How to prepare a submission abstract:

- Clarify if you are submitting for a poster or a platform (10-15 min) presentation.
- Each abstract should be a maximum of 300 words. Title, presenter name, and references are not included in word count.
- Include 3 relevant references. Do not cite references in the abstract. Two of your references must be from within the past 5 years.
- Use the template below. If your topic does not fit the bold headings, modify as needed.
- Single spaced, Times New Roman 12 font in a Word Document

Abstract Template:

**Title:** Title of Case Study  
**Type of Presentation:** Poster or Platform  
**Presenter(s) Name:** Name as you would like to see it in an official presentation with credentials  
**Practice Setting:** Include location along with setting (Acute, inpatient, outpatient, Neuro Day, etc.)

**Background/Purpose:** State the objective or purpose of your case study. Include an overview of your patient case.

**Intervention:** Overview of your intervention: May include frequency of care, modalities, therapeutic activity, therapeutic exercise, objective measures, outcome measures, etc.

**Outcomes:** What was the result of your intervention? Did your objective measures or standardized assessments change?

**Discussion:** Why did you achieve your outcomes? What do you want the reader/listener to learn from this case?

**References:** Include 3 references relevant to your case study. At least 2 references must be published within the last 5 years. Must be in AMA format.

AMa format: Author. Article title. Journal Title. Month Year; Volume: Inclusive page numbers.  

**Poster Summary:** (for poster presentations only) In 5 sentences or less, summarize your poster.

**Biosketch:** A brief overview of your educational history, work history, and professional positions and accomplishments.
Abstract Example:
Title: Return to Run Program after a Stroke
Type of Presentation: Poster
Presenter(s) Name: Joanne Roberts, PT, DPT, NCS
Practice Setting: Euclid Hospital Outpatient

Background/Purpose: The purpose of this case is to describe a return-to-running program for an individual after stroke. This patient was a 47 year old male who suffered a right middle cerebral artery (MCA) cerebrovascular accident (CVA) 8 months ago with residual left hemiparesis. The patient’s goal was to complete a 5K race. He presented with a left trendeleberg gait with decreased foot clearance due to tibialis anterior weakness. Gait deviations were exaggerated with running.

Intervention: The patient was seen for outpatient physical therapy (PT) intervention 2x/week for a total of 6 weeks. Intervention included body weight support treadmill (BWST) with functional electrical stimulation (FES) to facilitation normal running mechanics. Outcome measures included the Dynamic Gait Index (DGI), Tinetti Balance Assessment, and total running distance over a 20-minute period of time.

Outcomes: After the intervention, the patient was able to complete a 5K in a total time of 45 minutes using a planned interval training of running x 3 min/walking x 2 min. His DGI and Tinetti both improved by 5 points. He increased his total running distance over 20 min from 0.7 miles with 20% weight offloaded to 1.4 miles without body weight support.

Discussion: This case study supports that an individual after stroke can return to high level of cardiovascular activity with complex motor requirements with a proper training regimen.

References:

Poster Summary: The purpose of this case is to describe a return-to-running program for a 47 year old male who suffered a stroke with left sided weakness. The patient underwent 12 sessions of body weight support treadmill training. He increased his total running distance over 20 min from 0.7 miles with 20% weight offloaded to 1.4 miles without body weight support.

Biosketch:
Joanne Roberts graduated with her Bachelor of Science in Exercise Physiology from the University of Kentucky in 2005 and received her Doctorate in Physical Therapy from Washington University in 2009. After graduation, Joanne began working in the acute care setting at the Euclid Hospital. In 2012, she transitioned into an outpatient position and currently serves as the Clinical Manager of Outpatient Services at Euclid Hospital. She specializes in neurological rehabilitation and earned her APTA Board Certified Neurological Specialist Certification in 2015. Joanne currently serves as the NEOPTA Treasurer.