



**AMERICAN COLLEGE
of SPORTS MEDICINE®**

Greater New York Chapter



GNYACSM 2022 Abstract Submission Information

President's Cup
Research Award Competition

Greater New York Chapter



Abstracts Due October 15th, 2022 at 11:59p EST

Abstract Submission Link:

<https://digitalcommons.wku.edu/cgi/submit.cgi?context=ijesab>

GNYACSM Abstract Submission Instructions

GNYACSM Annual Fall Meeting and Conference.

All members and those joining the Greater New York Chapter of the American College of Sports Medicine (GNYACSM) are invited to submit abstracts for presentation in our student research award competition.

Please follow the general and/or student research award-specific instructions for submission.

General Abstract Submission Instructions

1. All abstract submissions are required in electronic format and all research will be presented at the conference on Nov 12, 2022. See below for student award competition specifics.
2. Each individual is permitted to be the first author on only one abstract, but may co-author several abstracts.
3. The first author is considered a presenter and must present the abstract at the meeting.
4. At least one of the authors must be a member of the GNYACSM.
5. If one of the authors is a Fellow of the American College of Sports Medicine (ACSM), the letters FACSMM should follow their name.
6. All abstracts (maximum of 2000 characters without spaces) will be published in the program as submitted. Please check for spelling errors prior to submission.
7. Abstracts should not have been published previously in any other printed or electronic format as beginning this year, abstracts will be published in the *International Journal of Exercise Science*. Publishing will be delayed so authors can also submit their abstracts to the national ACSM if they so choose.
8. Abstract subheadings should follow ACSM requirements; purpose, methods, results, and conclusions.
9. Presenting at GNYACSM does not preclude submitting the same abstract for presentation at an ACSM national meeting.
10. Keep a copy of the abstract for your records.
11. Following submission of an abstract, an electronic email confirmation will be sent to the applicant and co-authors (if co-author emails are provided). Email notification of acceptance and presentation information will be sent following submission from our GNYACSM Abstracts and Awards member, Dr. Tim Allerton. If you do not receive the email notification, check that you included the correct email address free of spelling errors or check your junk mail or SPAM folders. You can contact the GNYACSM Abstracts and Awards members, if you believe you did not receive an email confirmation, see details below.
12. All accepted submissions are expected to be presented at the regional conference.

Student Research Award Competition Specific Instructions

Abstract submissions that do not follow the submission guidelines may be rejected. Abstracts that do not meet scientific or editorial standards will not be accepted.

1. The type of research conducted by the student must align with the mission of ACSM, which is to: "...advance and integrate scientific research to provide educational and practical applications of exercise science and sports medicine". Examples of topics (aligned with National) are included below, for both applied and clinical.
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 within the body of the abstract prior

to any other uses (the title is unnecessary). No brand names are permitted within the submitted abstract. All abstract submissions must follow formats demonstrated in the examples below.

3. There is a strict 2000-character limit for the abstract's main body (not including spaces / title/ subheadings/ author block).
4. The title of the abstract is limited to 15 words.
5. The body of the abstract MUST include the following sections: PURPOSE, METHODS, RESULTS, CONCLUSION (see the example abstracts below for clarification)
6. 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. LIST ALL ACSM Fellow(s), sponsorship, funding, grants, subsidies, or ANY conflict(s) of interest.
7. Reference citations, photos, illustrations, graphs, tables, charts, etc. are NOT permitted within the abstract's text, but should be available upon Research Committee request or in the slide presentation.

Award Selection Criteria for Abstract Evaluation and Presentation

These judging criteria are consistent with those used to judge the national-level competition

1. Significance: How well the project relates to the mission statement of ACSM, which is to "advance and integrate scientific research to provide educational and practical applications of exercise science and sports medicine."
2. Innovation: The novelty of the project, especially relating to the use of new methodologies, studying under-investigated populations and/or addressing emerging problems relating to exercise and sports medicine.
3. Research Design: The ability of the methodologies used to address the research question and hypothesis. Additionally, the appropriate use of experimental design and statistics to test the hypothesis.
4. Ability to Respond to Questions: Ability of the student to demonstrate knowledge of the literature related to their field of study as well as demonstrate critical thinking for future studies.
5. Presentation Skills: Clarity of the presentation and description of research project.

Conference Awards for Abstract Presentations

- ALL presenters will each receive a full complement of CECs / CEUs for the entire day's attendance along with their given presentations. Additionally, presenters will receive a one-year ACSM-GNYRC Membership. The regional conference registration fee will be waived for all scheduled invited attending presenters with free breakfast & lunch provided on-site.
- Only one winner will be selected. The winner will receive a \$1,200 travel allowance & complimentary registration to represent the GNYRC at the ACSM's 70th Annual Meeting in Denver, CO. The lead author must attend and present their research at ACSM's 70th Annual Meeting.
- NOTE: The \$1,200 will only be distributed if you attend and present at the National Conference.
- For winning the ACSM Annual Meeting National President's Cup Competition, the student will be presented with a plaque and an additional \$300.

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

All questions regarding the abstract submission or the student research award competition should be directed to:

Tim Allerton, Ph.D. GNYACSM Research Chair
Vascular Metabolism Laboratory, Pennington Biomedical Research Center
Email: timothy.allerton@pbrc.edu

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This is My Abstract Title – notice the appropriate uppercase

AUTHOR B. ONE, AUTHOR C. TWO, FACSM, & AUTHOR D. THREE FIRST THEN LAST NAME, ALL UPPER-CASE

Laboratory Name; Department; University; Location, STATE

Category: Undergraduate/Masters/Doctoral (select one & delete others)

Advisor / Mentor: Last Name, First Name (email address) – do NOT hyperlink the email

ABSTRACT

Begin with a short sentence or two with background on the topic. Please include a **PURPOSE**: describing the intent of the study. **METHODS**: how the study was conducted. **RESULTS**: findings of the study should be here. **CONCLUSION**: Reference lists are not generally included. Please note the abstract headings (they must be included, **bolded**, and **UPPERCASE**). Do **NOT** change the justification (alignment), font type, font size, or spacing (abstracts should be single-spaced).

All abstracts (maximum 2000 characters without spaces and/or one page) will be published in the program as submitted.

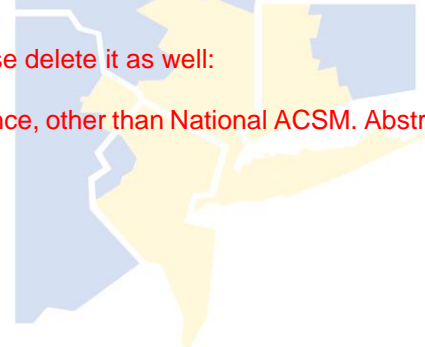
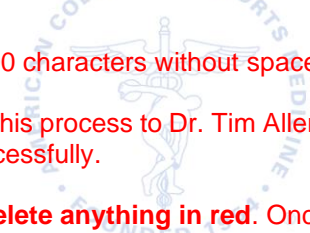
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Once finished, be sure to **delete anything in red**. Once the following is read, please delete it as well:

This abstract has not been presented and will not be presented at any other conference, other than National ACSM. Abstract submission assumes the study has been approved by an appropriate IRB.

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1

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3

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4. the author(s) must accept full responsibility for the content of the Article;
5. the Article must be the Author(s) original work and must not contain any libelous or unlawful statements or infringe on the rights or privacy of others or contain material or instructions that might cause harm or injury
6. the Article must not have been previously published, is not pending review elsewhere, and will not be submitted for review elsewhere pending the completion of the editorial decision process at the Journal.

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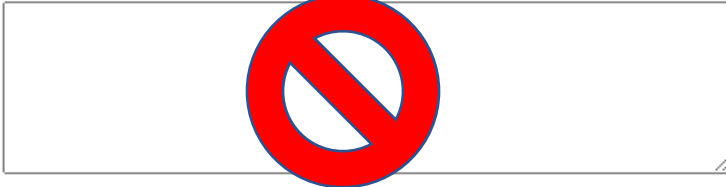
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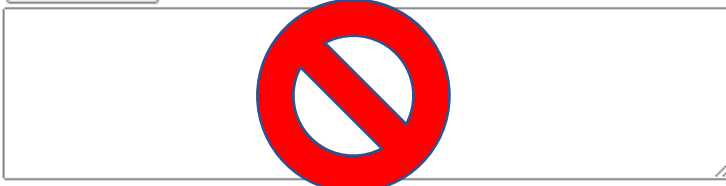
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SCIENTIFIC ABSTRACT EXAMPLE

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

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.

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