

ACSM Northwest 2025 Annual Meeting

Abstract Submission Guidelines

Deadline: Friday, February 14, 2025 at 11:59 pm PST

ABSTRACT GUIDELINES

Abstracts are limited to 2,000 characters [not including spaces, title, or author block]. For abstracts including a table, chart, or graph, the character limit is 1,500 characters.

Do not use brand names in the abstract.

If funding supported the research, add source information to bottom of the abstract. *Does not count towards character count.

Abstracts must be written in English using standard abbreviations, symbols, and punctuation. When using abbreviations, write the expanded form the first time it is mentioned, followed by the abbreviation in parentheses.

FORMATTING

All abstracts should be in Times New Roman, 10-point font, with 0.5' margins, single-spaced.

TITLE

Limited to 15-words (or less), typed in ALL-CAPS, **BOLD**, and *Italicized*.

AUTHORS

The first initial(s) and last names of the authors should be used with the presenting author's name first (bolded). *Do not include degrees or titles. Fellows of ACSM should use the *FACSM* designation. Use numerical values in superscript following the author's last name to identify author affiliations when more than one affiliation is used.

INSTITUTIONS

The affiliation/institution of the authors should be included in the author block. *Do not include departments.

TEXT

Abstracts must be informative, including a statement of the study's specific PURPOSE, METHODS, a summary of RESULTS, and a CONCLUSION statement. *Sections must include section headers.

Include relevant data, including but not limited to, means, standard deviation/standard error, and *p*-values. It is not satisfactory to only include statistical results.

RULES FOR SUBMISSION

1. Each student/professional is permitted to submit only one first-author abstract. They may be co-author on as many other abstracts as desired. *If more than one first-author abstract is submitted, only one will be accepted.
2. The primary (first) author must submit the abstract using the [online submission portal](#) by uploading a MS Word document.
3. All abstracts must be submitted before Friday, February 14, 2025, at 11:59 pm PST. *There will be no extension, and abstracts submitted after this time will not be reviewed.
4. The student level category should be based on student status when the research was completed.
5. By submitting the abstract, the primary (first) author is verifying they were substantially involved with the research and initiated the abstract.
6. All files should be submitted as: **'LastName_AbstractCategory_ACSMNW2025'**
7. All authors must approve the abstract prior to submission. Submitted abstracts will automatically be sent to the mentor listed in the form as well as the primary author.
8. Submissions that do not follow these guidelines may be rejected or returned for revision. If a revision is requested, the revised abstract must be returned prior to the deadline.
9. A \$15 non-refundable abstract submission fee must be paid at the time of submission.
10. All abstracts have the option to be published in a special issue of the International Journal of Exercise Science.
11. Masters and Doctoral level abstracts have the option to be considered for the **President's Cup Award**. Selected abstracts will qualify for competitive presentation. President's Cup competitors will need to prepare an oral presentation for the ACSM NW Annual Meeting. *The winner will receive funding to assist with attendance at the 2025 ACSM Annual Meeting in Atlanta, GA to represent the Northwest Chapter at the national competition.

NEW FOR 2025: Clinical Case Studies & Critical Appraisals

(see pages 3 & 4 for instructions)

FOR GENERAL SCIENTIFIC ABSTRACTS: FOLLOW THE SAMPLE BELOW

PREVALENCE OF PHYSICAL ACTIVITY AND SITTING IN PEOPLE WITH INFLAMMATORY BOWEL DISEASE AND HEALTHY INDIVIDUALS

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¹Eastern Washington University, Cheney, WA; ²University of Idaho, Moscow, ID

Inflammatory bowel disease (IBD) is an autoimmune disease characterized by the cyclical nature of flare and remission periods, with little known about the prevalence of physical activity and sedentary behaviors, such as sitting, in this population. **PURPOSE:** To determine the prevalence of physical activity and sitting in people with IBD (in remission and disease flare) compared to healthy individuals. **METHODS:** Participants with IBD (n=242; 96 in disease flare [IBD-flare] and 146 in disease remission [IBD-remission]), and healthy controls (n=265) participated in an online survey. Self-reported walking, moderate-to-vigorous physical activity (MVPA) and sitting were collected. Data were analyzed using analysis of covariance with age, sex, education status, disease history, and smoking habits as covariates. **RESULTS:** People with IBD reported lower levels of walking (329±422 min/week, p=0.03) and MVPA (279±412 min/week, p<0.01) than healthy individuals (477±536 min/week and 481±529 min/week, respectively). There were no differences between IBD-flare and IBD-remission participants for levels of walking (301±466 vs. 335±368 min/week, respectively) or MVPA (227±315 vs. 330±481 min/week, respectively, p>0.05 for both). Physical activity guidelines were met in 45% of people with IBD and 73% of healthy individuals (p<0.05). Although sitting was not different between groups, there was a trend for higher sitting in those with IBD (424±196 min/day) compared to healthy individuals (395±182 min/day, p=0.07). **CONCLUSION:** Our findings indicate that people with IBD report lower levels of physical activity than healthy individuals but report no differences in weekday sitting. Furthermore, there were no negative consequences of a disease flare on physical activity. People with IBD may be able to participate in varying levels physical activity despite there being no guidelines for this population. Future research should aim to develop physical activity recommendations to benefit people with IBD and reduce the amount of time spent sitting.

Supported by Gatorade Sports Science Institute Student Award.

NOTIFICATION OF ACCEPTANCE & PROGRAMMING

Abstracts will be formally reviewed by an independent committee. The acceptance decision is the exclusive right of the Abstracts Coordinator and the Annual Meeting Committee.

The primary author will be notified electronically of the acceptance of their abstract, including the presentation format.

Accepted abstracts will be published in the Annual Meeting program, as well as a special issue of the International Journal of Exercise Science, unless otherwise indicated during submission.

AUTHORSHIP, ORIGINALITY, & MERIT

Submitted abstracts *MUST* reflect the unique work of the authors. The scope of work represented in the abstract must be of sufficient merit so that it stands alone as a meaningful accomplishment. While it is recognized that students may submit separate results from a single study, each abstract should be independent and answer a unique research question, test a novel hypothesis, or describe a new approach.

Exact duplication of text and/or results across abstracts is not acceptable nor is excessive parsing of data across abstracts. Faculty advisors who have questions regarding authorship, originality, or merit should contact the Abstract Coordinator.

In instances where the Annual Meeting Committee believe these guidelines have not been met, primary authors and mentors will be contacted, and abstracts may be rejected.

WITHDRAWALS

Withdrawal requests must be made via email with the reason for withdrawal clearly stated. A copy of the abstract, notice of withdrawal, and author approval should be emailed to the Abstract Coordinator. All authors must approve the retraction of the abstract. Withdrawn abstracts will not be published.

In the event of an emergency where the primary author is unable to attend the meeting, the Abstract Coordinator should be notified. Permission may be granted for a co-author to present the abstract.

REGULATORY COMPLIANCE

Research involving human participants must comply with the [ACSM statement](#) on the use of human subjects and informed consent published in MSSE. Animal studies must comply with [NIH guidelines](#). All studies involving human participants or animal models must have received approval from an appropriate Institutional Review Board (IRB).

To ensure consistency and clarify, authors must use the terms as defined by MSSE, 'Information for Authors' and utilize the units of measurement of the Système International de'Unite (SI).

STATEMENT OF DISCLOSURE AFFECTING CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES

The prospective audience must be made aware of researchers affiliated with, or who have a financial interest in, commercial entities. Acknowledgement of such affiliation and/or financial interest must be provided for the program by the authors.

All inquiries/questions should be directed to the Abstract Coordinator
research23@acsmnorthwest.org

FOR CLINICAL CASE STUDY ABSTRACTS: FOLLOW THE SAMPLE BELOW

NECK INJURY – FOOTBALL DEFENSIVE CORNERBACK

A. Author¹, B. Author²

¹First University, City, ST; ²Second University, City, ST

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 (ROM) 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 DIAGNOSES:** 1. Strain or cervical paraspinal muscles, 2. Fracture of cervical spine, 3. Cervical sprain. **TEST AND RESULTS:** Cervical spine anterior-posterior and lateral radiographs showed (i) obliquely horizontal fracture of C7 spinous process with 0.5 cm displacement of fracture fragments, (ii) 2 mm forward subluxation of C6 vertebral body relative to C7 vertebral body. Lateral cervical spine radiographs with neck actively flexed and extended indicated no further subluxation of C6 vertebrae but increased distraction of spinous fracture fragments with neck flexion. Cervical spine oblique radiographs showed normal orientation of facets and pedicles. **FINAL/WORKING DIAGNOSIS:** Clay-shoveler's fracture (avulsion fracture of the 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 ROM, normal strength, and was able to meet the demands of his sport.

PREPARING A CLINICAL CASE STUDY ABSTRACT

When preparing a clinical case study abstract, formatting requirements should match those of the general scientific abstracts listed on Page 1. However, the headers within the body of the abstract will differ as outlined here.

A clinical case study abstract should include a synopsis of the case that outlines the:

- HISTORY of the case, including relevant demographics and reported symptoms.
- The results of the PHYSICAL EXAMINATION that includes pertinent clinical findings from the physical examination.
- Any DIFFERENTIAL DIAGNOSES considered based on the clinical presentation.
- Any TESTS performed (e.g., lab work, imaging) and their RESULTS.
- The FINAL/WORKING DIAGNOSIS that is supported by the clinical and diagnostic findings.
- The relevant TREATMENTS AND OUTCOMES related to the case.

SPECIFIC GUIDELINES

A clinical case study abstract differs from a general scientific abstract. Further, the title of the abstract should not include the final diagnosis.

The first two sections of a clinical case study abstract should state the HISTORY of the case and the PHYSICAL EXAM, respectively.

Following this information, the next sections can be written in list form and should include the following headings: DIFFERENTIAL DIAGNOSES, TESTS AND RESULTS, FINAL/WORKING DIAGNOSES, and TREATMENT AND OUTCOMES.

Your abstract should not include any identifying information and participant privacy, and confidentiality should be maintained.

CATEGORIES

Clinical case study abstracts can be from a wide variety of topics, including but not limited to general categories such as cardiovascular, general medicine, head, neck, and spine, mental health, musculoskeletal, or special populations.

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FOR CRITICAL APPRAISAL ABSTRACTS: FOLLOW THE SAMPLE BELOW

CRITICAL APPRAISAL OF A RANDOMIZED CONTROLLED TRIAL ON ECCENTRIC EXERCISE FOR CHRONIC ACHILLES TENDINOPATHY

A. Author¹, B. Author²

¹First University, City, ST; ²Second University, City, ST

Eccentric exercise is widely used for managing chronic mid-portion Achilles tendinopathy, but the quality and applicability of supporting evidence require critical evaluation. This critical appraisal examines a randomized controlled trial (RCT) investigating the effectiveness of a 12-week eccentric exercise program for reducing pain and improving function. **PURPOSE:** To evaluate the methodological quality, strengths, weaknesses, and clinical relevance of the RCT. **METHODS:** The study was assessed using the PEDro Scale, which evaluates methodological rigor, including randomization, blinding, and statistical analysis. The RCT included 100 adults with chronic mid-portion Achilles tendinopathy, randomized to either an eccentric exercise intervention (performed twice daily) or a standard stretching protocol. Outcome measures included the Visual Analog Scale (VAS) for pain and the Victorian Institute of Sports Assessment-Achilles (VISA-A) for function, measured pre- and post-intervention. **RESULTS:** The study scored 9/10 on the PEDro Scale, indicating high methodological quality. Randomization and allocation concealment were clearly reported, and sample size was adequate for statistical power. However, blinding was not feasible due to the nature of the intervention, introducing potential bias. Results demonstrated significant improvements in pain (VAS: pre 7.5, post 2.1, $p < .01$) and function (VISA-A: pre 45, post 85, $p < .01$) in the eccentric exercise group compared to the control group. Limitations included a short-term follow-up (12 weeks) and exclusion of patients with insertional tendinopathy or significant comorbidities, limiting generalizability. **CONCLUSION:** This critical appraisal supports the use of eccentric exercise for chronic mid-portion Achilles tendinopathy based on strong evidence of effectiveness. However, clinicians should consider the study's limitations when applying findings to diverse clinical settings. Further research is needed to explore long-term outcomes and assess efficacy in more varied populations.

PREPARING A CRITICAL APPRAISAL ABSTRACT

When preparing a critical appraisal abstract, formatting requirements should match those of the general scientific abstracts listed on Page 1. However, while the headers remain the same, the content within each section is tailored to the critical appraisal process.

A critical appraisal abstract will include:

- The **PURPOSE** of the critical appraisal, which is prefaced by specifying the study, body of evidence, or clinical question being evaluated.
- The **METHODS** employed during the appraisal process, including the framework or tool used (e.g., PEDro Scale, CASP). Avoid reporting methods for original research.
- **RESULTS**, which summarize the findings of the appraisal. Specific data, such as effect sizes or validity scores should be included where appropriate.
- A **CONCLUSION** statement, focused on any implications for practice, research, or policy.

SPECIFIC GUIDELINES

A critical appraisal abstract differs from a general scientific abstract. Critical appraisal abstracts focus on evaluating the quality, validity, and applicability of existing research rather than presenting original data or specific patient cases. For abstract submissions to ACSM Northwest, critical appraisals can assess the reliability of a single paper or a body of literature on a given topic.

The title should clearly state that it is a critical appraisal and reflect the evidence being evaluated. It should include the appraisal's focus (e.g., population, intervention, or research question) but avoid including definitive conclusions or findings.

CATEGORIES

Critical appraisal abstracts can encompass a wide range of topics within health, sports medicine, and exercise science such as:

- Intervention Studies
- Epidemiological Studies
- Systematic Reviews and Meta-Analyses
- Special Populations
- Clinical Guidelines

ACSM NORTHWEST 2025 ANNUAL MEETING

April 4 & 5, 2025

Eastern Washington University, Cheney, WA

EXERCISE SCIENCE: FROM PATHOLOGY TO PERFORMANCE