



**SAM 2022 POSTER COMPETITION**  
**Thursday, January 27 - Saturday January 29, 2022**

Poster Abstract/Poster PDF Image Submission Deadline:

**Wednesday, January 5, 2022 at 3:00 p.m. EST**

**Poster Policies:**

- Submissions are for the SAM 2022 Poster Competition held January 27 - 29, 2022.
  - The written abstract of the poster as described on page 3 and a PDF of the poster image must be submitted via email to the FPMA office by Wednesday, January 5, 2022 at 3:00 p.m. EST. **Submissions and questions should be submitted to FPMA via email to [posters@fpma.com](mailto: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.
  - This includes important specifics for acceptance, set up/break down timing, judging, and award announcements.

**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 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. Do not use any commercial terminology, i.e., names/logos of any company. Logos should only include those from the respective residency program or office/hospital affiliation.
- Posters will not be judged within categories. Our judging criteria will use a point system. The top 3 posters will be awarded and presented on Saturday, January 29, 2022 in the main conference area.



**Setup and Breakdown:**

- Poster abstracts/submissions should be delivered to the conference by the corresponding author and set up before noon on Thursday, January 27, 2022. 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.
- Poster breakdown must take place on Saturday, January 29, 2022 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 3 poster winners will be awarded \$1000 (1<sup>st</sup> place), \$750 (2<sup>nd</sup> place), or \$500 (3<sup>rd</sup> place).
- The corresponding author for the winning poster will be asked to summarize their poster at the award presentation on Saturday, January 29, 2022.



### **POSTER ABSTRACT**

The poster abstract is a summary of your poster. 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 5)
- 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 a hypothesis and methodology directed to address the hypothesis. Research can, 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 5)
- 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 on page 5)



**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	<ul style="list-style-type: none"> <li>High-quality RCT with statistically significant difference or no statistically significant difference but narrow confidence intervals</li> <li>Systematic review<sup>2</sup> of Level-1 RCT (studies were homogeneous)</li> </ul>	<ul style="list-style-type: none"> <li>High-quality prospective study<sup>4</sup> (all patients were enrolled at the same point in their disease with ≥ 80% F/U of enrolled patients)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Testing of previously developed diagnostic criteria in series of consecutive patients (w/ universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from many studies; multi-way sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>
2	<ul style="list-style-type: none"> <li>Lesser-quality RCT (e.g., &lt; 80% follow-up, no blinding, or improper randomization)</li> <li>Prospective<sup>4</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-2 studies or Level-1 studies w/ inconsistent results</li> </ul>	<ul style="list-style-type: none"> <li>Retrospective<sup>6</sup> study</li> <li>Untreated controls from RCT</li> <li>Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or &lt; 80% F/U)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Development of diagnostic criteria on basis of consecutive patients (w/ universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from limited studies; multi-way sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>
3	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> <li>Retrospective<sup>6</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>Study of non-consecutive patients (w/out consistently applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Analyses based on limited alternatives and costs; poor estimates</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>
4	<ul style="list-style-type: none"> <li>Case series<sup>8</sup></li> </ul>	<ul style="list-style-type: none"> <li>Case series</li> </ul>	<ul style="list-style-type: none"> <li>Case-control study</li> <li>Poor reference standard</li> </ul>	<ul style="list-style-type: none"> <li>No sensitivity analyses</li> </ul>
5	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>

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](http://www.cebm.net).*