



The Greater New York Regional Chapter

of the

American College of Sports Medicine

announces its

2018 Annual Spring Conference Call for Abstracts

“ President’s Cup ”

Saturday, April 14, 2018 from 8:30 am - 5:00 pm

at

Queens College

Rosenthal Library

65 - 30 Kissena Blvd, Flushing, New York

Abstract Submission Process

All students enrolled in a graduate program at the time of the **2018 Annual Spring ACSM-GNYRC Conference** are invited to submit their abstract for poster presentation to compete for a \$1,200 travel allowance & registration to present at [ACSM's 65th Annual Meeting](#) in Minneapolis, MN, May 30th, 2018.

Deadline for Submission: March 25th, 2018

Notification of Acceptance: April 1st, 2018

[Click here to access the Online Abstract Submission Form](#)

ANY formatting, technical, or abstract related questions not addressed, in either this PDF or the online abstract submission form, should be emailed to: ACSMGNYRC@gmail.com

General Directions:

Prior to the conference, any abstract previously presented to this or any other chapter, or published by any peer-reviewed journal, will be deemed ineligible for submission. Only ONE submission is allowed per any author designated the lead, primary, or first listed author. While coauthors are permitted to submit multiple abstracts, the lead author must be present next to their poster to answer questions from conference judges.

1. All eligible submissions will be sent a confirmation receipt via email. The Research Committee will review all abstracts and make any judgment decisions concerning abstract acceptance, abstract evaluation, poster presentation, and award selection. Prior to the submission deadline and subject to the Research Committee, if an abstract is initially deemed unacceptable, applicants may have an opportunity to make necessary changes & resubmit via email request to: ACSMGNYRC@gmail.com
2. Lead authors and all corresponding author(s) will be notified by email regarding review & acceptance of the abstract. Following evaluations, if selected and offered an invitation, the lead author must provide a properly formatted poster presenting it at the conference's scheduled date / time / venue for any award consideration.
3. The winning presenting student must become a member of **ACSM** National (\$10 New Student fee).

Format and Structure:

1. The topic should apply to one of the **2018 ACSM National Conference** topics listed below.
2. All wording should be in English utilizing; correct spelling, grammar, and proper contextual word usage. All acronyms are required to be first fully defined, at least once, prior to any use. No brand names are permitted. All abstract submissions must follow formats demonstrated in the examples below.
3. There is a strict **2500 character limit** for the abstract’s main body **including spaces / subheadings**.
4. The title of the abstract is limited to **125 characters including spaces**.
5. Include the names, institutional affiliations, and emails of all authors. Names should include full first name, middle initial (optional), & full last name. **DO NOT list degrees, certifications, or departments. Note ALL ACSM Fellow(s), sponsorship, funding, grants, subsidies, or ANY conflict(s) of interest.**
6. Reference citations, photos, illustrations, graphs, tables, charts, etc. are NOT permitted within the abstract’s text, but should be available on **Research Committee** request and or within the poster.

*** Exceptions to topical designations below or any formatting changes will be considered on an individual case-by-case basis. Requests for change must be via email or thru submission form.**

LIST OF SCIENTIFIC ABSTRACT CATEGORIES

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|--|
| Fitness Assessment, Exercise Training, and Performance of Athletes and Healthy People |
| Cardiovascular, Renal, and Respiratory Physiology |
| Skeletal Muscle, Bone, and Connective Tissue |
| Biomechanics and Neural Control of Movement |
| Epidemiology and Biostatistics |
| Physical Activity / Health Promotion Interventions |
| Metabolism and Nutrition |
| Psychology, Behavior, and Neurobiology |
| Environmental and Occupational Physiology |
| Immunology / Genetics / Endocrinology |
| Athlete Care and Clinical Medicine |
| Clinical Exercise Physiology |
| Exercise as Medicine |
| Basic Science of Muscle Hypertrophy & Atrophy (Special Topic for 2018 National) |
| Other [Subject to Research Committee Approval.] |

LIST OF CLINICAL CASE ABSTRACTS CATEGORIES

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|--|
| Cardiovascular |
| General Medicine |
| Head, Neck, and Spine |
| Musculoskeletal |
| Age and Gender Specific Issues |
| Other [Subject to Research Committee Approval.] |

SCIENTIFIC ABSTRACT EXAMPLE [Actual size has been reduced for space.]

Mechanisms Underlying Age-Related Changes in Skin Vasodilation During Local Heating

C T Minson, L A Holowatz, W L Kenney FACSM, B J Wong, B W Wilkins.

University of Oregon, Eugene, OR, Penn State University, University Park, PA

The skin blood flow (SkBF) response to local heating is reduced in healthy older (O) vs. young (Y) subjects; however, the mechanisms that underlie these age-related changes are unclear. Local skin heating causes a bimodal rise in SkBF involving at least two independent mechanisms: an initial peak mediated by axon reflexes and a secondary slower rise to a plateau which is mediated by the local production of nitric oxide (NO).

PURPOSE: To determine the altered mechanism(s) underlying the attenuated SkBF response to local heating in aged skin.

METHODS: Two microdialysis fibers were placed in the ventral skin of the forearm of 10 Y (22+2 yrs) and 10 O (77+5 yrs) subjects. SkBF over each site was measured by laser-Doppler flowmetry as the skin over both sites was heated to 42° C for ~60 min. At one site, 10mM L-NAME was infused throughout the protocol to inhibit NO-Synthase (NOS). At the second site L-NAME was infused after 40 min of local heating. Cutaneous vascular conductance (CVC) was calculated as flux/mean arterial pressure and scaled as % maximal CVC (infusion of 50mM sodium nitroprusside). Age comparisons were made using two-way ANOVA with repeated measures.

RESULTS: Maximal CVC was reduced in the O (156+15 vs. 192+12 mV/mmHg, p<0.05), as were the initial peak (46+4 vs. 61+2% max, p<0.05) and plateau (82+5 vs. 93+2%, p<0.05) responses. The decline in CVC with NOS inhibition during the plateau phase was similar in the Y and O groups but the initial peak was significantly lower in O when NOS was inhibited prior to local heating (38+5 vs. 52+4%, p<0.05).

CONCLUSION: Age-related changes in both axon reflex-mediated and NO-mediated vasodilation contribute to the diminished vasodilator response to local heating in aged skin.

Supported by NIH Grant ROI AG07004.

[The CONCLUSION should frame the discussion based on and keeping within the results. They are not repetitious, but rather intended to address said results in a more literary, meaningful, and broader contextual summary.]

CLINICAL CASE ABSTRACT EXAMPLE [Actual size has been reduced for space.]

Neck Injury — Football [Presenting Issue — Activity]

S M Tanner, University of Colorado Sports Medicine Center, Denver, CO Sponsored
Fellow: William O. Roberts, FACSM

HISTORY: A 17-year-old senior high school football defensive cornerback sustained a neck injury while tackling.

During the third quarter of a midseason game, he unintentionally used a spearing technique for a successful tackle.

As he drove his head into a ball carrier's chest, his neck was forced into flexion and he developed moderate posterior neck pain. There was no numbness, tingling, weakness or radiation of pain into his upper extremities. Three tackles later, 11 plays later, and during the fourth quarter, he reported his neck pain to the athletic trainer.

PHYSICAL EXAMINATION: Examination on the sidelines revealed moderate tenderness over the spinous processes of C6-T1, mild tenderness of the adjacent paraspinal muscles bilaterally and normal sensation, reflexes and strength of his upper extremities. There was full active range of motion of his neck but flexion and extension were painful. Over the next hour, his neck progressively became stiffer, but he had no neurological symptoms or signs.

DIFFERENTIAL DIAGNOSIS:

1. Strain of cervical paraspinal muscles
2. Fracture of the cervical spine
3. Cervical sprain

TEST AND RESULTS:

Cervical spine anterior-posterior and lateral radiographs:

- obliquely horizontal fracture of C7 spinous process with 1/2 cm displacement of fracture fragments
- 2 mm of forward subluxation of C6 vertebral body relative to C7 vertebral body Lateral cervical spine radiographs with neck actively flexed and extended:

- no further subluxation of C6 vertebrae
- increased distraction of spinous fracture fragments with neck flexion Cervical spine oblique radiographs:
- normal orientation of facets and pedicles

FINAL / WORKING DIAGNOSIS:

Clay-shoveler's fracture (avulsion fracture of spinous process of C7)

TREATMENT AND OUTCOMES:

1. Immobilization with Philadelphia collar for 6 weeks.
2. Repeat active extension and flexion radiographs at 3 and 6 weeks post-injury showed no delayed increase in stability.
3. Neck isometric exercises started 3 weeks post injury.
4. Range of motion and neck strengthening exercises started 6 weeks post injury.
5. Returned to sports 3 months post injury when he had full, painless range of motion, normal strength and able to meet the demands of his sport.

CRITERIA FOR ABSTRACT & POSTER PRESENTATION AWARDS SELECTION

1. **ORIGINALITY** – The hypothesis demonstrates innovation through a more effective approach or novel idea. The abstract presents a clear and comprehensive examination providing objective and qualitative research. It discerns greater efficacy, technique, or methodology within the findings.
2. **IMPACT** – The project shows potential benefit and or influence on the science / industry.
3. **ACCURACY** – The work exhibits both concise and correct utilization of protocols (e.g. control vs. test groups), formulas, procedures, assays, methodologies, etc.

4. **CLARITY** – All written / presented work possesses a high degree of understanding by the author.

Any displayed content (e.g. illustrations, graphs, tables, charts, etc.) should directly complement findings.

5. **DEFENSE** – The author(s) data, results, and conclusions substantiate through empirical or associative findings. Should the abstract be presented, the author shall provide a cogent logical argument and, if necessary, supply supportive evidence (e.g. tests, studies, published peer reviewed citations).

CONFERENCE AWARDS FOR INVITED POSTER PRESENTATIONS

Only one winner will be selected. The winner will be given a \$1,200 travel allowance & registration for the **2018 National ACSM Meeting** in Minneapolis, MN. **The winner must attend and present the poster at ACSM's Annual Meeting on Wed, May 30, 2018**, at which time, other awards / cash prizes will be given.

The 1st Place winner of the **GNYRC-ACSM Presidents Cup** poster competition and ALL other poster presenters will each receive a full complement of **CECs / CEUs** for the entire day's attendance along with their given presentations. Additionally, poster presenters will receive a one-year **ACSM-GNYRC Membership**. Regional conference registration fee will be waived for all scheduled invited attending presenters with free breakfast & lunch provided on site.

All submissions will be reviewed for acceptance for conference invitation by the **GNYRC Research Committee**. Presented posters will be judged by selected conference attending members of college academia. The **GNYRC Executive Committee President** and or the **GNYRC Executive Director** will verify graded results, subsequently, authorizing allocation of ANY and ALL awards / prizes.

Please feel free to forward to anyone who may have interest.