INSTRUCTIONS FOR ABSTRACT SUBMISSION
(Deadline for Submissions is December 6th, 2021 at 12 Noon EST)

ACL Research Retreat IX
March 17 – 19, 2022

MEETING DETAILS:
The format will feature presentations by well-known experts in the field, as well as podium and poster presentations of research relating to non-contact ACL injury and post-traumatic osteoarthritis epidemiology, risk factor identification, and prevention in the pediatric athlete. Significant time will be provided for group discussion following each keynote and each group of podium presentations.

CONTENT:
The theme of ACL Research Retreat IX is the pediatric athlete. Despite current prevention efforts, the incidence of ACL injury continues to rise annually. Adolescent females are more likely than adolescent male athletes to injure their ACL, and this risk increases rapidly during maturation. Many adolescent females who tear their ACL do not return to their prior competitive level of sport, and those who do return are more likely than adolescent males or older age groups to suffer a second ACL injury and subsequently experience poorer health outcomes. Evidence-based screening and prevention strategies to mitigate the risk of both primary and secondary injury and to improve long-term outcomes are critically needed. Because many risk factors associated with ACL injury develop or change during physical maturation, we must better understand the maturational biopsychosocial factors that contribute to primary and secondary ACL injury and that affect both short- and long-term joint health.

All abstracts must be original research, not previously presented. Topics relating to injury epidemiology, injury risk identification and screening, prevention, short- and long-term consequence of injury, and return to play criteria (outcomes predicting success or failure) are invited. Priority will be given to submitted abstracts relevant to the pediatric athlete.

******Abstracts previously presented or accepted for presentation elsewhere will not be accepted.******

FORMAT: Please see next page for full instructions.

SUBMISSION: An original and one blinded copy of the abstract (authors and affiliations removed) with 'First author's last name initials - ACL Retreat Abstract' (eg. Smith AB – ACL Retreat Abstract) in the subject line should be emailed to: anrl@uncg.edu

Abstracts are due December 6, 2021 at 12 Noon EST. Abstracts will be blind reviewed for both content and scientific merit and will be considered for podium and poster presentations. Notification of acceptance will be given to authors in mid to late December 2021. If you do not wish your abstract to be considered as an oral presentation (i.e. considered as poster only), please designate this in your email correspondence.

For more information regarding abstract submission, please contact:
Randy Schmitz PhD ATC
rjschmit@uncg.edu

Complete information on ACL Research Retreat IX can be found online at:
https://hhs.uncg.edu/cwhw/acl-research-retreat-ix-the-pediatric-athlete-2022/

Instructions for Preparation of Abstracts
*(*ABSTRACT SUBMISSION DEADLINE: December 6, 2021 at 12 Noon EST)

Please read all instructions before preparing and submitting the abstract. An individual may submit only one abstract as the primary (presenting) author but may submit unlimited abstracts as a contributing author. All abstracts will undergo blind review. All presentations should be of original work and not previously published.

Prepare your abstract in accordance with the following instructions. Abstracts that do not comply with this format will be returned and not considered for acceptance.

1. Top, bottom, right, and left margins of the body of the abstract (in a WORD file) should be set at 1" using the standard 8.5" x 11" format. Use either Arial or Helvetica 12pt. font with single spacing. Provide the title of the paper or project starting at the top left margin.

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.

3. On the same line following the colon, indicate the name of the institution (including the city and state) where the research was conducted. For collaborative projects where portions of the project were conducted at different institutions, list all authors as described above (#3), then list institutional affiliations using the following consecutive symbols (*, †, ‡, §, ‖, ¶, #, **, etc.) See example below

4. 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** (with the headings as indicated in the various formats below). **Start each structured heading on a new line**. Do not justify the right margin. Do not include tables or figures. **The body of the abstract is limited to 450 words.** A word count generated by MS Word must be included at the bottom of the abstract. The word count should include the body of the abstract and structured headings.

5. The required formats for the structured abstract are as follows. For further clarification, authors should consult the AMA Manual of Style 11th edition.

Format for Basic Research Abstracts

The Title of your Abstract Bolded and in Title Case

[3 spaces] Doe JT*, Public JQ†: *First Author's Institution Name, †Second Author's Institution.

[Blank Line]

[Blank Line]

Context: Write a sentence or two summarizing the rationale for the study, providing a reason for the study question and/or uniqueness of study.

Objective: State the precise objective(s) or question(s) addressed in the report, including a priori hypotheses if applicable.

Design: Describe the overall study design of the project reported (e.g., randomized controlled trial, crossover trial, cohort or cross-sectional).

Setting: Describe the environment in which the study was conducted to help readers understand the transferability of the findings, (e.g., patient clinic, research laboratory or field).

Patients or Other Participants: Describe the underlying target population, selection procedures (e.g., population based sample, volunteer sample or convenience sample) and important aspects of the final subject pool (e.g., number, average age, weight, height and measures of variance, years of experience or gender). Appropriate sample size should be evident.

Interventions: Interventions are the independent variables in 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 on novel instrumentation.

Main Outcome Measures: Clearly identify primary or critical dependent variables that support the primary objective(s) of the study. Indicate the statistical analysis employed to answer the primary research objective(s).

Results: The main results of the study should be given. Comparative 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 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. The conclusion must be consistent with the study objectives and results as reported and should be no more than three to four sentences. If possible, relate implications of the findings for clinical practice.

Word Count: Limited to 450 words including headings.

** The purpose of having both descriptive and inferential data is that it provides the reader with the ability to judge the concluding statements. Descriptive data provides confidence that the data are 'reliable' and provides a gauge to determine whether the inferential statistics and conclusions are meaningful. Studies reporting analysis of larger data bases with multiple variables do not need to report all descriptive data, but should provide descriptive data for those variables which the author(s) believe to be the primary outcome(s) and support the overall conclusions of the study.*

Format for Meta-Analysis and Systematic Reviews

The Title of your Abstract Bolded and in Title Case

*[3 spaces]*Doe JT*, Public JQ†: *First Author's Institution Name, †Second Author's Institution.

[Blank Line]

[Blank Line]

Context: Write a sentence or two summarizing the rationale for the study, providing a reason for the study question.

Objective: State the precise objective(s) or question(s) addressed in the report, including a priori hypotheses if applicable.

Data Sources: Identify how relevant research papers were identified – include databases and timeframe, key words and search limits.

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

Data Extraction: Identify the number of investigators, the descriptive and measurement data obtained and if and how the quality of study methods was evaluated.

Data Synthesis: Describe how the data were organized, the statistical procedures applied (during assessment of heterogeneity) and the results (e.g., effect sizes, odds ratios and 95% confidence intervals) of the analysis.

Conclusions: Summarize or emphasize the new and important findingsof the study and relate implications of the findings for future research and/or for clinical practice and offer an indication as to the strength of the evidence provided. The statement of your findings must be consistent with the results as reported.

Word Count: Limited to 450 words including headings.