

2016 Global Foot and Ankle Congress Poster Exhibits Policies & Instructions

APPLICATION DEADLINE: April 1, 2016

The Global Foot & Ankle Congress Committee is accepting applications for the Poster Exhibit Competition that will be held at the inaugural Global Foot & Ankle Congress 2016 in Cleveland, Ohio, USA, June 1-5, 2016. If you would like your research to be considered for presentation, submit your application and abstract by the **April 1, 2016, deadline** to Dr. Mark Hardy at hardy.mark@icloud.com. Before you submit your abstract, please review the Poster Exhibits Policies & Instructions to determine the correct “Category” and “Format” for your study.

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**. Posters will be displayed at the 2016 Global Foot & Ankle Congress for 2.5 days: June 1-5, 2016.

POLICIES GOVERNING POSTER SUBMISSIONS

Poster abstracts must be submitted to Dr. Hardy via email by **11:59 pm on April 1, 2016**, to be eligible for review by the committee. Late submissions will not be accepted.

Financial Disclosure

Authors of a poster exhibit are required to complete a Conflict of Interest/FDA Relationship Disclosure form. If a poster submission is accepted, the FDA disclosure of all authors will be indicated next to their names in the final program.

Poster Submission Limit

Individual and Institutional Categories: There is no limit on the number of posters that may be accepted from an “Individual” or “Institution”.

Student Surgery Club: There is no limit on the number of posters that may be accepted from a “Student Surgery Club”.

Posters will 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

Submitted abstracts will be used to determine if your poster meets the 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 correspondent author must indicate the “Level of Evidence” in the submission email to Dr. Hardy.
- Case reports are preferred that have a minimum follow-up of 10 months prior to submission.
- Poster authors will be listed in the Seminar’s Final Program in the same order their names appear on the submission; and poster titles will be printed as they appear on the submission.
- Notification regarding acceptance of posters will be sent by **April 1, 2016**. [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.**

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	- 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)	- 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	- Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) - Systematic review² of Level-1 studies	- Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses - Systematic review² of Level-1 studies
Level 2	- 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	- 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	- Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) - Systematic review² of Level-2 studies	- Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses - Systematic review² of Level-2 studies
Level 3	- Case-control study⁷ - Retrospective⁶ comparative study⁵ - Systematic review² of Level-3 studies	Case-control study⁷	- Study of nonconsecutive patients (without consistently applied reference "gold" standard) - Systematic review² of Level-3 studies	- Analyses based on limited alternatives and costs; poor estimates - Systematic review² of Level-3 studies
Level 4	Case series ⁸	Case series	- Case-control study - Poor reference standard	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

Required abstract information to be included in the email submission:

- **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.
- **Author Name(s):** To add author names, enter their name exactly as you would like it to be published. The name of the Primary Author must be entered first.
- **Abstract::** The email 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.
- **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.
- **Once a poster abstract is submitted:**
 - Poster titles cannot be changed.
 - Additional authors cannot be added and author names cannot be changed
 - Your submission will be assigned a unique ID #.
- **Notification regarding acceptance** of posters will be sent via email by **April 1, 2016**. 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.**

CATEGORY DEFINITIONS

Please read definitions carefully to select the appropriate category for your submission.

- **Individual category** refers to research written and submitted by private practitioners, small clinics and group practices. **Students may not be listed as authors of a poster in the individual category.**
- **Institutional category** refers to research written and submitted by colleges, educational foundations, research laboratories and post graduate educational programs. **Students may not be listed authors of a poster in the institutional category.**
- **Student Surgery Club category** research may be submitted by Student Surgery Clubs for consideration as poster exhibits. The Student Surgery Club entry is to be a group effort, not an individual submission. **Students may not be listed as authors of any other category poster. Student posters may not include faculty names as authors.**
- **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.

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.

(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, & Neal M Blitz

Institution: Kaiser Permanente Medical Centers

Classification: Rearfoot & Ankle Reconstruction

Format: Case Study

Category: Institution

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 & Neal M Blitz

Institution: Kaiser Permanente Medical Centers

Format: Scientific

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.

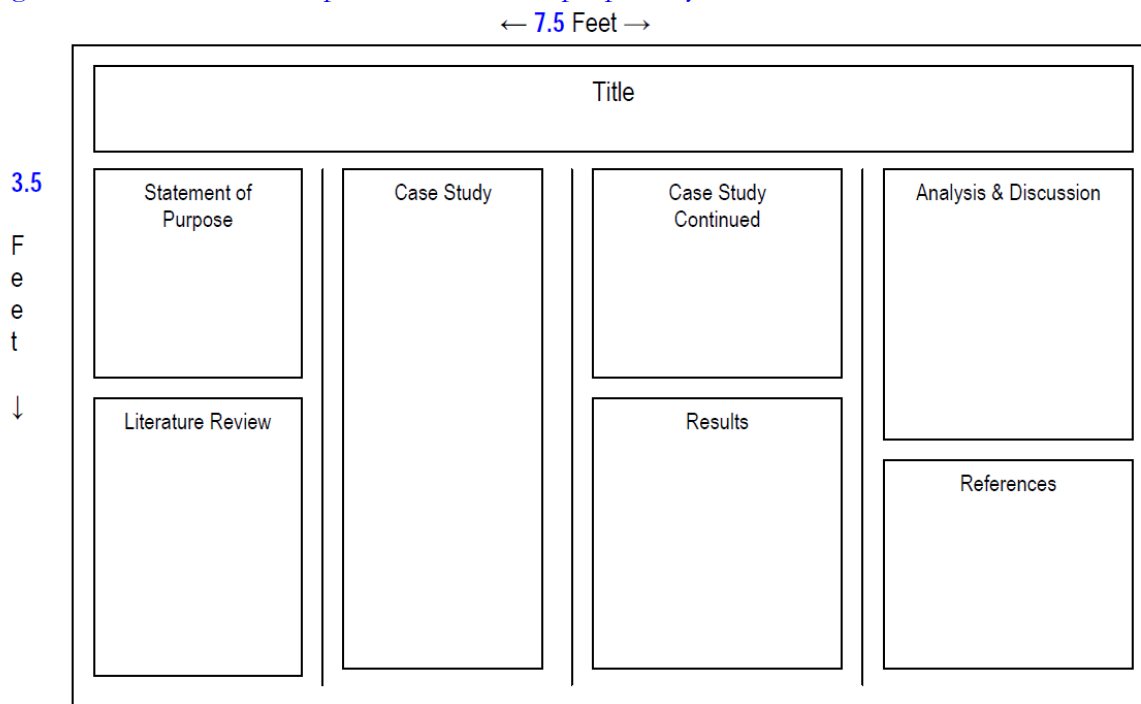
Procedures: Single-stage bilateral resection of talocalcaneal middle facet coalition with flatfoot reconstruction involved a combination of the following procedures: Evans calcaneal osteotomy, medializing calcaneal osteotomy, medial column fusion, tendoachilles lengthening, and flexor digitorum longus 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. **It is best that the size of the poster does not exceed the dimensions, 3.5' height x 7.5' width.** 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.



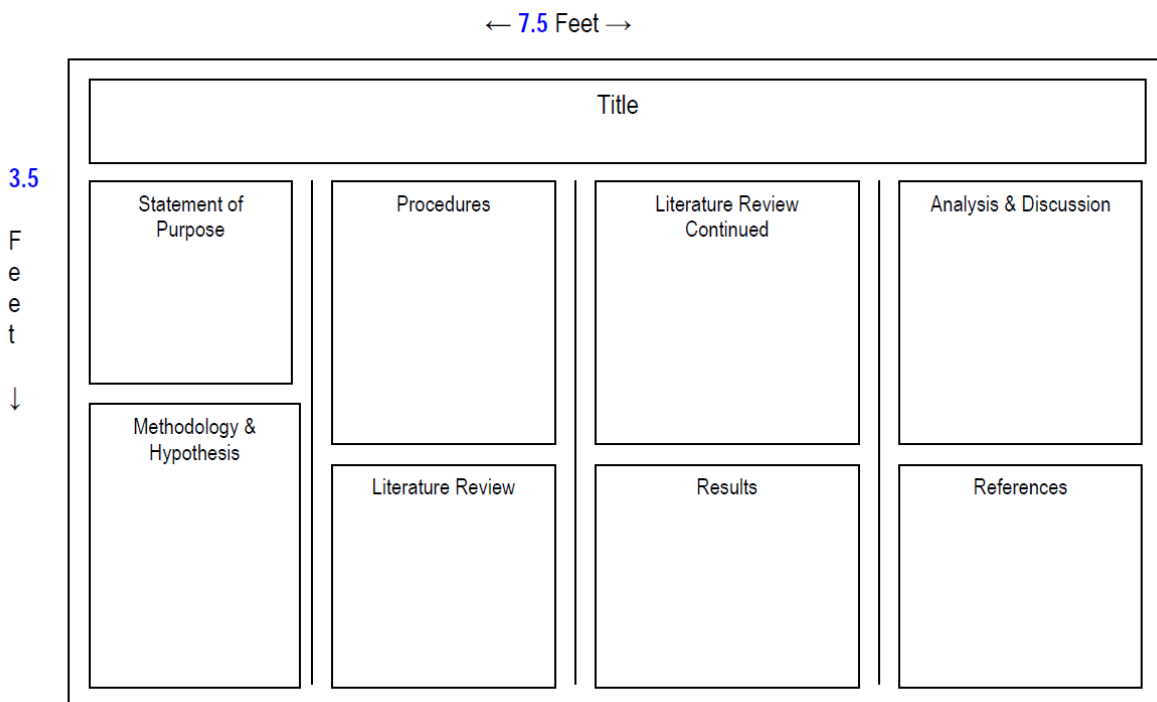
Key questions Poster Judges will consider:

Case Study Poster

- 1. Title:** How well does the title capture the essence of the poster? Does the title of the poster align with the purpose of the study?
- 2. Statement of Purpose & Literature Review:** How well does the literature review provide adequate rationale for the presented case study? Is the literature review presented in an organized manner that leads to the purpose or rationale of the case study?
- 3. Case Study:** How well is the case study presented in an organized, chronological manner? Does it provide etiology of the patients, and information and test/lab results relevant to an understanding of the progression of the case – relevant positive and pertinent negative results?
- 4. Analysis & Discussion:** How well does the discussion tie to the research question, to the literature review, and to the case study?
- 5. Overall Educational Value:** How well does the poster exhibit provide an education value to you?
- 6. Aesthetics:** Were all of the elements of the poster 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'))?
- 7. Commercialism:** Was there any commercialism?

EXAMPLE OF POSTER – SCIENTIFIC FORMAT

Please remember, that the overall visual appearance will be assessed by the judges. **It is best that the size of the poster does not exceed the dimensions, 3.5' height x 7.5' width.** 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.



Key questions Poster Judges will consider:

Scientific Posters

1. **Title:** How well does the title capture the essence of the poster?
2. **Statement of Purpose & Literature Review:** 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? Does the title of the poster align with the purpose of the study?
3. **Methodology & Procedures:** Is the explanation of procedures clear and concise? Do the methodology and procedures follow scientific standards?
4. **Results:** Was the choice of statistical measurement appropriate to the study? Was the statistical-data analysis clearly explained? Do the tables and figures compliment the statistical data properly?
5. **Analysis & Discussion:** How well does the discussion tie to the research question, to the literature review, and to the results?
6. **Overall Educational Value:** How well does the poster exhibit provide an education value to you?
7. **Aesthetics:** Were all of the elements of the poster exhibit easy to follow (Balance of design – layout, use of colors, lettering, neatness; is the size of poster fit nicely on the poster board (no larger than 3.5' X 7.5'))?
8. **Commercialism:** Was there any commercialism?