CALL FOR POSTERS

LEARNING FROM THE PAST > PREDICTING THE FUTURE • MAY 18-20, 2018

The NDTA Conference Planning Committee invites you to submit abstracts for acceptance as a poster presentation. The abstract is a short description of your clinical research related to NDT or other topics of interest to NDTA members who work with adults or children with neurological health conditions.

POSTER PRESENTATIONS: Posters will be on display and accessible for viewing during exhibit hall hours on Friday, May 18 and on Saturday, May 19 until 4:30pm. Presenters are required to stand by their posters to answer questions and interact with participants during the Staffed Poster Session and Reception on Friday, May 18 from 5:15 – 7:15pm. Poster sessions provide an excellent opportunity to discuss concepts, share knowledge, and exchange ideas with conference participants.

All poster presenters will be acknowledged, and abstracts will be posted for conference participants. Participants with an accepted poster presentation must register for the conference and present their work during the event. Each submitting Author may enter a maximum of three abstracts. The NDTA Research Reviewer will send notification and poster display instructions to authors approximately 6 weeks after the submission deadline. Please follow the instructions listed below when offering your research for consideration.

ABSTRACT SUBMISSION GUIDELINES

SUBMISSION DEADLINE: FEBRUARY 1, 2018

1. Complete SUBMITTING AUTHOR Information:

Name _____

Address _____

Phone _____ Email _____

Title of Research _____

2. Complete ABSTRACT IDENTIFICATION Information:

TITLE OF ABSTRACT – Use all capital letters
AUTHOR(S) – Underline submitting author
SITE/AGENCY – Indicate where the research study was conducted

3. Submit ABSTRACT APPLICATION:

Please provide ALL the requested information.
PURPOSE: Study hypothesis/questions
SUBJECTS: Number and characteristics
METHOD: Procedures, outcomes measures/instrumentation
STATISTICAL ANALYSIS: Statistical procedures used
RESULTS: Outcomes and statistical significance (if appropriate)
CONCLUSIONS: Some discussion of implications or possible contribution
RELEVANCE: Clinical significance of the results
ACKNOWLEDGMENTS: Site/Agency funding/supporting the study

4. SUBMIT BY February 1, 2018.

To submit an abstract for review, please download and complete the submission form. Email the completed submission form in an attached document to: **ndta_callforposters@ndta.org**

QUESTIONS?

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SAMPLE ABSTRACT

THE RELATIONSHIP OF HAMSTRING SPASTICITY & CONTRACTURE TO GAIT IMPAIRMENT IN CHILDREN WITH SPASTIC DIPLEGIA. Glock E., Yoloho E., Physical Therapy Program, Young University, Pungo VA.

PURPOSES: The purposes of this research were to determine the: 1) reliability of hamstring spasticity measurements; 2) reliability of popliteal angle measurements; 3) relationship of hamstring spasticity to step length, stride length & gait velocity; 4) relationship of hamstring contracture to step length, stride length & gait velocity. **SUBJECTS:** Eleven children (8M/3F) with spastic diplegia (ages 3-15 yrs) were studied. All walked independently with or without appliances. **METHODS:** Two raters twice graded hamstring spasticity in both legs of subjects using the modified Ashworth scale while subjects simulated the Terminal Swing (TSw) Phase position in standing. Raters twice goniometrically measured subjects popliteal angles in the supine position. Each subject walked 20í with inked shoe pads to determine stride & step length distances. Gait velocity was determined using a stopwatch. **DATA ANALYSIS:** Intraclass correlation coefficients (ICC) and percent of agreement (0-100%) were used to determine the reliability of intrarater & interater measurements of spasticity and popliteal angles. Spearman rank correlation coefficient was used to assess the relationship between spasticity & gait and between hamstring contracture & gait. **RESULTS:** Intratester reliability for hamstring spasticity measurements was fair (.487) to good (.941); intertester reliability was poor (.242) to fair (.613); the percent of agreement ranged from 0% - 10%. The reliability of popliteal angle measurements was good (.884) to high (.962). Negative correlation between hamstring spasticity & gait measurements was poor (.305) to fair (.431) on the right side, and moderate (.564) to good (.877) on the left side. The Pearson product moment correlation coefficients between hamstrings range (popliteal angle) & gait were moderate (.685) to good (.840). Correlation of hamstring range with Terminal Swing Phase gait was significant at the .05 level. **CONCLUSIONS:** The reliability of spasticity measurements was variable, and the relationship of spasticity to gait was equivocal with respect to the right and left sides. Measurements of hamstring range were reliable, and there was a significant relationship between hamstring range of motion and swing-phase gait. **RELEVANCE:** Reliable examination procedures are required to assess patient impairments and their impact on functional movement. Assessment of the efficacy of treatment on patient functional outcomes requires the heath care provider to analyze the relationship between measured impairments and measured functional performance. **ACKNOWLEDGEMENT:** This research was supported by Grant No 652 awarded by Young University, Pungo, VA.

The NDTA Research Reviewer will acknowledge acceptance of your submission and send poster display instructions.
ALL POSTER PRESENTERS WILL BE REQUIRED TO REGISTER FOR AND ATTEND THE FULL CONFERENCE.