Call for Abstracts

We are pleased to announce the Call for Abstracts for the 3rd International Consensus Conference on Concussion in Sport which will be held on October 30-31st, 2008 in Zurich, Switzerland. You are invited to submit an abstract of original research related to sports concussion for consideration as a poster presentation at this meeting. The main topic areas have been determined by the organizing committee and reflect key consensus questions to be discussed. Posters on concussion topics other than these may still be considered for inclusion at the meeting. The principal consensus include:

- Acute simple concussion
- Return to play issues in sports concussion
- Complex concussion and long term issues
- Management of pediatric (<15 year old) concussion
- Knowledge transfer and education

Guidelines for Abstract Submission

Page 1 of the abstract submission must include the following information in the following order:

- Name of the person submitting the abstract.
- Mailing address.
- Telephone, Fax number and E-mail address
- The category that best describes the abstract: (as listed above or miscellaneous if the abstract does not fit in any of the preceding categories).

Page 2 of the abstract submission should contain only the abstract in the following format:

- Please type single spaced using 12 point font size in English
- Maximum abstract length of 300 words (not including author's and institution names).
- A "structured abstract" format should be used with the headings as seen in the attached sample abstract. A more detailed description of the structured abstract format can be found at the Clinical Journal of Sport Medicine website (http://www.cjsportmed.com) under the “Author & Reviewer Info” link.
- The abstract title should be CAPITALIZED in bold, followed the author’s names in underline.
- The authors’ names, in underline should appear next, followed by the institution name.
- The presenting author’s name should be indicated with an asterix (*). There should be a line space separating the text from the institution. Each section heading should be in bold, with each section beginning on a new line. A line space is not required between each section.
- Abstracts will appear in print exactly as typed.
- Abstracts presented elsewhere will be accepted. However, this work must not be published as a full paper in a journal by the time of the meeting or have appeared in print elsewhere (except in abstract form) prior to the meeting.
- All authors must sign the disclosure statement listed below. It is not the intention of the disclosure to prevent authors who have a known conflict of interest from presenting their work, rather it is to provide conference participants with adequate information to make their own judgments as to the scientific and financial independence of a speaker.
Abstract submission deadline:

Abstracts should be submitted by e-mail as an attached MS Word or rtf document to medical@fifa.org by Thursday, July 31st, 2008.

The disclosure statement can be scanned and emailed (preference), or faxed to:
Fax +41 43 222 75 03, also by Thursday, July 31st, 2008.

The abstract will be rejected if the disclosure form, signed by all authors, is not sent.

Abstracts that do not follow the above format will automatically be rejected without review.

Sample Abstract

THE EFFECTIVENESS OF PATELLAR BRACING FOR TREATMENT OF PATELLOFEMORAL PAIN SYNDROME
VMY Lun*, JP Wiley, WH Meeuwisse, and TL Yanagawa
University of Calgary Sport Medicine Center, Calgary, AB, Canada

Objective: To determine the effectiveness of patellar bracing for treatment of patellofemoral pain syndrome (PFPS).

Design: Prospective, randomized, single blinded clinical trial.

Setting: Subjects recruited from the general population of the city of Calgary.

Subjects: 136 subjects (79 females and 57 males with a total of 197 affected knees) diagnosed with PFPS.

Intervention: Subjects were randomly assigned to one of four treatment groups:
1) Home exercise program; 2) Patellar bracing; 3) Home exercise program with patellar bracing; and 4) Home exercise program with knee sleeve.

Outcome Measures: The outcome measurements were knee function (KF) and 10 cm visual analog scale (VAS) pain ratings for three different situations: knee pain during sport activity, knee pain 1 hour after sport activity, and knee pain after sitting with knees bent for 30 minutes. The outcome measurements were assessed at baseline, 3, 6 and 12 weeks. The investigators were blinded to the treatment group of each subject. 95% confidence intervals were calculated for the change in KF and VAS pain ratings from baseline measurement to 12 weeks.

Results: There was no difference in the 95% confidence intervals in the change of KF and VAS pain ratings between the four treatment groups over 12 weeks.

Conclusions: Symptoms of PFPS improved over time in terms of pain and knee function regardless of the treatment group. Patellar bracing did not improve the symptoms of PFPS more quickly when added to a home program of leg strengthening. However, patellar bracing alone can improve the symptoms of PFPS.

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Disclosure Form

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SECTION B
I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation membership.

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