



## **2026 Call for Manuscripts Information and Policies**

**Submission Deadline: October 21, 2025**

**Notification** regarding acceptance will be sent **by December 19, 2025**

**Manuscript Presentations** are **live** oral presentations followed by a brief commentary and open floor discussion for audience participants.

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

**Scientific Format** is defined as 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.

**Case Studies** (collection and presentation of detailed information about a particular participant or small group) will **NOT** be accepted for the ACFAS manuscript competition.

### **Mandatory Financial Disclosure Statement**

Each author and co-author(s) of a manuscript accepted for presentation **are required to disclose** to the program audience any real or apparent conflicts of interest regardless of whether the potential conflict relates to the specific topic 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.

**Correspondence**—Notification regarding acceptance and all other correspondence will be sent via e-mail to the **Correspondent Author only** at the e-mail address provided in the submission. **It is the responsibility of the Correspondent Author** to communicate pertinent information to all manuscript co-authors.

**\$10,000 in prize money** will be divided by winners of the ACFAS Manuscript Awards of Excellence.

1<sup>st</sup> Place: \$3,000; 2<sup>nd</sup> Place: \$2,500; 3<sup>rd</sup> Place: \$1,500; 4 Honorable Mentions: \$750 each

### **Policies Governing Applications/Manuscripts**

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

- Manuscript must **be original work**.
- Manuscript must **not be previously published**.
- The same topic will **not** be accepted for both oral presentation and as a poster exhibit.
- **Use generic names** whenever possible instead of proprietary/brand names.
- Once a manuscript is submitted, online revisions will **not** be permitted – No exceptions!
- 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.
- 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.

**Instructions for Authors Submitting a Manuscript** are posted at [acfas.org](http://acfas.org); failure to follow these instructions will disqualify the submission.

**Researchers are encouraged to submit their manuscript to *The Journal of Foot & Ankle Surgery (JFAS)*, and they may do so at the same time as (or any time after) they submit their paper for the competition.**

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### **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/Impact
  - a. Does it add to the current body of knowledge?
  - b. Does it impact your clinical approach?

### **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"> <li>High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals</li> <li>Systematic review<sup>2</sup> of Level-1 randomized controlled trials (studies were homogeneous)</li> </ul>	<ul style="list-style-type: none"> <li>High-quality prospective study<sup>4</sup> (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>
Level 2	<ul style="list-style-type: none"> <li>Lesser-quality randomized controlled trial (e.g. &lt;80% follow-up, no blinding, or improper randomization)</li> <li>Prospective<sup>4</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-2 studies or Level-1 studies with inconsistent results</li> </ul>	<ul style="list-style-type: none"> <li>Retrospective<sup>6</sup> study</li> <li>Untreated controls from a randomized controlled trial</li> <li>Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or &lt;80% follow-up)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Development of diagnostic criteria on basis of consecutive patients (with universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>
Level 3	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> <li>Retrospective<sup>6</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>Study of nonconsecutive patients (without consistently applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Analyses based on limited alternatives and costs, poor estimates</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>
Level 4	Case series <sup>8</sup>	Case series	<ul style="list-style-type: none"> <li>Case-control study</li> <li>Poor reference standard</li> </ul>	<ul style="list-style-type: none"> <li>No sensitivity analyses</li> </ul>
Level 5	Expert opinion	Expert opinion	Expert opinion	Expert opinion
<ol style="list-style-type: none"> <li>A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.</li> <li>A combination of results from two or more prior studies.</li> <li>Studies provided consistent results.</li> <li>Study was started before the first patient enrolled.</li> <li>Patients treated one way (e.g., with arthrodesis) compared with patients treated another way (e.g., with arthroplasty) at the same institution.</li> <li>Study was started after the first patient enrolled.</li> <li>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”.</li> <li>Patients treated one way with no comparison group of patients treated another way.</li> </ol> <p>This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see <a href="http://www.cebm.net">www.cebm.net</a>.</p>				