MAATA CALL FOR PROFESSIONAL AND STUDENT FREE COMMUNICATION ABSTRACTS

Mid-Atlantic Athletic Trainers' Association Annual Symposium
Founders Inn & Spa, Virginia Beach, VA
May 17-19, 2024

Deadline For Abstract Submission: March 15, 2024 @ 11:59 PM

Abstracts are currently being accepted for the 2024 Free Communication Presentations at the Mid-Atlantic Athletic Trainers' Annual Symposium. Any abstract accepted for presentation at the 2024 National Athletic Trainers' Association Annual Conference and Symposium is also eligible for presentation at the MAATA Annual Symposium. Please forward the NATA acceptance letter to maatad3freecomm@gmail.com.

Eligible Participants:
Individuals wanting to submit to present must meet one of the following categories. Priority will be given to individuals in District III.

1. **Professional:** at the time of submission, the lead author holds the ATC credential and is not enrolled in a professional athletic training program
2. **Student:** at the time of submission, the lead author is enrolled in a professional athletic training program

Review of Submissions:
All abstracts will undergo a blind review by the Selection Committee. Abstracts that do not meet the submission and format criteria will not be reviewed. There is no allotted time to make edits after abstract submission; therefore, if instructions are not followed the abstract will likely be rejected. A large portion of rejections are mechanical in nature.

Abstract Categories:

1. **Original Research:** must be written to the accepted scientific standards of a research area and should present findings about healthcare issues that relate to the athletic training profession. This may include systematic reviews and meta-analyses but not critically appraised topics (CATs).
2. **Clinical CASE Study Levels 1-4:** should present a unique individual injury or medical condition case that would be of general interest to improve patient care provided by athletic trainers. The NATA Research and Education Foundation provides specific resources to assist in determining the level, which you are encouraged to review: https://www.natafoundation.org/wp-content/uploads/2024-Peer-Review-Track-Instructions.pdf
3. **Critically Appraised Topic:** must provide the best available evidence to answer a focused clinical question using publications from the prior 10 years (preferably 5 years) summarizing at least 3 published manuscripts.
4. **Survey Research:** must be written to the accepted scientific standards of a research area and should present findings about healthcare issues that relate to the athletic training profession.
5. **Qualitative Research:** must be written to the accepted scientific standards of a research area and should present findings about healthcare issues that relate to the athletic training profession.
6. **Mixed Method Research:** must be written to the accepted scientific standards of a research area and should present findings about healthcare issues that relate to the athletic training profession.

Submission Instructions:

1. All abstracts must be submitted electronically via the Google Form link: https://forms.gle/2qkuQNjp8zXz7Etr7
2. Direct any questions to:

Tom Campbell, PhD, LAT, ATC
MAATA Free Communication Chair
Maatad3freecomm@gmail.com
757-683-4518

3. Selection of oral or poster presentations will occur by early April and individuals will be notified of acceptance or rejection via email.
4. If accepted, the presenter will need to confirm their attendance within 1 week. Poster Presentations are conducted in a thematic fashion - - the presenter(s) are positioned by their poster and engage in question-and-answer discussion with conference attendees. Oral presentations are conducted as a PowerPoint presentation to an audience.

There is no remuneration for presenters of accepted free communications; however, the presenters are eligible for 5-10 Category B continuing education units if accepted.

Abstract Content:

1. Top, bottom, right, and left margins of the body of the abstract (in a PDF file) should be set at 1" using the standard 8.5" x 11" format. Use a regular font no smaller than 11pt. Provide the title of the abstract in title case (i.e. This Is The Proper Abstract Title Format) starting at the left margin. Do not justify the right margin. Titles should be brief, clearly describing the content of the abstract.
2. On the next line, indent 3 spaces and provide the names of all authors, with the author who will make the presentation listed first. Enter the last name, then initials (without periods), followed by a comma, and continue the same format for all secondary authors (if any), ending with a colon. If any author is affiliated with another institution where the project was not conducted, use the * after their name and after the institution (including city and state).

   If more than one symbol is needed, please use additional symbols (*, §, ?, ¶, #, **).
3. On the same line following the colon, indicate the name of the institution (including the city and state) where the research was conducted.
   Example:
   Title Placed Here In Title Case
   Adkinson C, Hildebrand EE: Institution, City, State
4. Double space and begin entering the body of the abstract flush / justified left. The text of the body must be structured appropriately (explained on the NATA Research and Education Foundation website). Do not justify the right margin. Please include the word count at the end of the abstract.
5. Abbreviations may be used; place any abbreviation in parentheses after the first time the full word(s) appear.
6. Numbers should be written as numerals except if it is the first word in a sentence.
7. Follow the guidelines listed below for headers and abstract body content:

Original Research

Context: Write a sentence or two summarizing the rationale for the study, with a reason for the study question and/or uniqueness of the study. State the objective(s) or question(s) addressed to include a priori hypotheses if applicable. The objective/purpose statement MUST identify the target population, intervention or exposures, and outcomes.

Methods: Describe the overall study design (i.e. randomized controlled trial, mixed method, cross-sectional). Describe the environment in which the study was conducted so the reader can consider the transferability of the findings (i.e. clinic, laboratory, classroom). Describe the underlying target population, sampling procedures (i.e. population based, convenience), and important aspects of the final participant pool (i.e. number, average age, average years of experience). Appropriate sample size should be evident. Describe the independent variables (i.e. intervention) and critical dependent variables that support the objectives of the study. Describe the essential pieces of the experimental

methods, types of materials, measurements and instrumentation utilized, data analysis procedures, and statistical tests employed. Provide validity and reliability information or novel instrumentation. Indicate the statistical analysis used to answer the objectives.

Results: The main results should be reported. Comparative reports must include descriptive data (i.e. proportions, means, odds ratios, means, correlations), accompanying measures of dispersion (i.e. standard deviations or confidence intervals), and inferential statistical data. Results should include the exact level of significance. The P value should not exceed 3 digits to the right of the decimal.

Conclusions: Summarize the new and important findings of the study. The conclusion must be consistent with the study objectives and results as reported and should be no more than three to four sentences. Relate implications of the findings for clinical practice - provide a clinical take-home message/bottom line/recommendation that aligns with the objective(s). The clinical take-home message may address one or more of the following aspects of patients care: 1) financial implications, 2) equipment needs, 3) practicality of implementation, or 4) applicability of findings to various patient populations.

Word Count: Limited to 450 words, not including headings

Contributing to the Available Sources of Evidence (CASE) Study: Level 1-3

Background: Provide an overview of the condition of interest using available evidence, where appropriate. Indicate the level of the CASE study. For a Level 1 validation, the authors should give a clear description of the previously reported comparison study and highlight the most important findings. For Level 2 and 3 exploration CASE study/series, introduce the alternate, unique, or irregular presentation of the case examined compared to available evidence.

Patient: Present the clinical cases(s), including primary patient characteristics (i.e. age, sex, sport or activity, and years of experience) and diagnosis. For a case series, describe the underlying target population with measures of means and variance and important aspects of the subject pool. Pertinent aspects of the medical history should be included. Describe the patient's complaints, mechanism of injury, initial examination, diagnostic imaging, lab tests, and their commonality (i.e. characteristic, injury, postural abnormality, pathology). Describe the process that led to the diagnosis of the condition.

Intervention or Treatment: Describe the primary outcomes or results of the case. For Level 1 CASE studies, compare and contrast the outcome from the current case to the outcome of the previously reported comparison study. Compare/contrast the outcomes used in the Level 2 or Level 3 Exploration CASE studies/ series with the typical presentation of the condition as previously described. For CASE series, report whether all patients responded similarly to each other and ensure similar outcome measures were used.

Outcomes or other Comparisons: Describe the primary outcomes or results of the CASE. For type 1 CASE studies, compare and contrast the outcome from the current CASE to the outcome of the previously reported comparison study. Compare/contrast the outcomes used in the Type 3 Exploration CASE Studies / CASE Series with the typical presentation of the condition as previously described. For Case Series, report whether all patients responded similarly to each other. For this, it is important to ensure that similar outcome measures were used.

Conclusion: Interpret the findings of the study. For Level 1 CASE studies, discuss the current case in the context with the previously reported comparison study including the similarities and differences in the patient and outcomes. Discuss challenges associated with implementing the intervention from the comparison study in real life and provide recommendations for continued use of the assessment or intervention. For Level 2 and 3 CASE studies/series, discuss

the challenges associated with the case due to the atypical presentation and provide recommendations for clinical practice.

Clinical Bottom Line: Provide an overall statement of the most important clinical points. Relate implications of the CASE for clinical practice – provide a clinical take-home message/bottom line/recommendation that aligns with the objective(s). The clinical take-home message may address one or more of the following aspects of patients care: 1) financial implications, 2) equipment needs, 3) practicality of implementation or 4) applicability of findings to various patient populations.

Word Count: Limited to 600 words, not including headings.

Contributing to the Available Sources of Evidence (CASE) Study: Level 4

Background: Include the patient's age, sex, sport or activity, pertinent aspects of their medical history, a brief history of their complaint and physical findings from the examination.

Differential Diagnosis: Include all possible diagnoses suspected based on the history, mechanism of injury, and the initial examination prior to physician evaluation and/or any diagnostic imaging and laboratory tests.

Treatment: Include the physician's evaluation and state the results of diagnostic imaging and laboratory results if performed. The final diagnosis of the injury or condition should be clearly explained. The treatment and clinical course followed should be clearly detailed. Relevant and unique details should be included and the final outcome of the case.

Uniqueness: Briefly describe the uniqueness of this case such as its mechanism, incidence rate, evaluate findings, rehabilitation, or predisposing factors.

Conclusions: Include a concise summary of the case as reported and highlight the case's importance to the athletic training profession and provide the reader with a clinical learning opportunity. Relate implications of the CASE for clinical practice – provide a clinical take-home message/bottom line/recommendation that aligns with the objective(s). The clinical take-home message may address one or more of the following aspects of patients care: 1) financial implications, 2) equipment needs, 3) practicality of implementation, or 4) applicability of findings to various patient populations.

Word Count: Limited to 600 words, not including headings.

Critically Appraised Topics

Focused Clinical Question: Clear focused question typically given in PICO/PIO format.

Data Sources: Identify how relevant research papers were identified – search strategy (i.e. electronic databases, hand search), databases, timeframe of search, key words, and search limits.

Study Selection: Describe the criteria for selection - the processes through which studies were selected for inclusion for further analysis.

Data Extraction: Describe the specific outcomes that were to be gathered from the included studies.

Summary Measures: Describe the main summary measures or analyses to be used (i.e. calculation of effect sizes, odds ratios, mean differences). In other words, describe how the extracted data were organized and summarized, the statistical procedures applied, and the results (i.e., effect sizes, odds ratios and 95% confidence intervals) of the analysis.

Evidence Appraisal: Describe the method used to appraise the quality of the evidence included, addressing issues related to the internal (the ability to determine cause and effect) and external (the ability to generalize) validity of the evidence.

Search Results: Present the overall results of the number of studies screened vs. those included.

Data Synthesis: For all outcomes considered, present a summary of data for each comparison, group differences, intervention, etc. For these results point estimates and measures of variability should be presented (for example, effect sizes and confidence intervals).

Evidence Quality: Present the overall results of the Evidence Appraisal.

Conclusions: Summarize the main findings of the study. Emphasize the "answer" to the clinical question. Interpret these findings within the context of the strengths / weaknesses / biases based on the evidence appraisal.The clinical take-home message may address one or more of the following aspects of patients care: 1) financial implications, 2) equipment needs, 3) practicality of implementation, or 4) applicability of findings to various patient populations

Word Count: Limited to 450 words, not including headings.

Survey Research

Context: Write a sentence or two summarizing the rationale for the study, providing a reason for the study question. State the precise objective(s), purpose, or question(s) addressed in the report.

Methods: Describe the overall study design of the project reported (e.g., cross-sectional, case-control, longitudinal, or controlled intervention trial). Describe the environment in which the study was conducted to help readers understand the transferability of the findings (e.g., population-based, patient clinic, classroom, or athletic event). Describe the underlying target population, sample selection procedures (e.g., population based, volunteer or convenience sample, random or systematic sample, or stratified or cluster sampling), and important aspects of the final subject pool (e.g., number, average age, years of experience or gender). Provide the final response rate. Interventions are the independent variables in the study. Describe the essential pieces of the experimental methods, the mode of survey administration (e.g., in-person interview, telephone, self-administered, online, or computer-assisted), details of the survey development (formative research, pretesting for new instruments, number of items, response options), execution and data collection process, and instruments used. Provide validity and reliability information for all instruments and relevant pilot testing. Clearly identify primary or critical dependent variables that support the primary objective(s) of the study. Describe how any data were manipulated (e.g., scoring process for scaled instruments or categorization of variables). Indicate the data and statistical analysis employed to answer the primary research objective(s).

Results: The main results (quantitative or qualitative) of the study should be given. Reports must include descriptive data (e.g., proportions, means, rates, odds ratios, or correlations), accompanying measures of dispersion (e.g., ranges, standard deviations, or confidence intervals), and inferential statistical data. Results should be accompanied by the exact level of statistical significance. The P value should not exceed 3 digits to the right of the decimal. When the exact significance is below $P < .001$, the exact significance should be reported as $P < .001$. Themes and observations for open-ended questions should be described. This should include identification and brief explanation of the emergent themes.

Conclusions: Summarize or emphasize the new and important findings of the study and relate implications of the findings for clinical practice. The statement of your findings must be consistent with the results as reported and should be no more than three to four sentences. Relate implications of the findings for clinical practice – provide a clinical take-home message/bottom line/recommendation that aligns with the objective(s). The clinical take-home message may address one or more of the following aspects of patient care: 1) financial implications, 2) equipment needs, 3) practicality of implementation, or 4) applicability of findings to various patient populations.

Word Count: Limited to 450 words, not including headings.

Qualitative Research

Context: Briefly explain the rationale for the study – provide a background for the study question. State the precise objective(s) or question(s) addressed in the report.

Methods: Describe the overall study design of the project reported (e.g., critical theory or grounded theory). Describe the environment in which the study was conducted to help readers understand the transferability of the findings, (e.g., clinical setting or educational institution). Describe the underlying target population, selection procedures, and important aspects of the final subject pool (e.g., number, average age, and measures of variance, years of experience, or gender). Describe the essential pieces of the sampling methods (e.g., theoretical sampling and criterion sampling). Comment on why this number of participants was used (e.g., data saturation guided the total number of participants selected for the study). Describe data collection tool(s) (e.g., interview guide, survey development and type) and validation. Describe how the data were collected (e.g., interviews, observations, or document analysis), managed (e.g., interviews were recorded and transcribed verbatim, identify if software was used), and analyzed (e.g., the interviews were analyzed using an inductive content analysis or consensual qualitative). Include intercoder agreement information if relevant to the study. Identify any verification strategies used to ensure trustworthiness (e.g., indicate the form of triangulation or debriefing).

Results: A short description of findings, the interpretation of the data, and theme consensus should be included. This should include identification and brief explanation of the emergent themes.

Conclusions: Summarize or emphasize the new and important findings of the study and relate implications of the findings for future research aor for clinical practice. The statement of your findings must be consistent with the results as reported and should be no more than five sentences. Relate implications of the findings for clinical practice – provide a clinical take-home message/bottom line/recommendation that aligns with the objective(s). The clinical take-home message may address one or more of the following aspects of patient care: 1) financial implications, 2) equipment needs, 3) practicality of implementation, or 4) applicability of findings to various patient populations.

Word Count: Limited to 600 words, not including headings.

Mixed Method Research

Context: Write one or two sentences that summarize the rationale for the study, providing a reason for the study question. State the precise objective(s), purpose, or question(s) addressed in the report.

Methods: Describe the overall study design of the reported project (e.g., sequential explanatory/exploratory mixed methods, embedded design, concurrent parallel design). Describe the environment in which the study was conducted to help readers understand the transferability of the findings (e.g., population-based, patient clinic, classroom, or athletic event). Describe the underlying target population, sample selection, and procedures (e.g., population based, volunteer or convenience sample, or stratified, cluster, snowball sampling) for each phase of research as well as the important demographics of each subject pool (e.g., number, average age, years of experience, or gender). Interventions are the independent variables in the study. Describe the essential pieces of the experimental methods, including timing of intervention, the mode of qualitative and quantitative administration (e.g., in-person interview, face-to-face data collection, online survey, or computer assisted), details of the instrument development for new tools (e.g., interview guide, survey), and execution and data collection process. Provide validity and reliability information for all instruments. Provide the point of integration of mixed data. Clearly identify primary or critical dependent variables that support the primary objective(s) of the study. Describe how any data were manipulated (e.g., scoring process for scaled instruments

or categorization of variables). Indicate the data and statistical analysis employed to answer the primary research objective(s) and how qualitative data were checked for trustworthiness and credibility, and how quantitative inferential statistical analysis was calculated. Theme analysis should be provided.

Results: The main results of the study should be given for both qualitative (e.g., themes and observations) and quantitative (e.g., descriptive statistics, odds ratios, correlations) and how both aspects of the mixed-methods were incorporated to inform the conclusions. Results should be accompanied by the exact level of statistical significance. The P value should not exceed 3 digits to the right of the decimal. When the exact significance is below $P < .001$, the exact significance should be reported as $P < .001$.

Conclusions: Summarize or emphasize the new and important findings of the study and relate implications of the findings for clinical practice. The statement of your findings must be consistent with the results as reported and should be no more than three to four sentences. Relate implications of the findings for clinical practice – provide a clinical take-home message/bottom line/recommendation that aligns with the objective(s). The clinical take-home message may address one or more of the following aspects of patient care: 1) financial implications, 2) equipment needs, 3) practicality of implementation, or 4) applicability of findings to various patient populations.

Word Count: Limited to 600 words, not including headings.