

"Call for Poster Presentations at the MPTA Spring Meeting"
April 12-14, 2019
Sheraton Westport Chalet
St. Louis, MO

Submission Deadline: Monday, March 4, 2019

Responses will be sent by March 11 via e-mail to the individual who made the submission.

Submit abstracts as Word files to Lindsay Roepe via email at mptaposters@outlook.com
Please put "**Abstract Submission:** and the title of your submission" in the subject line of your e-mail.

Abstracts for posters in the following categories will be considered:

- 1) Research Reports
- 2) Evidence in Practice

Category 1: Research Reports

Criteria for Submission

Research reports must be presentations of original scientific data collected by the author(s). Any established research format may be used (eg, clinical trials, descriptive studies, single-subject designs, case reports, qualitative methods, systematic reviews, etc).

Abstracts for research reports (except case reports) should include the following information:

Title:

Author(s): Please underline the presenting author

Institution(s):

Purpose/Hypothesis:

Subjects:

Methods and Materials:

Results:

Conclusions:

Funding Source: Please acknowledge any source of funding or support for the research, and if any of the authors have any potential for material gain as a result of the study.

Abstracts for poster case reports should include the following information:

Title:

Author(s): Please underline the presenting author

Institution(s):

Background and Purpose:

Case Description:

Outcomes:

Discussion:

Funding Source: Please acknowledge any source of funding or support for the course, and if any of the authors have any potential for material gain as a result of the study.

All abstracts submissions must include contact information (name, phone number and email address) for a contact person who can be reached up until the time of the conference.

If the abstract has been previously peer reviewed and accepted for presentation elsewhere, provide the name and date of the presentation.

Sample Abstract

See the most recent January issue of *J Orthop Sports Phys Ther* for examples of published abstracts of Research Reports.

Category 2: Evidence in Practice

In the January 2002 journal of Physical Therapy, the APTA started a new series entitled “Evidence in Practice”. The purpose of the series is to help busy practitioners learn how they can access evidence in a practical and effective manner and to illustrate how to find the available evidence to answer meaningful clinical questions. It is in hopes that practitioners will see how they can harness their enthusiasm by developing answerable questions and seeking new knowledge. The end results are intended to enhance the science underlying care and, even more importantly, increase the effectiveness of our practice. (Rothstein JM. Editor’s Note: Opportunities. *Phys Ther*. Jan 2002: 82.1). The MPTA research committee as of 2002 started accepting “Evidence in Practice Poster Presentations” with the intentions to give clinicians and students an opportunity to share their clinical questions and reviews of the literature.

Criteria for Submission

Abstracts for “Evidence in Practice” should include the following information:

Purpose: What was the clinical question that launched your search? State whether this review of the literature pertains to treatment, evaluation, prognosis or diagnosis. Using the Guide to Physical Therapists Practice, 2nd Edition, state the scope of practice toward which your question is geared.

Patient Population or Problem: Describe the relevant characteristics of subjects and or PT problems.

Methods: Describe how you went about finding the evidence including but not limited to the databases, keywords, and limits used. Describe your criteria for inclusion and exclusion for this review of the literature.

Results: Briefly summarize the data derived from your critique.

Conclusions: What can you logically conclude through the analysis of your articles? What is the clinical importance/relevance?

Discussion and Evidence Based Recommendations: Offer evidence based recommendations from your review. If applicable, compare and contrast to other published reviews.

All abstracts submissions must include contact information (name, phone number and email address) for a contact person who can be reached up until the time of the conference.

If the abstract has been previously peer reviewed and accepted for presentation elsewhere, provide the name and date of the presentation.

Sample Abstract

Evidence in Practice: Coma Stimulation. Efficacy for Patients with Traumatic Brain Injury. Hughes RM, McQueen MK, Phillips CL, Ratliff LB, Vaughn HA, Wigger BC, Williams CL. University of Missouri. HAVaughn@health.missouri.edu.

PURPOSE: This review is intended to explore the theory of a coma stimulation program, its components, and the research surrounding its efficacy. Members of the rehabilitation team, including physical therapists, should be aware of current research regarding coma stimulation for utilization in clinical decision-making. **METHODS:** A literature search was done through various internet and literature searches through OVID, PubMed, Google, Altavista, Pedro, and Medline from 1966-2003. Terms searched included “traumatic brain injury”, “coma stimulation”, “coma treatment programs”, “arousal”, and several combinations of the above mentioned and limited to English. Two randomized control trials and one cohort study will be assessed in this review. The studies’ believability were considered as the level of evidence using Sackett’s Levels of Evidence. **CONCLUSIONS:** Severe traumatic head injury hospitalizes approximately 14 out of 100,000 people in the U.S. each year, 10% of whom will remain in a coma. A coma stimulation program is one intervention used for the comatose patient. This program may include tactile, vestibular, kinesthetic, olfactory, gustatory, auditory, and visual sensory stimulation. Theoretically, coma stimulation may decrease length of coma and increase overall level of arousal. Currently there is no general consensus as to how a coma stimulation program should be implemented. It is not considered the responsibility of

one particular health care provider and no special training is necessary prior to participating in the administration of such a program.

DISCUSSIONS: The research does not support implementation of coma stimulation programs. Studies found were not of great validity or reliability to formulate solid conclusions. Outcome measures were generally lacking in specificity to coma stimulation and immediate physiological responses. Development of a specific outcome measure is needed. More research needs to be done to determine the mechanism of coma and then to determine whether a coma stimulation program would be beneficial or detrimental to the patient.

Abstract and Poster Formatting Information

Instructions for Abstract Formatting

Abstract must be attached as a Word document. Submissions must be no more than 450 words (Purpose through Conclusion) using Times New Roman 10 pt. font.

***With permission, abstracts may be printed in the MPTA newsletter and posted on the MPTA website.*

Instructions for Poster Formatting & Display

The poster should be no larger than 40" tall and 64" wide.

Authors must supply their own thumbtacks.

Review Process:

Abstracts that have been previously peer reviewed and accepted for presentation elsewhere (e.g. Combined Sections Meeting, APTA Annual Conference, etc.), will not be peer reviewed for the MPTA meeting. Please submit the abstract and provide the name and date of the previous presentation.

Submissions that have not been previously accepted for presentation will undergo a peer review process. The contact person for the submission will be notified by email regarding poster acceptance status.

Please refer all questions to: Lindsay Roepe via email: MPTAposters@outlook.com