SAM 2025 POSTER COMPETITION

Thursday, January 30th -Saturday, February 1st, 2025

POSTER SUBMISSION INSTRUCTIONS

Poster Abstract/Poster PDF Image Submission Deadline:
Thursday, January 2nd, 2025 at 3pm

Poster Policies:

- Submissions are for the SAM 2025 Poster Competition
  - The written abstract of the poster as described below and a PDF of the poster image must be submitted via email to the FPMA office by Thursday, January 2nd, 2025 by 3pm. Submissions and questions should be submitted to FPMA via email to **posters@fpma.com**.

Communications:

- All communications from FPMA concerning the poster competition will only be made with the corresponding author who is designated on the poster abstract submission form.
  - Communication will include important specifics for poster acceptance, event set up/break down timing, judging, and award distributions.

Topics/Participants:

- Topics for posters should be based on lower extremity conditions/ procedures/care and must include one podiatric physician as a lead author.
  - The podiatric attendings, residents, young practitioners, and medical students listed as authors must be APMA/FPMA members in good standing. If a resident or student is the corresponding author, one attending must be registered for the SAM conference. If the participants formerly listed are not APMA/FPMA members, they must join APMA/FPMA or be removed from the competition. Only in-state residency programs will be allowed to participate at this time.
- Research must be completed prior to the poster abstract submission, with a minimum follow-up of 3 months for case studies. No edits or additional authors may be added after poster abstract submission is completed. The title in the abstract must be the same as the one displayed on the poster.
- Posters promoting a particular product should not be commercial in any way. Industry-sponsored poster abstracts should not be submitted for the competition*. Do not use any commercial terminology, i.e., names/logos of any company as points will be deducted. Logos should only include those from the respective residency program, school, or office/hospital affiliation.
- Posters will not be judged within categories. Our judging criteria will use a point system. The top posters will be presented on Saturday, February 1st, 2025 at the awards presentation following the quiz bowl in the exhibit hall.

Setup and Breakdown:

- Poster abstracts/submissions should be delivered to the conference by the

corresponding author and set up before noon on Thursday, January 30th, 2025.

- Please check in with your poster at the main sign in/registration desk for the conference. FPMA staff will assign a number to the poster which corresponds with a particular poster board for display. Bring your poster to the corresponding board for display. Pins will be provided.
- Poster breakdown must take place on Saturday, February 1st, 2025 by noon.

FPMA is not responsible for lost or damaged posters throughout the course of the conference. Corresponding authors are responsible for set up/break down of posters within the specific time frame listed above. If they fail to set up before noon on Thursday, they may be removed from the competition. If they fail to breakdown their poster, the poster may be thrown away.

Awards:

- The top poster winners will be awarded to the corresponding author on Saturday, February 1st, 2025in the exhibit hall following the student quiz bowl.

*Industry posters are welcome for display but will not be judged as part of the annual poster competition.

POSTER ABSTRACT

- The poster abstract is a summary of your poster that you will submit. The abstract should list the corresponding author as well as the other poster abstract submission requirements as listed below.

Poster Abstract Submission Requirements:
(*Please include each bullet point within your poster abstract*)

- Title of Poster
- Corresponding Author (please include email address and cell phone number)
- Authors and Affiliations
- Format (see "Format: Definitions" below)
- Length of Case/Study Follow-up
- Levels of Evidence (see chart on page 4)
- Summative Statement
- Abstract Text (poster in summary)

Format: Definitions

- CASE STUDY refers to the collection and presentation of detailed information about a particular participant or small group. 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 small group confined to the presented context. Researchers emphasize a description or exploration of a general question, not specific research questions.
  - The judging criteria for the poster competition should have each section placed sequentially (i.e., purpose, literature review, case study, analysis, discussion, and references).

- SCIENTIFIC refers to the study/evaluation of a question with the formation of ahypothesis and methodology directed to address the hypothesis. Research can be prospective or retrospective. It involves gathering information, testing the hypothesis, interpretation of the data, and drawing conclusions that validate or negate the hypothesis. Meta-analysis and systematic reviews will be accepted; however, literature reviews will not be accepted. A case series is a group of casereports greater than five subjects that typically reaches a conclusion, so the scientific research format is preferred.

- The judging criteria for the poster competition should have each section placed sequentially (i.e., purpose, methods, procedures, literature review, results, discussion, and references).

ABSTRACT DO'S:

- Submit original research or case study that has not been previously published and has a minimum of 3 months' follow-up
- Include the level of evidence (see chart on page 4)
- Complete Financial Disclosure
- List references in order of appearance, not alphabetically
- Make the poster visibly pleasing and no larger than 4' x 8'

ABSTRACT DON'TS:

- Do not use any commercial terms such as company or product name
- Do not submit a literature review
- Do not make any changes to the research, authors, or content after abstract submission

("Levels of Evidence" chart below for reference)

Levels of Evidence for Primary Research Question

Types of Studies				
Level	**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 & Decision Analyses** Developing an Economic or Decision Model
1	• High-quality RCT withstatistically significant difference or no statistically significant difference but narrow confidence intervals • Systematic review[2] of Level-1 RCT (studieswere homogeneous)	• High-quality prospective study[4] (all patients were enrolled at the same point in their disease with ≥ 80% F/U ofenrolled patients) • Systematic review[2] ofLevel-1 studies	• Testing of previouslydeveloped diagnostic criteria in series of consecutive patients (w/ universally applied reference "gold" standard) • Systematic review[2] ofLevel-1 studies	• Sensible costs andalternatives; values obtained from manystudies; multi-way sensitivity analyses • Systematic review[2] ofLevel-1 studies
2	• Lesser-quality RCT (e.g., < 80% follow-up, noblinding, or improper randomization) • Prospective[4] comparative study[5] • Systematic review[2] of Level-2 studies or Level-1 studies w/ inconsistent results	• Retrospective[6] study • Untreated controls from RCT • Lesser-quality prospective study (e.g., patients enrolled at different points in their diseaseor < 80% F/U) • Systematic review[2] of Level-2 studies	• Development of diagnostic criteria on basisof consecutive patients (w/ universally applied reference "gold" standard) • Systematic review[2] ofLevel-2 studies	• Sensible costs and alternatives; values obtained from limitedstudies; multi-way sensitivity analyses • Systematic review[2] ofLevel-2 studies
3	• Case-control study[7] • Retrospective[6] comparative study[5] • Systematic review[2]of Level-3 studies	• Case-control study[7]	• Study of non-consecutive patients (w/out consistently applied reference "gold"standard) • Systematic review[2] ofLevel-3 studies	• Analyses based on limited alternatives andcosts; poor estimates • Systematic review[2] ofLevel-3 studies
4	• Case series[8]	• Case series	• Case-control study • Poor reference standard	• No sensitivity analyses
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., w/ arthrodesis) compared with patients treated another way (e.g., w/ 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 w/ 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.

Adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see www.cebm.net.