

**NWATA Research Committee & NWATA Student Symposium
CALL FOR ABSTRACTS
OPEN: NOVEMBER 1
DEADLINE: JANUARY 10**

ABSTRACT SUBMISSION PROCESS – READ BEFORE SUBMITTING YOUR ABSTRACT

Thank you for your interest in the NWATA Free Communications Research Program and/or the NWATA Student Symposium Research Program. Our goal is to provide forums where academic faculty, clinicians, and students can disseminate research and clinical case studies. We provide a forum for dissemination of research and clinical case studies in poster and oral presentation formats.

One of our goals is to maintain as much consistency with the NATA Foundation Free Communications Program as possible. Thus, for individuals accustomed to the NATA Foundation format, much of the following instructions will sound familiar. However, we encourage all individuals to read the following instructions carefully.

There are two tracks for submission, and you will be required to select the appropriate track for your abstract.

- **Peer review track**
- **Student exchange track**

Peer review track: Leads to presentation at the NWATA Free Communications program during NWATA. All certified professionals should select this track. Uncertified students can opt into this track or select the student exchange track. All submissions will be peer reviewed for both content and mechanical errors by at least 2 peer reviewers. Authors of accepted abstracts will be invited to give either a poster or oral presentation at the NWATA Annual Meeting in March/April. Presenters will be awarded CEUs for participation in accordance with BOC guidelines: 10 CEUs for a primary authorship, 5 CEUs for secondary authorship.

Student exchange track: Leads to presentation at the NWATA Student Symposium. Only pre-certification students may select this track (certified students should select the peer-review track). All submissions will be reviewed by at least 2 student reviewers. At the time of submission, students will self-select whether they would prefer to prepare a poster presentation or oral presentation. Students selecting an oral presentation *only* may request to be simultaneously considered for both the student exchange track and peer review track.

A few notes:

1. It is allowed and encouraged to present the same research at both the district and national level. Presenting at both conferences does not violate the NATA Foundation guidelines which state, "All presentations must be of original work (not previously presented). This restriction includes any electronic/internet postings. Exceptions to this restriction are limited to athletic training organizations' state and district meetings and the NATA Athletic Training Educators' Conference."
2. Authors may only submit one abstract as primary author, but may submit an unlimited number as a co-author.
3. Authors do not have to be members of District 10 in order to submit.

Submission procedures are detailed on the following page.

Submission Procedures in 3 Steps

1. Please develop and format your abstract using the [NATA Foundation Free Communications](#) "Peer Review Track Instructions". A copy of the NATA Foundation peer reviewed track instructions is available [here](#). See the [sample abstract submission text](#) at the end of this document for an example of acceptable formatting.
2. Submit your abstract online by clicking [here](#) or using the following link:
https://whitworth.co1.qualtrics.com/jfe/form/SV_9vLOhoNtooXLOCx

Notification of acceptance will be given by February 15th.

Please address questions to the NWATA Research Committee chair:
Cynthia Wright, Whitworth University, cwright@whitworth.edu

SAMPLE ABSTRACT SUBMISSION FILE TEXT **(example of a basic research abstract)**

A Randomized Controlled Trial Investigating the Effect of Rehabilitation on Patient-Oriented Outcomes in Chronic Ankle Instability

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Context: There is minimal patient-oriented evidence regarding the effectiveness of interventions targeted to reduce symptoms associated with chronic ankle instability (CAI). Additionally, clinicians aiming to prioritize care by implementing only the most effective components of a rehabilitative program have very little evidence on comparative efficacy. The objective was to assess the comparative efficacy of two common ankle rehabilitation techniques [wobble board (WB) balance training and ankle strengthening using resistance tubing (RT)] using patient-oriented outcomes. **Methods:** Randomized controlled trial in laboratory setting. Forty physically active patients with CAI were randomized into two treatment groups: RT and WB. CAI inclusion criteria included a history of an ankle sprain, giving way ≥ 1 month, and a Cumberland Ankle Instability Tool (CAIT) score ≤ 25 . Final groups included 20 RT participants (5 males, 15 females, age=21.5 \pm 3.2years, height=1.66 \pm 0.87m, weight=76.4 \pm 19.34kg), and 20 WB participants (6 males, 14 females, age=22.6 \pm 5.9years, height=1.66 \pm 0.15m, weight=70.3 \pm 15.08kg). Participants completed an injury history questionnaire and demographic data, followed by 5 patient-oriented questionnaires: the CAIT, the Foot and Ankle Ability Measure (FAAM) Activities of Daily Living (ADL) and FAAM Sport scale, the Short-Form 36 (SF-36), and a Global Rating of Function (GRF). Following baseline test, participants were randomized to treatment group (WB or RT), and then completed 12 sessions over 4 weeks of graduated WB or RT exercise according to the treatment protocol. Following the 12th session, participants repeated all baseline patient-oriented questionnaires. Dependent variables were pre- and post-intervention score on the CAIT, FAAM-ADL, FAAM-Sport, SF-36 Physical Component Summary, and GRF. For each questionnaire, a separate 2x2 repeated measures ANOVA analyzed differences between groups over time (alpha set at $p=0.05$). Separate paired t-test for each group were used to investigate significant interactions (alpha Bonferroni correct to $P=0.025$). **Results:** There was a significant interaction between group and time for the FAAM-ADL ($F_{1,38}=4.381$, $P=0.043$). Specifically, the WB group improved post intervention ($t=-4.199$, $df=19$, $P<0.001$; $WB_{pre}=91.10\pm 8.22$, $WB_{post}=97.19\pm 3.89$) whereas the RT group remained the same ($t=-1.080$, $df=19$, $P=0.294$; $RT_{pre}=91.34\pm 7.52$, $RT_{post}=93.00\pm 5.50$). There were no other significant interactions or significant differences between groups, nor time differences for GRF

(all $P > 0.05$). There were significant time differences for the CAIT ($F_{1,37}=31.42$, $P < 0.001$; $WB_{pre}=16.63 \pm 5.55$, $WB_{post}=22.20 \pm 3.82$, $RT_{pre}=16.15 \pm 5.65$, $RT_{post}=19.30 \pm 4.85$), FAAM-Sport ($F_{1,38}=17.997$, $P < 0.001$; $WB_{pre}=59.61 \pm 14.94$, $WB_{post}=71.75 \pm 9.80$, $RT_{pre}=60.21 \pm 11.80$, $RT_{post}=66.25 \pm 9.75$) and SF-36 ($F_{1,38}=22.696$, $P < 0.001$; $WB_{pre}=54.77 \pm 5.40$, $WB_{post}=57.57 \pm 3.94$, $RT_{pre}=52.36 \pm 5.94$, $RT_{post}=55.56 \pm 4.11$). **Conclusions:** Both RT and WB interventions were successful at increasing patient-oriented outcomes as measured by the CAIT, FAAM-Sport and SF-36. However, only WB training successfully improved FAAM-ADL scores. Clinicians should note that a simple 4 week intervention with 1 exercise (WB or RT) can decrease symptoms and improve health related quality of life in individuals with CAI. There is limited evidence to indicate that WB training was more effective than RT. **Word Count:** 441