



2016 Call for Manuscripts (Information/Policies)

Submission Deadline: Friday, August 14 2015

Notification regarding acceptance: November 25, 2015

The Annual Conference Program Committee is accepting applications/papers for scientific manuscript presentations at the **74th Annual Scientific Conference, February 11-14, 2016** in **Austin, Texas**. If you would like your research to be considered for presentation, please submit your manuscript as soon as possible. **Manuscripts must be submitted electronically at www.acfas.org/austin** no later than **August 14, 2015** to be eligible for review by the committee.

ACFAS Manuscript Awards of Excellence winners will divide \$10,000 in prize money.

Manuscript Presentations are an oral presentation followed by a brief commentary and open floor discussion for audience participants.

Note: Manuscript abstracts will be published on the 2016 ACFAS Annual Scientific Conference web page as part of “Handouts” and will appear as submitted. Grammatical errors will be apparent; proofread carefully.

CATEGORIES

Individual category refers to papers written and submitted by private practitioners, small clinics and group practices.

Institutional category refers to papers written and submitted by colleges, educational foundations, research laboratories and post graduate educational programs.

FORMAT

Manuscripts submitted for consideration for presentation at the Annual Conference **must be Scientific Format**.

Scientific Format refers to the study/evaluation of a question and formation of a hypothesis – it could be prospective or retrospective. It involves gathering information, testing the hypothesis, interpretation of the data and drawing conclusions that validate or negate the hypothesis.

Note: A case study (collection and presentation of detailed information about a particular participant or small group) will **NOT** be accepted for the ACFAS manuscript competition. However, a case series (a group of case reports) will be accepted if a conclusion about the subject is made by the author(s).

MANDATORY FINANCIAL DISCLOSURE STATEMENT

Each author and co-author(s) of a manuscript accepted for presentation will be asked to disclose their financial relationship to the information they are presenting. Each primary author and co-author(s) will have their disclosure indicated next to their names in the Annual Scientific Conference final program.

POLICIES GOVERNING SUBMITTED APPLICATIONS/MANUSCRIPTS

Applications/manuscripts must be submitted by **August 14, 2015** to be eligible for review by the committee.

- Manuscripts will ONLY be accepted in one of the following classifications:

| | |
|----------------------------------|-----------------------------------|
| Arthroscopy | Peripheral Nerve Disorders |
| Biomechanics and Anatomy | Physical Therapy/Rehabilitation |
| Diabetic Foot | Rearfoot and Ankle Reconstruction |
| Forefoot Reconstruction | Trauma (Surgical/Conservative) |
| Heel Pain | Wound Care/Infectious Diseases |
| Orthotics/Prosthetics/Pedorthics | |

- The manuscript must be original work, not previously published.
- The same topic will not be accepted for both oral presentation and as a poster exhibit.
- Once a manuscript is submitted, revisions will not be permitted; the title cannot be changed and additional authors cannot be added.
- Manuscript titles and author names will be listed in the final program; author names will appear in the order in which they are listed in the online submission.
- Use generic names whenever possible instead of proprietary/brand names.
- The ACFAS Board of Directors, members of the Judging Panel, Chair of the Annual Scientific Conference, or employees/independent contractors of the College are ineligible to participate in the ACFAS Annual Scientific Conference manuscript competition; with the caveat that residents supervised by the above referenced parties may participate, but the above referenced parties may not receive any monetary award.
- **Notification regarding acceptance** will be sent via e-mail by **November 25, 2015** to the **Correspondent Author only** at the address provided when the manuscript is submitted; and all other **correspondence will be sent to the Correspondent Author only**. It is the responsibility of the correspondent author to communicate pertinent information to the manuscript co-authors.

Researchers are encouraged to submit their manuscript to *The Journal of Foot & Ankle Surgery*, and they may do so at the same time as (or any time after) they submit their paper for the competition. Follow all JFAS author instructions and submission requirements and submit your manuscript directly to the JFAS (www.ifas.org).

INFORMATION ABOUT THE MANUSCRIPT GRADING PROCESS

Manuscripts will undergo blinded review by designated judges. The manuscripts are evaluated on a point system (0 = Poor/Does Not Meet Minimum Standards; 1 = Fair/Meets Minimum Standards; 2 = Good/Exceeds Minimum Standards; and 3 = Excellent/Far Exceeds Minimum Standards) including the following list of considerations:

1. Compliance with Scientific Method
 - a. Abstract
 - b. Hypothesis/Purpose
 - c. Presentation of Results
 - d. Methodology
 - e. Discussion/Conclusion
 - f. Levels of Evidence (see chart below)
2. Clarity & Quality of Composition
3. Clinical Relevance
 - a. Does it add to the current body of knowledge?
 - b. Does it impact your clinical approach?

Instructions for authors submitting a paper for the “Manuscript Awards of Excellence” competition are posted on the ACFAS Web site; click on “[Instructions for Authors Submitting a Manuscript](#)”.

Note: Failure to follow *Instructions for Authors Submitting a Manuscript* will immediately disqualify your submission.

Submit your manuscript via the ACFAS Web site (www.acfas.org/austin). Click on “Submit a Manuscript”.



Levels of Evidence for Primary Research Question

| Types of Studies | | | | |
|------------------|---|--|--|--|
| | Therapeutic Studies-- Investigating the Results of Treatment | Prognostic Studies-- Investigating the Effect of a Patient Characteristic on the Outcome of Disease | Diagnostic Studies-- Investigating a Diagnostic Test | Economic and Decision Analyses-- Developing an Economic or Decision Model |
| Level 1 | <ul style="list-style-type: none"> High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals Systematic review² of Level-1 randomized controlled trials (studies were homogeneous) | <ul style="list-style-type: none"> High-quality prospective study⁴ (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients) Systematic review² of Level-1 studies | <ul style="list-style-type: none"> Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) Systematic review² of Level-1 studies | <ul style="list-style-type: none"> Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses Systematic review² of Level-1 studies |
| Level 2 | <ul style="list-style-type: none"> Lesser-quality randomized controlled trial (e.g. <80% follow-up, no blinding, or improper randomization) Prospective⁴ comparative study⁵ Systematic review² of Level-2 studies or Level-1 studies with inconsistent results | <ul style="list-style-type: none"> Retrospective⁶ study Untreated controls from a randomized controlled trial Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or <80% follow-up) Systematic review² of Level-2 studies | <ul style="list-style-type: none"> Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) Systematic review² of Level-2 studies | <ul style="list-style-type: none"> Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses Systematic review² of Level-2 studies |
| Level 3 | <ul style="list-style-type: none"> Case-control study⁷ Retrospective⁶ comparative study⁵ Systematic review² of Level-3 studies | <ul style="list-style-type: none"> Case-control study⁷ | <ul style="list-style-type: none"> Study of nonconsecutive patients (without consistently applied reference "gold" standard) Systematic review² of Level-3 studies | <ul style="list-style-type: none"> Analyses based on limited alternatives and costs; poor estimates Systematic review² of Level-3 studies |
| Level 4 | Case series ⁸ | Case series | <ul style="list-style-type: none"> Case-control study Poor reference standard | <ul style="list-style-type: none"> No sensitivity analyses |
| Level 5 | Expert opinion | Expert opinion | Expert opinion | Expert opinion |

1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.
2. A combination of results from two or more prior studies.
3. Studies provided consistent results.
4. Study was started before the first patient enrolled.
5. Patients treated one way (e.g., with arthrodesis) compared with patients treated another way (e.g., with arthroplasty) at the same institution.
6. Study was started after the first patient enrolled.
7. Patients identified for the study on the basis of their outcome (e.g., failed arthrodesis), called "cases", are compared with those who did not have the outcome (e.g., had a successful arthrodesis), called "controls".
8. Patients treated one way with no comparison group of patients treated another way.

This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see www.cebm.net.