

# Minnesota Athletic Trainers' Association Annual Meeting and Symposium MATA Case Study Presentations

## MATA Student Research Abstract Proposal Guidelines

*\*\*Borrowed with permission from the GLATA Research Assistance Committee\*\**

**DEADLINE FOR ABSTRACT SUBMISSION: See MATA website for this year's deadline.**  
**Abstracts will be submitted via the MATA website.**

### Instructions for Submission of Abstracts and Process for Review of all Submissions:

Please read all instructions before preparing the abstract. Individuals may submit more than one abstract, but no individual may be the primary (presenting) author on more than one paper. The first author must be a Certified member within the MATA. All abstracts will undergo blind review.

The top two submissions will present their case study in a moderated session during the MATA Annual Meeting & Symposium (10-minute presentation with 5 minutes for questions).

### Instructions for Preparing Original Research Abstracts for Free Communications

1. Provide all information requested on the online Abstract Author Information Form on the MATA website.
2. Top, bottom, right, and left margins of the body of the abstract (in a Microsoft Word file) should be set at 1.5" using the standard 8.5" x 11" format. Use Arial, Calibri, or Helvetica font no smaller than 12pt. Provide the title of the paper or project starting at the left margin. Clinical case report/series titles should not contain information that may reveal the identity of the individual. An example of a proper title for a clinical case report is "Chronic Shoulder Pain in a Collegiate Wrestler".
3. 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.
4. On the same line following the colon, indicate the name of the institution (including the city and state) where the research was conducted.
5. Double space and begin entering the body of the abstract flush left in a single paragraph with no indentions. **The text of the body must be structured** (i.e., with the bolded headings as indicated below). Do not justify the right margin. Do not include tables, figures, or references. Abbreviations should be defined for the reader before use, except for the approved abbreviations (see below). The body of abstracts for clinical case reports must not exceed 600 words.
6. Abstracts should be prepared with the appropriate running headers within a single paragraph.

### Clinical Case Studies (Adopted from NATA REF)

**NOTE: All clinical case report abstracts submitted must have permission of the patient before submission.**

### CASE Study abstract guidelines update

As of August 2017, the CASE (Contributing to the Available Sources of Evidence) study guidelines have been revised to be more inclusive of both evidence-based and practice-based evidence. Drawing from recent publications,<sup>1-4</sup> there are now four types of CASE study abstracts. Levels 1-3 are submitted in one format, and Level 4 is submitted in a different format.

<b>Table. Comparison of types of CASE report/study based on terminology and research design</b>	<b>New Terminology*</b>	<b>Abstract Format</b> (see guidelines on following pages)
Traditional Terminology Case Study	Level 1 Validation CASE Study	Level 1-3 Clinical CASE Study Abstract Guidelines
Case Study	Level 2 Exploration CASE Study/Series	Level 1-3 Clinical CASE Study Abstract Guidelines
Case Study	Level 3 Exploration CASE Study/Series	Level 1-3 Clinical CASE Study Abstract Guidelines
Case Report	Level 4 Rare Events CASE Study	Level 4 Clinical CASE Study Abstract Guidelines

**Authors are encouraged to review the following references to determine the level of case study they are submitting:**

1. McKeon JMM, King MA, McKeon PO. Clinical Contributions to the Available Sources of Evidence (CASE) Reports: Executive Summary. *J Athl Train*. 2016;51(7):581.
2. McKeon JMM, McKeon PO. Evidence-based practice or practice-based evidence: what's in a name? *Int J Athl Ther Train*. 2016;21(1):1-3.
3. McKeon JMM, McKeon PO. New year, a new set of guidelines for making clinical contributions to the available sources of evidence. *Int J Athl Ther Train*. 2016;21(1):1-3.
4. McKeon JMM, McKeon PO. Building a case for case studies. *Int J Athl Ther Train*. 2015;20(5):1-5.

### **Level 1-3 Clinical CASE Study Abstract Guidelines**

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

**Patient:** Present the clinical case(s), including primary patient characteristics (age, sex, sport if appropriate, 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 their complaints, MOI, initial clinical examination, diagnostic imaging, lab tests, and their commonality (examples: characteristic, injury, postural/gait abnormality, pathology, MOI). Describe the process that led to the diagnosis of the condition.

**Intervention or Treatment:** Describe the management of the case, interventions used, the timeline for progression to final resolution in the case, and the specific time points when treatment was provided. Relevant and unique details should be included. For level 2 or 3 case studies/series, compare and contrast the interventions used with the typical presentation of the condition as described in the literature.

**Outcomes or other Comparisons:** 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 / 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.

**Conclusions:** 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 & 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 that can be gleaned from the current CASE study.

**Word count:** Limited to 600 words, not including headings.

#### **Level 4 Clinical CASE Study Abstract Guidelines**

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

**Differential Diagnosis:** Include all possible diagnoses suspected based on the history, mechanism of injury, and the initial clinical examination prior to physician evaluation and subsequent 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 and subsequent treatment and clinical course followed should be detailed. Relevant and unique details should be included, as well as 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.

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

#### Acceptable Abbreviations

ACL Anterior Cruciate Ligament ADL Activities of Daily Living

AED Automated External Defibrillator

AIDS Acquired Immune Deficiency Syndrome

AMA American Medical Association AROM Active Range of Motion ATP Athletic Training Program

BESS Balance Error Scoring System

BMI Body Mass Index BOC Board of Certification

BP Blood Pressure

bpm Beats per Minute CAATE Commission on Accreditation of Athletic Training Education

CAI Chronic Ankle Instability

CDC Centers for Disease Control and Prevention

CE Continuing Education

CNS Central Nervous System

COPD Chronic Obstructive Pulmonary Disease

CPM Continuous Passive Motion

CPR Cardiopulmonary Resuscitation CT Computed Tomography

DIP Distal Interphalangeal

DSM IV Diagnostic and Statistical Manual of Mental Disorders - 4th Ed. DVT Deep Vein Thrombosis

EAP Emergency Action Plan

EBP Evidence-Based Practice

ECG/EKG Electrocardiogram EMG Electromyography

EMS Emergency Medical Services

EPA United States Environmental Protection Agency

FDA US Federal Drug Administration

FMS Functional Movement Screen

HIPAA Health Insurance Portability and Accountability Act

HIV Human Immunodeficiency Virus  
HMO Health Maintenance Organization  
HR Heart Rate LCL Lateral Collateral Ligament LESS Landing Error Scoring System  
MCL Medial Collateral Ligament  
MCP Metacarpophalangeal  
MMT Manual Muscle Test MRI Magnetic Resonance Imaging  
MRSA Methicillin Resistant Staph Aureus  
MTP Metatarsophalangeal  
NATA National Athletic Trainers' Association  
NCAA National Collegiate Athletic Association  
NOCSAE National Operating Committee on Standards for Athletic Equipment  
NSAID Non-Steroidal Anti-Inflammatory Drug NWB Non-Weight Bearing  
OSHA Occupational Safety and Health Administration  
OTC Over The Counter PCL Posterior Cruciate Ligament PFP Patellofemoral Pain  
PIP Proximal Interphalangeal  
PNF Proprioceptive neuromuscular Facilitation  
PPE Personal Protective Equipment  
PPO Preferred Provider Organization  
pps Pulse Per Second  
PRN As Needed  
PROM Passive Range of Motion  
QD Per Day  
QID Four Times a Day ROM Range of Motion RROM Resistive Range of Motion  
RTP Return to Play SEBT Star Excursion Scoring System  
SLAP Superior Labral Tear from Anterior to Posterior  
SOAP Subjective, Objective, Assessment, Plan  
STD Sexually Transmitted Disease  
TBI Traumatic Brain Injury  
TENS Transcutaneous Electrical Nerve Stimulation  
TID Three Times a Day  
WBGT Wet-Bulb Globe Temperature  
WNL Within Normal Limits