation

CT Computed Tomography DIP Distal Interphalangeal

DSM IV Diagnostic and Statistical Manual of Mental Disorders - 4th Ed.

DVT Deep Vein Thrombosis
EAP Emergency Action Plan
EBP Evidence-Based Practice
ECC Emergency Cardiac Care

ECG/EKG Electrocardiogram
EHI Exertional Heat Illness
EHS Exertional Heat Stroke
EMG Electromyography

EMS Emergency Medical Services

EPA United States Environmental Protection Agency FERPA Family Educational Rights and Privacy Act

FDA US Federal Drug Administration FMS Functional Movement Screen

GLATA Great Lakes Athletic Trainers' Association

HIPAA Health Insurance Portability and Accountability Act

HIV Human Immunodeficiency Virus HMO Health Maintenance Organization

HOPS History, Observation, Palpation, Special Tests

HR Heart Rate

HRQL Health Related Quality of Life
LCL Lateral Collateral Ligament
LESS Landing Error Scoring System
MCL Medial Collateral Ligament
MCP Metacarpophalangeal
MMT Manual Muscle Test

MRI Magnetic Resonance Imaging
MRSA Methicillin Resistant Staph Aureus

MTP Metatarsophalangeal

NATA National Athletic Trainers' Association NCAA National Collegiate Athletic Association

NOCSAE National Operating Committee on Standards for Athletic Equipment

NSAID Non-Steroidal Anti-Inflammatory Drugs

NWB Non-Weight Bearing

OSHA Occupational Safety and Health Administration

OTC Over-The Counter

PCL Posterior Cruciate Ligament

PFP Patellofemoral Pain
PIP Proximal Interphalangeal

PNF Proprioceptive Neuromuscular Facilitation

PPE Personal Protective Equipment
PPE Pre Participation Examination
PPO Preferred Provider Organization

pps Pulse Per Second

PRN As Needed

PROM Passive Range of Motion

QD Per Day

QID Four Times a Day ROM Range of Motion

RROM Resistive Range of Motion

RTP Return-to-Play

SEBT Star Excursion Balance Test

SLAP Superior Labral Tear from Anterior to Posterior

SOAP Subjective, Objective, Assessment, Plan

SRC Sport Related Concussion
STD Sexually Transmitted Disease
STI Sexually Transmitted Infection

TBI Traumatic Brain Injury

TENS Transcutaneous Electrical Nerve Stimulation

TID Three Times a Day

WBGT Wet-Bulb Globe Temperature

WNL Within Normal Limits

X-ray Radiographs

COMMON REASONS FOR REJECTION OF ORIGINAL RESEARCH ABSTRACTS

- Fatal flaw in design or methods
- Significance/importance of research not established
- Information requested within structured heading is not provided
- Poor overall clarity of writing with spelling errors and grammatical errors
- Unclear specific aim(s) or objective(s)
- Data does not match/support specific aim and/or conclusion
- Lack of operational definitions of primary independent and dependent variables
- Necessary definitions are excluded: of groups (e.g., training vs. non), conditions (e.g., fatigue, DOMS), variables (e.g., TTS, EMG onset, etc.)
- Missing relevant demographic data describing the subjects, including number of subjects
- Methods used do not address specific aim or objectives
- No data in the results section
- No information on survey development process and available psychometric data
- Validity and/or reliability of instrument not established
- Poor or no description of sampling methods
- No description of statistical tests used
- Inappropriate use of statistics
- No presentation of measures of dispersion (variance, standard deviation, confidence intervals, etc.) associated with results
- No specific identification of the dependent variable(s) measured: e.g., what EMG, kinematics, kinetic variables exactly (values/labels would be very beneficial)
- No description of how dependent variable(s) were measured: e.g., scapula ROM, how they trained, how they loaded the extremity, etc.
- Results don't include statistical results (where appropriate) including specific pvalues or direction of differences (ie which group was better, worse; higher or lower)
- Inaccurate conclusion or clinical relevance of data
- Inaccurate depiction of the degree of generalizability of the data
- Research not unique, novel or impactful to the practice of athletic training

COMMON REASONS FOR REJECTION OF CLINICAL CASE REPORT ABSTRACTS

- Information requested within structured heading is not provided
- Poor overall clarity of writing
- Case report not unique
- · Case report mismanaged within accepted standard of care
- Incomplete conclusion to the case report, a final outcome is not provided
- Role of AT not clearly identified in the case report
- Differential diagnosis is incomplete or incorrect format
- No final diagnosis is provided in the case
- No indication patient gave consent to report this case
- Injury progression is chronologically confusing