



2013 ACFAS Poster Exhibits Guidelines (Policies & Instructions)

Before you begin your submission, please review these policies & instructions thoroughly.

Submission DEADLINE: October 15, 2012

The ACFAS Annual Conference Program Committee is accepting applications for the Poster Exhibit Competition that will be held at the 71st Annual Scientific Conference on February 11-14, 2013, in Las Vegas, Nevada. If you would like your research to be considered for presentation, submit your application and abstract by the **October 15, 2012 deadline** via the online submission system.

WHAT IS A POSTER EXHIBIT?

Poster presentations are graphically illustrated, self-explanatory presentations of recent findings. Authors illustrate their findings by displaying graphs, photographs, diagrams, and limited text on poster boards that are 3.5 feet high x 7.5 feet wide. **Poster size should not exceed 3.5 feet high x 7.5 feet wide.** Posters will be displayed at the Annual Conference for 2 ½ days, February 11-13, 2013.

POLICIES GOVERNING POSTER SUBMISSIONS

Poster abstracts must be submitted via the online submission system by **11:59 pm on October 15, 2012** to be eligible for review by the committee. **Late submissions will not be accepted.**

- **Mandatory Financial Disclosure**

Conflict of Interest/FDA Relationship Disclosure is required of all authors of a poster abstract/exhibit. If a poster submission is accepted, the FDA disclosure of all authors will be indicated next to their names in the Annual Scientific Conference final program.

- **Poster Submission Limit**

- [ACFAS Student Club](#): A maximum of 1 poster per “ACFAS Student Club” will be accepted.

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

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

POLICIES GOVERNING POSTER SUBMISSIONS (CONTINUED)

- Submitted abstracts will be used to determine if your poster meets the ACFAS standards for presentation. Additionally, the accepted abstracts are part of the judging process for the poster competition.
- Once a poster abstract is submitted:
 - Poster titles cannot be changed.
 - Additional authors cannot be added and author names cannot be changed
- High quality, **completed** abstracts should be submitted.
- The “Level of Evidence” must be entered in the online submission system for your abstract to be considered for acceptance.
- **Case reports** are required to have a **minimum follow-up of 10 months prior to submission; follow-up time must be entered in the online submission system** for your abstract to be considered for acceptance.
- Poster authors will be listed in the Conference final program in the order their names are listed in the online submission; and poster titles will be printed as they appear on the submission.
- **Commercial terminology** (company/product name) is discouraged; use generic terminology whenever possible.
- The same topic will not be accepted for both oral presentation and as a poster exhibit.
- **Notification regarding acceptance of posters** will be sent by **Friday, December 14, 2012**. Correspondence will ONLY be sent to the correspondent author (the person identified in the submission as the correspondent author); correspondence will NOT be sent to co-authors. **It is the correspondent author’s responsibility to communicate all information to their poster team.**

Reminders:

- **References:** Number references consecutively in the order of their first use in the text (not alphabetically).
- **Text:** Keep captions and all posted written material to a minimum.
- **Poster Boards:** Attach poster exhibits to the board with pushpins or thumbtacks. **Bring your own pushpins/thumbtacks.**
- **Handout material** may be provided by the author(s).

Please note:

- 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 Poster Exhibit 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.

Disclaimer:

The ACFAS does not endorse any procedures/treatments represented in the posters displayed in the Annual Scientific Conference Poster Exhibit.



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 $\geq 80\%$ 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.

INSTRUCTIONS FOR SUBMITTING YOUR POSTER ABSTRACT

2. **Before you begin your online submission**, determine the correct “Format” for your study (see page 5). Student club and commercial category definitions are also on page 5.
3. Submit your application online at: <http://cme.acfas.org/abstract>
4. **Returning Users:** Log-in using your regular ACFAS login information (usually this is your ACFAS ID number and your last name). If you do not know your ACFAS login and password, please request that it to be emailed to you.

New Users: After confirming that you **do not** have an ACFAS assigned ID, go to “Create a New Record” and click on the “Make New” button to enter your information.

5. **Entering your abstract into the online submission system:**
 - **Title:** Type the title of your abstract exactly as you would like it to be published. The title should be brief *and* clearly indicate the nature of the study. **Please do not enter the title in all caps or all lower case.**
 - **Author Name(s):** In the space provided, list the author names and their degree/designation (i.e., DPM, FACFAS, AACFAS, MD, DO, MPH, PhD)
 - **Abstract:** **You must complete all sections (including follow-up time *prior* to submission) for your abstract to be considered for acceptance.** The online submission will require a short summarization of your study (maximum of 250 words) including the following:
 - Statement of Purpose: Statement that explains what you want to investigate and the rationale behind your choice of study.
 - Methodology: Methodology consists of a brief description of the target sample, including sample size and demographics if relevant, as well as the general design of the study (retrospective chart review, experimental design, survey-based design, qualitative research, etc.) and statistical analysis.
 - Procedures
 - Results: Results must be clearly presented and summarized.
 - Discussion: Must be based on the study results and integrated with the statement of Purpose, and the literature review.
 - Level of evidence
 - Length of follow-up – this applies to case-study poster abstracts only.
 - **Abbreviations** may be used (Index Medicus). Please spell out the terminology, followed by the abbreviation in parentheses. Thereafter, abbreviations only may be used.
 - **Commercial terminology** (company/product name) is discouraged; use generic terminology whenever possible.
6. **Notification regarding acceptance** of posters will be sent via e-mail by **Friday, December 14, 2012.** All correspondence will only be sent to the correspondent author (the person identified in the submission as the correspondent author); correspondence will not be sent to co-authors. **It is the correspondent author’s responsibility to communicate all information to their poster team.**

INSTRUCTIONS FOR SUBMITTING YOUR POSTER ABSTRACT (CONTINUED)

CATEGORY DEFINITIONS

- **Student Club category** research may be submitted by ACFAS Student Clubs for consideration as poster exhibits. Only one (1) poster is accepted from each Student Club. The Student Club entry is to be a group effort, not an individual submission. **Students may not be listed as authors of any other posters. Faculty members may not be listed as authors or co-authors of a Student Club poster.**
- **Commercial category** refers to a poster designed to display a product by the company's trademark name for the product (i.e., it is commercial to use the name Symphony when referring to the specific product, but calling it platelet-derived growth factor would not be commercial). The poster typically will not include new (i.e., previously un-presented) research data to support usage. The poster may appear as a billboard type presentation, or may include data that has previously been published.

Commercial posters cannot be submitted online. For information regarding submission of commercial posters, fees, and the submission process, visit the ACFAS Web site at www.acfas.org/lasvegas (Exhibitor Prospectus and Sponsorships). Or you may contact Maggie Hjelm in the Education Department. E-mail: hjelm@acfas.org; Phone: 800.421.2237 x1321.

FORMAT DEFINITIONS

- **Case Study format** refers to the collection and presentation of detailed information about a particular participant or small group, frequently including the accounts of subjects themselves. A form of qualitative descriptive research, the case study looks intensely at an individual or small participant pool, drawing conclusions only about that participant or group and only in that specific context. Researchers do not focus on the discovery of a universal, generalizable truth, nor do they typically look for cause-effect relationships; instead, emphasis is placed on exploration and description. **Note: Case reports are required to have a minimum follow-up of 10 months prior to submission.** (See example abstract on page 6.)

A **case series** is a group of case reports. It is preferred to use the scientific format in this situation if a conclusion about the subject is made by the author(s).

- **Scientific format** refers to the study/evaluation of a question and formation of a hypothesis and the development of methodology directed to addressing the 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. (See example abstract on page 7.)



EXAMPLE OF A CASE STUDY ABSTRACT

Title: Percutaneous Locking Plate Fixation of a Pilon Fracture: A Case Report.

Authors: Thomas Lee, DPM & Neal M Blitz, DPM

Institution: Kaiser Permanente Medical Centers

Classification: Rearfoot & Ankle Reconstruction

Category:

Format: Case Study

Length of follow-up (case studies only): 12 months

Level of Evidence:

Classification: Rearfoot & Ankle Reconstruction

Statement of Purpose: Complicated fractures of the tibial plafond are associated with high rates of complications. Techniques that limit iatrogenic soft tissue disruption has led to better outcomes and decreased complications.

Literature Review: We present a case where a contoured distal tibial locking plate (Zimmer, Warsaw Indiana) was used percutaneously for a pilon fracture with an articular and metaphyseal component (AO/OTA Type C2).

Case Study: A retrospective chart and radiographic review of a # year old female was performed with a 12 month follow-up. Objective and subjective assessment was obtained using the ACFAS rearfoot scoring system. Temporary fracture stabilization was obtained with a monorail external fixator to maintain leg length and allow for soft tissue recovery. Two weeks later, definitive pilon fixation was performed with a percutaneously placed locking plate. The associated fibula fracture was repaired with a traditional open method.

Results: The patient was non-weightbearing for 8 weeks postoperatively. No soft tissue or osseous complications were encountered. Ankle exercises began 4 weeks postoperatively. Protective weightbearing was allowed with radiographic healing of the metaphysis at two months postoperatively. Sneakers were tolerated at 3 months. The ACFAS rearfoot score was #/100.

Analysis & Discussion: With the advent of locking plate technology, percutaneous fixation of long bone and metaphyseal fractures has increased; however, to our knowledge it has not been previously reported for pilon fractures. Introducing locking plates percutaneously allows for the delivery of a stable internal fixation construct with limited soft tissue envelope disruption. It is hoped that this approach to pilon fracture repair will further decrease complications and improve outcomes.



EXAMPLE OF A SCIENTIFIC ABSTRACT

Title: Bilateral Single Stage Middle Facet Coalition Resection Combined with Flatfoot Reconstruction

Authors: Klaus J. Kernbach, DPM & Neal M Blitz, DPM

Institution: Kaiser Permanente Medical Centers

Format: Scientific

Length of follow-up (case studies only):

Level of Evidence:

Category: Institution

Classification: Rearfoot & Ankle Reconstruction

Statement of Purpose: Failed middle facet tarsal coalition resections that are associated with pes planovalgus may undergo a flatfoot reconstruction as a secondary procedure. Concomitant single-stage treatment of the flatfoot has been touched upon previously but not fully explored. We present our limited experience with 4 feet (2 patients, bilaterally) who underwent this combined single-stage approach.

Methodology: A retrospective review of 2 patients (ages 12 and 17) was performed with a follow-up of 13 and 15 months, respectively. Unilateral surgery was performed in all cases with at least 6 months before their contralateral reconstruction. Objective and subjective assessment was obtained using the American Orthopaedic Foot and Ankle Society (AOFAS) ankle-hindfoot scoring system.

Procedures: Single-stage bilateral resection of talocalcaneal middle facet coalition with flatfoot reconstruction involved a combination of the following procedures: Evans calcaneal osteotomy, medializing calcaneal osteotomy, medial column fusion, tendoachilles lengthening, and flexor digitorum longus transfer to posterior tibialis tendon.

Results: The mean post-operative AOFAS score was 94. Mean radiographic values for calcaneal inclination, Meary's, and AP talar-1st metatarsal angles improved 10.25 ($p = 0.0047$, statistically significant), 3.75 ($p = 0.0767$) and 5.5 degrees ($p = 0.1595$) respectively. All feet demonstrated improved subtalar joint motion.

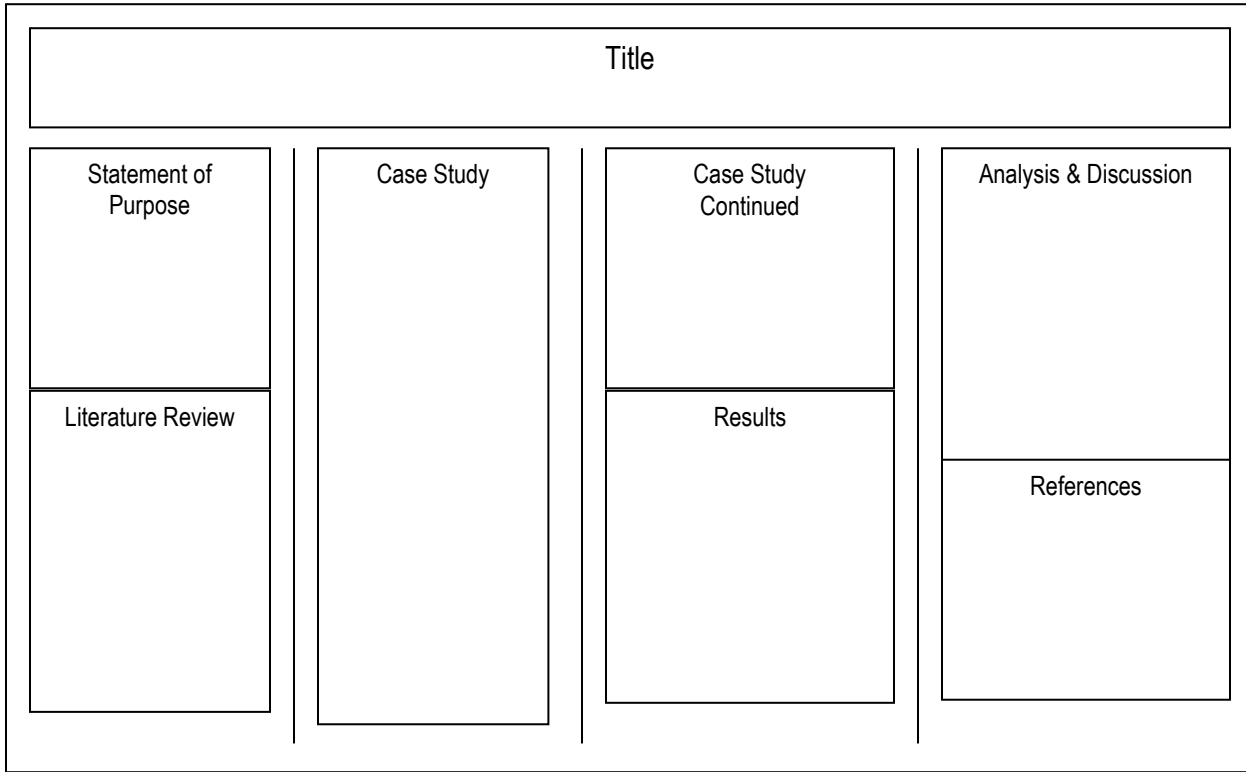
Analysis & Discussion: We report an expanded concept in the surgical management of talocalcaneal middle facet coalition that combines coalition resection with flatfoot reconstruction in a single-stage operation. It is hoped that this combined approach to talocalcaneal coalition will delay or obviate future rearfoot arthrosis and the need for arthrodesis.

EXAMPLE OF POSTER – CASE STUDY FORMAT

Please remember, that the overall visual appearance will be assessed by the judges. **The size of the poster should not exceed the dimensions, 3.5 feet high x 7.5 feet wide.** Position each section sequentially beginning with the Purpose, Literature Review, Case Study, Results, Analysis and Discussion, and References (references should be noted numerically in the order used in text). Use generic names whenever possible instead of proprietary/commercial names.

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Key questions Poster Judges will consider:

Case Study Posters

1. **Title (+1 point)**
Does the title of the poster clearly describe the purpose of the study?
2. **Statement of Purpose & Literature Review (+10 points)**
Is the statement of purpose clearly defined?
How well does the literature review provide adequate rationale for the presented case study?
Is the literature review presented in an organized manner?
Is the literature review current and up to date with the most recent data presented?
3. **Case Study (+20 points)**
Is the case study presented in an organized, chronological manner?
Is the past medical history and history of present illness clearly explained?
Are the physical findings fully explained?
Is there adequate information provided regarding test/lab results?
Are appropriate imaging studies presented?
Are the relevant positive and pertinent negative results reported?
Is the clinical decision making process well reviewed?
4. **Discussion (+10 points)**
How well does the discussion tie to the research question?
How well does the discussion tie to the literature review?
How well does the discussion tie to the case study?
5. **Overall Educational Value (+5 points)**
How well does the poster exhibit provide an education value to the reader?
Is the case study interesting and present a novel pathology or treatment?
6. **Aesthetics (+5 points)**
Are the photos descriptive and sufficient in demonstrating the pathology?
Were all of the elements of the poster easy to follow (Balance of design-layout, use of colors, lettering, neatness)?
Does the size of poster fit nicely on the poster board (no larger than 3.5' X 7.5')?
7. **Commercialism (-10 points)**
Was there any commercialism? If yes, take 10 points off the total score.

Please use the table below as a point reference:

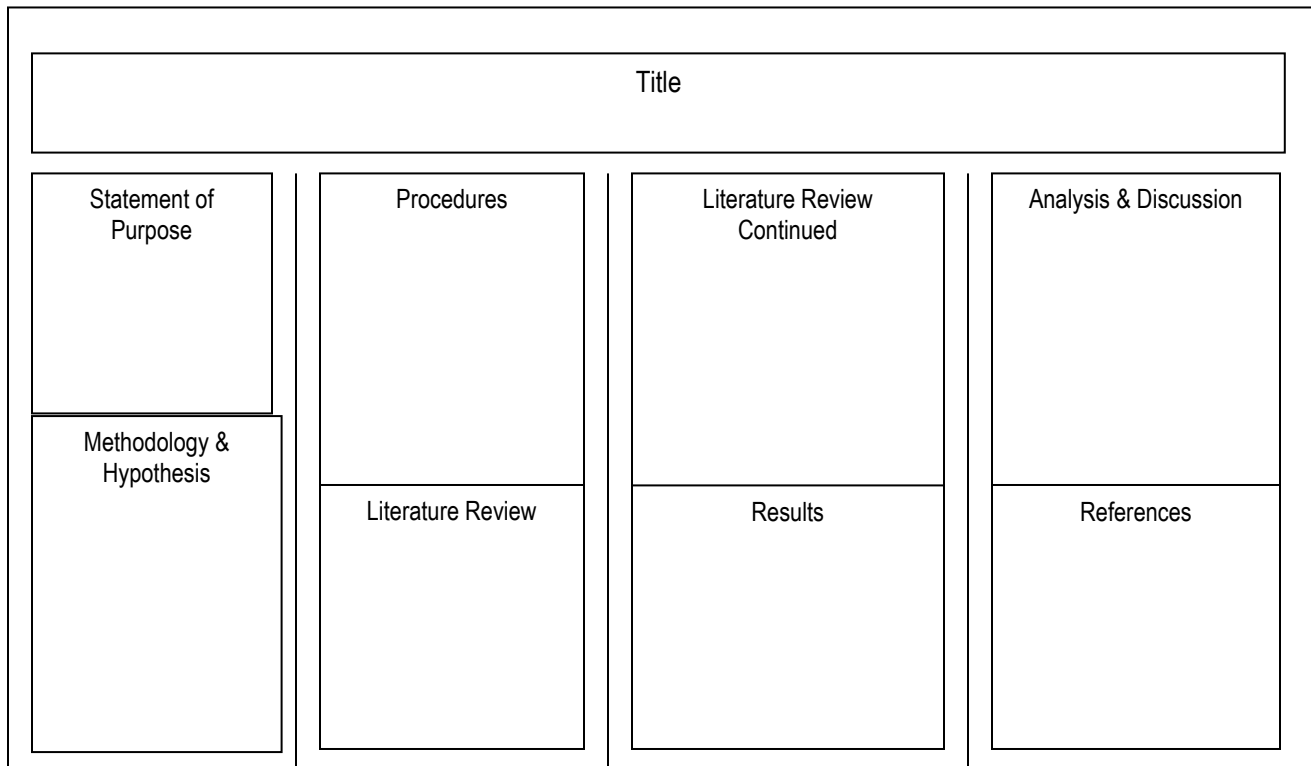
Point Scale			
5	10	20	Outstanding
4	8	16	Excellent
3	6	12	Good
2	4	8	Average
1	2	4	Fair

EXAMPLE OF POSTER – SCIENTIFIC FORMAT

Please remember that the overall visual appearance will be assessed by the judges. **The size of the poster should not exceed the dimensions, 3.5 feet high x 7.5 feet wide.** Position each section sequentially beginning with the Purpose, Methods, Procedures, Literature Review, Results, Discussion, and References (references should be noted numerically in the order used in text). Use generic names whenever possible instead of proprietary/commercial names.

← 7.5 Feet →

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Key questions Poster Judges will consider:

Scientific Posters

- Title (+1 point)**
How well does the title capture the essence of the poster?
- Statement of Purpose & Literature Review (+10 points)**
Is the statement of purpose well described?
Have the study endpoints been well described?
How well does the literature review provide adequate rationale for the study?
Is the literature review presented in an organized manner that leads to the purpose or rationale of the study?
Is the literature review comprehensive and up to date?
- Methodology & Procedures (+10 points)**
Is the explanation of procedures clear and concise?
Do the methodology and procedures follow scientific standards?
Are the demographics of the study population well defined?
Was the choice of statistical analysis used well described and appropriate?
- Results (+10 points)**
Is the data sound and well controlled?
Was the statistical data analysis clearly explained?
Do the tables and figures compliment the statistical data properly?
- Analysis & Discussion (+10 points)**
Do the data support the conclusions reached?
Are the interpretations biased?
Were the interpretations overly positive or negative?
How well does the discussion tie to the research question, to the literature review, and to the results?
- Overall Educational Value (+5 points)**
How well does the poster exhibit provide an education value to you?
Is the study novel and provide new data to the body of scientific literature?
Was a clear conclusion reported?
- Aesthetics (+5 points)**
Was the text free of grammatical and spelling errors?
Were all of the elements of the poste exhibit easy to follow? (Balance of design-layout, use of colors, lettering, neatness)?
Does the size of poster fit nicely on the poster board (no larger than 3.5' X 7.5')?
Were the photos appropriate and visually compliment the study?
- Commercialism (-10 points)**
Was there any commercialism? If yes, take 10 points off the total score

Please use the table below as a point reference:

Point Scale		
5	10	Outstanding
4	8	Excellent
3	6	Good
2	4	Average
1	2	Fair