NATA Foundation Free Communications Program
Peer Reviewed Track Instructions

The mission of the NATA Research and Education Foundation Free Communications Program is to advance the discovery, dissemination, and application of scientific knowledge in athletic training domains through written and oral forum. This mission is realized by communicating scientific knowledge to the athletic training community through the sharing of peer-reviewed unique clinical case reports and original research reports during our annual symposium, as well as their publication in the Journal of Athletic Training.

To assure the exchange of valuable information, the NATA Research and Education Foundation uses a blinded peer-review process for abstracts following standardized guidelines, but expects abstracts to be submitted at a quality worthy of publication. Each of the 600 plus abstracts submitted annually are blinded and peer reviewed by at least two committee members. Because of the vast number of submissions and limited time and human resources, it is essential that investigators or clinicians follow these instructions precisely and copy edit their own work. There is not time to request edits to abstracts like you might receive for a manuscript. Abstracts that fail to adhere to the instructions below will likely be rejected. Provided below are example abstracts, it is recommended that you download one of the abstracts in document form and simply replace the text, but leave the headings. A large proportion of rejects are simply mechanical in nature. We have provided these instructions to increase investigator success in the submission process provided investigators read and follow these directions.

CALL FOR ABSTRACTS
for the
NATA Clinical Symposia & AT Expo
June 17-20, 2020 – Atlanta, GA

DEADLINE FOR ABSTRACT SUBMISSION IS NOVEMBER 1, 2019

* Please note the deadline is two weeks earlier than last year *

(All abstracts submitted for presentation must be submitted ONLINE.)

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. All abstracts will undergo blind review. All presentations must be of original work (not previously presented). This restriction includes any electronic/internet postings. Exceptions to this restriction are limited to athletic training organizations' state and district meetings and the NATA Athletic Training Educators' Conference.

The **Original Research Abstract** 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 Original Research Abstracts may include systematic reviews and meta-analyses but <u>not</u> critically appraised topics

(CATs).The **Clinical Case Study Abstract** should present a unique individual athletic injury case of general interest to the NATA membership.

Formatting Instructions

Prepare your abstract (on your computer) in accordance with the following instructions. You will later be directed to upload your abstract from your computer to the Abstract Manager system.

1. **Abbreviations**: Place abbreviations in parentheses after the first time the full word(s) appear.
2. **Numbers**: Use numerals to indicate numbers, except when beginning sentences.
3. **Title**: Enter the tile in the title field only. Titles should be brief, clearly describing the content of the abstract. The title should be entered in title case. For example, "This is a Properly Formatted Abstract Title".
4. **Authors and Affiliations**:
    - Provide the names of all authors, with the author who will make the presentation listed first. Enter the last name, then initials (without periods), followed by a comma, and continue the same format for all secondary authors (if any), ending with a colon. On the same line following the colon, indicate the name of the institution (including the city and state) where the research was conducted. If primary author is not at the institution where the work was completed place an * after their name and following the institution where the research was conducted the primary author can indicate their present institution (including the city and state). For collaborative projects where portions of the project were conducted at different institutions, list all authors as described above, then list institutional affiliations using the following consecutive symbols (*, †, ‡, §, ?, ¶, #, **, etc.). This content will be copied into the authors field.
    - The form will also ask for an email address for each author.
    - The form will also ask for a Twitter handle/username for the presenting author (optional).
    - To qualify for authorship, individuals must have made substantial contributions to the conception and design, or acquisition of data, or analysis and interpretation of data; drafting the abstract or revising it critically for important intellectual content; and final approval of the version to be published.
5. **The text of the body must be structured** to enable copying of the text into the appropriate fields.
    - 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.
6. **Tables and Figures**:
    - One-page for a table or figure may accompany the submission.
    - 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.
    - The table / figure MUST be referenced within the text of the abstract.
    - The figure or table must contain original material that is directly relevant to the results or conclusions of the abstract.
    - 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.
    - Figures showing participants or patients in any image (photograph, radiograph, etc.) must conceal each person's identity.

- The figure or table should be saved as a pdf in a file separate from the abstract.
- 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.
- The figure or table will not be edited. Therefore, it must be clear and easy to read or understand at the specified size. Questions about figure or table preparation should be directed to the Journal of Athletic Training editorial office: phone, 314-977-8591; e-mail jat@slu.edu

7. The required formats for the structured abstracts are listed below. For further clarification, authors should consult the AMA Manual of Style 9th edition and the instructions for authors in the Journal of Athletic Training.

8. Abstracts fall into one of the following 3 categories (Original Research, Level 1-3 Clinical Case Study, Level 4 Clinical Case Study); the author is responsible for determining the most applicable category for structuring their abstract. Each is provided with examples where applicable but the examples are not all encompassing and some may overlap. Authors should choose the format that seems to best fit and present their data or case study.

9. **Additional information required for submission**:
   - **Domain/Task**: Identify the domain and the task tied to that domain. Reference the Practice Analysis, Seventh Edition Content Outline.
   - **Learning Objectives**: The objectives should follow best practice for learning objective construction (i.e., "At the conclusion of the program, participants will be able to…" and use Bloom's Taxonomy Action Verbs; Avoid "understand" and "appreciate". Refer BOC's Developing Measurable Learning Objectives for more information. Example: "1) Describe results of a research study about changes in balance between patients with chronic ankle instability and healthy controls. 2) Review the literature in the area of chronic ankle instability as it pertains to the presented research findings."
   - **Key Take Home Message for Possible Use on Social Media** (120 characters or less): Provide a concise take home message that could be used to promote the abstract on social media.
   - **References**: Provide 1-2 key references or sources supporting the submission's content. Format according to the Journal of Athletic Training author guide.
   - **CV or bio for presenting author** must be uploaded.
   - **Disclosures and Funding Sources:** Indicate if any author has a relevant financial relationship with commercial interests that have the potential to affect the content of the abstract. If the authors have no disclosures type "The authors report no relevant financial disclosures." Indicate the funding source (and grant number if appropriate), if applicable. Please review the Policy for the Submission of the Disclosure Form and Presenter Commitment.

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 data and conclusions
- Adequacy of sample size to support conclusions

Review Criteria for All Clinical Case Study Abstracts:

- **MUST PROVIDE**: Patient Release of Information Form (retain in your files until requested)
- Completeness of requested information in each structured heading.

- Overall clarity of writing
- Originality of clinical case report
- Case managed within the standard of care
- Please also read the [Common Reasons Leading to Rejection of Clinical Case Study Abstracts](#)

Format for Original Research Abstracts

The Title of your Abstract Bolded and in Title Case
*[3 spaces]*Doe JT*, Public JQ†: *First Author's Institution Name, †Second Author's Institution.
[Blank Line]
[Blank Line]
Context: Write a sentence or two summarizing the rationale for the study, providing a reason for the study question and/or uniqueness of study. State the precise objective(s) or question(s) addressed in the report, including a priori hypotheses if applicable.

Methods: Describe the overall study design of the project reported (e.g., randomized controlled trial, crossover trial, cohort or cross-sectional). Describe the environment in which the study was conducted to help readers understand the transferability of the findings, (e.g., patient clinic, research laboratory or field). Describe the underlying target population, selection procedures (e.g., population based sample, volunteer sample or convenience sample) and important aspects of the final subject pool (e.g., number, average age, weight, height and measures of variance, years of experience or gender). Appropriate sample size should be evident. Describe the independent variables (e.g., interventions, exposure) in the study. Describe the essential pieces of the experimental methods, types of materials, measurements and instrumentation utilized, data analysis procedures and statistical tests employed. Clearly identify primary or critical dependent variables that support the primary objective(s) of the study. Provide validity and reliability information on novel instrumentation. Indicate the statistical analysis employed to answer the primary research objective(s).

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. Results should be accompanied by the exact level of statistical significance. The P value should not exceed 3 digits to the right of decimal. When the exact significance is below $P < .001$, the exact significance should be reported as $P < .001$. Tables and figures can be used to efficiently communicate the results. If tables or figures are included with the abstract they need to be referenced in the abstract.

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. Relate implications of the findings for clinical practice.

Word Count: Limited to 450 words including headings.

* The purpose of having both descriptive and inferential data is that it provides the reader with the ability to judge the concluding statements. Descriptive data provides confidence that the data are 'reliable' and provides a gauge to determine whether the inferential statistics and conclusions are meaningful. Studies reporting analysis of larger data bases with multiple variables do not need to report all descriptive data, but should provide descriptive data for those variables which the author(s) believe to be the primary outcome(s) and support the overall conclusions of the study. Tables or figures can be efficient methods to share these results.

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 <u>here</u> for sample of Consent Release Form.

CASE Study abstract guidelines update

As of August 2017 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 Terminology	New Terminology*	Abstract Format (see guidelines on following pages)
Case Study	Level 1 Validation CASE Study	Level 1-3 Clinical CASE Study Abstract Guidelines
Case Study	Level 2 Exploration CASE Study/Series	Level 1-3 Clinical CASE Study Abstract Guidelines
Case Study	Level 3 Exploration CASE Study/Series	Level 1-3 Clinical CASE Study 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.

Level 1-3 Clinical CASE Study Abstract Guidelines

The Title of your Abstract Bolded and in Title Case
[3 spaces]Doe JT*, Public JQ†: *First Author's Institution Name, †Second Author's Institution.
[Blank Line]
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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

Level 4 Clinical CASE Study Abstract Guidelines

The Title of your Abstract Bolded and in Title Case
[3 spaces]Doe JT*, Public JQ†: *First Author's Institution Name, †Second Author's Institution.
[Blank Line]
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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

ACL	Anterior Cruciate Ligament
ADL	Activities of Daily Living
AROM	Active Range of Motion
BESS	Balance Error Scoring System
BOC	Board of Certification
CAATE	Commission on Accreditation of Athletic Training Education
CAI	Chronic Ankle Instability
CNS	Central Nervous System
CT	Computed Tomography
DVT	Deep Vein Thrombosis
EMG	Electromyography
FMS	Functional Movement Screen
HRQL	Health Related Quality of Life
LCL	Lateral Collateral Ligament
LESS	Landing Error Scoring System
MCL	Medial Collateral Ligament
MRI	Magnetic Resonance Imaging
NWB	Non-Weight Bearing
PCL	Posterior Cruciate Ligament
PFP	Patellofemoral Pain
ROM	Range of Motion
RROM	Resistive Range of Motion
SEBT	Star Excursion Scoring System

ABSTRACTS WILL NOT BE ACCEPTED AFTER NOVEMBER 1, 2019