AAOS 2017 Annual Meeting Call for Paper and Poster Abstracts

Submission Deadline June 1, 2016

As an accredited provider of AMA PRA Category 1 CME credit™, the AAOS is required to obtain disclosure of any potential conflicts of interest from faculty/presenters at the 2017 Annual Meeting. This disclosure information is available to the Central Instructional Courses and Central Program Committees and their specialty committees who grade these applications. To fulfill the AAOS mandatory requirement for disclosing, faculty disclosure must be completed in the AAOS Orthopaedic Disclosure Program and be updated within a year of the first day of the 2017 Annual Meeting. Disclosure reported on April 1, 2016 or later is acceptable. This policy applies to all proposed faculty including non-members.

NOTE – There is one application for Paper and Poster presentations. Place a check mark in the corresponding box indicating your preference. The Program Committee will take this into consideration, but will not guarantee your preference.

INFORMATION ABOUT THE FORMATS:

Poster Presentation - Poster presentations will be shown for the entire meeting (5 days). The presenters are required to be at their Poster from 11:30 AM until 12:30 PM each day (except Saturday) for discussion. A 4’ x 6.5’ tackboard will be provided for your use. If your abstract is accepted as a poster you will also be required to submit as an ePoster.

Paper Presentation - Each Paper presentation will be 6 minutes in length. All audio visual presentations will be by computer. PC’s will be provided in each lecture room.

ABSTRACT GRADING PROCESS

1. Abstracts will be read in a "blind" fashion. Your text should not reveal the authors, institutions of origin, company name or product. Abstracts not blind will be disqualified.

2. Graders are orthopaedic surgeons practicing in the specific area and are members of the Program Committee. Each abstract is reviewed and graded by three to five graders and the final grade is then averaged.

3. Grade is influenced by: significance of the study, content and clarity, specific number of cases or specimen studies, clinical or research data to support its conclusions, minimum follow-up of two years per patient for results describing reconstructive procedures, and new or modified techniques as they relate to diagnosis, surgery, complications or other phases of orthopaedic surgical problems.

POLICIES GOVERNING ACCEPTED APPLICATIONS

1. Applications must be submitted by June 1, 2016 to be eligible for review by the committee.
2. An abstract is not eligible for consideration if it has been published prior to submission date of June 1, 2016.

3. Submission of a corrected abstract is not allowed after June 1, 2016. However, you will have up to a month to make revisions after notification of acceptance.

4. An orthopaedic surgeon and/or a member/International Affiliate member of the Academy must be listed as one of the authors.

5. If your abstract is accepted, additional authors cannot be added or removed after submission closes, nor after acceptance.

6. Notification of acceptance or rejection and all future correspondence will be emailed to the presenter from the AAOS office by the beginning of September 2016.

7. Paper presenters must submit to the AAOS website a completed manuscript by December 15, 2016.

8. If your abstract is accepted as a poster, and it is not presented, you will not be eligible to participate in the 2018 Annual Meeting.

9. The AAOS reserves the right to withdraw a presentation at any time.

INSTRUCTIONS TO COMPLETE ABSTRACT APPLICATION

1. Select the most correct category for the abstract.

2. Make the title brief, the limit is 100 characters. Please use upper and lower case letters in your title and make sure the title clearly indicates the nature of the study/procedure. **Do not use all upper case.**

3. Abstract:
   - **Length:** Do not exceed the space provided on the abstract.
   - **Language:** Use English only.

4. **Content:** The abstract must include four parts: Introduction should clearly state the problem and the purpose of the study; Methods should provide a description of what was actually done; Results should contain the findings of the study; Discussion and Conclusion should be based upon the findings and relate to the stated purpose of the study and existing knowledge. Provide specific details about your research/study. DO NOT list any author’s name or the institution in the abstract. A 2-year minimum follow-up per patient is required for all results of reconstructive procedures.

5. Select 1 to 5 key words which will be listed on the Proceedings website.

6. List all authors in the space provided. Additional authors **may not be added** after submission closes, nor after acceptance.

7. Read and submit the "Nonexclusive License."
8. If an abstract describes, demonstrates or utilizes a device/drug that requires FDA approval, FDA status will be listed in the Final Program and Proceedings website, and, if accepted as a Poster, must be included as part of the presentation when displayed at the AAOS Annual Meeting. A diamond will be placed beside the title in the Final Program and Proceedings website if the presentation discusses off-label usage.

Do’s:
- Limit Title to 100 characters
- Limit Summary to 200 characters
- Check spelling
- Include data and statistics
- Truthfully describe study design
- Define acronyms
- Clearly state study purpose

Don’ts:
- Identify authors institution
- Use brand or product names
- Include extraneous statements
- Include incomplete data
- Misrepresent the truth

Example of a high quality abstract:
Title: Nasal Decolonization Reduces Surgical Site Infections (SSIs) in Total Hip Arthroplasty (THA)
Introduction: Preoperative nasal decolonization with mupirocin resulted in a significant decrease in SSI rate in patients undergoing THA compared to a control group in this prospective randomized controlled trial.
Methods: We randomized 1000 consecutive patients undergoing THA at one institution into two groups: Group I 502 and Group II. Group I, 500 patients, received a 5 day course of nasal mupirocin preoperatively and Group II, 500 patients, did not receive the nasal mupirocin. We calculated the SSI rate for each group at one year post surgery and for each SSI the organism was recorded. The reviewers were blinded as to treatment group.
Results: The demographics and comorbid conditions known to increase risk of infection were similar between the groups. There one year SSI rates were 0.80% (4/500) and 1.4% (7/500) for groups I and II respectively. (p=0.001). Group I organisms were sensitive staph aureus (MSSA) 1, methicillin resistive staph aureus (MRSA) 1 and 2 other. Group II organisms were MSSA 2, MRSA 1 and other 4. The MSSA and MRSA rates between the groups were not significant. (p=0.5) No patients were lost to follow up.
Conclusion: Nasal decolonization with mupirocin significantly reduced the SSI rate in this prospective randomized controlled trial.

Example of a Poor Quality Abstract:
Title: The NYU/Hospital for Joint Diseases (Identifies author’s affiliation) Trial of Preoperative Nasal Decolonization with Mupirocin to reduce the incidence of SSI (did not define acronym) in patients scheduled to undergo THA. Exceeds 100 characters
Last year at the AAOS we presented our data on the results of preoperative nasal cultures in those patients undergoing J&J Summit THA’s (extraneous statement) and (uses
This year we are reporting the results of the effect of nasal decolonization with mupirocin on the SSI rate in patients undergoing THA. We determined the SSI rate of 1000 patients undergoing THA at our institution. We compared the SSI rate in those patients receiving mupirocin against those patients not receiving mupirocin. There were fewer infections in the group receiving mupirocin than in the control group. We will discuss the effect of nasal decolonization on SSI in this cohort of patients.

Conclusion: Patients undergoing THA should be decolonized with mupirocin preoperatively.

**Category Definitions**

**Adult Reconstruction Hip:** Category is for all nontraumatic, nonneoplastic adult reconstructive problems of the appendicular skeleton, involving the hip and femur. Examples include joint arthroplasties, osteotomies of the hip, and soft-tissue procedures regarding degenerative conditions and afflictions of ligaments and tendons of the hip.

**Adult Reconstruction Knee:** Category is for all nontraumatic, nonneoplastic adult reconstructive problems of the appendicular skeleton involving the knee and tibia. Examples include joint arthroplasties, osteotomies about the knee and soft-tissue procedures regarding degenerative conditions and afflictions of ligaments and tendons of the knee. This does not include knee ligament reconstruction as related to sports medicine.

**Foot and Ankle:** Category includes all nontraumatic, nonneoplastic adult reconstructive problems of the appendicular skeleton involving the foot and ankle region. Examples include joint arthroplasties, osteotomies about the ankle, foot, correction of deformities, bunion surgery, as well as soft-tissue procedures regarding degenerative conditions and afflictions of the ligaments and tendons of the foot and ankle. Foot and ankle conditions or treatments involving athletics or sports medicine are excluded.

**Hand and Wrist:** Category includes all nontraumatic and traumatic conditions that affect the hand. Examples are reconstructive aspects of the ligaments and tendons of the hand, rheumatoid hand treatment, as well as fracture and other traumatic conditions. Hand rehabilitation is also in this group.

**Pediatrics:** Category includes all nontraumatic conditions and afflictions which affect the pediatric skeleton, including all congenital, developmental, neurological conditions as well as their operative and nonoperative treatment. Rehabilitation papers will be included in this. Traumatic or tumor conditions involving the pediatric patient are included in the trauma or tumor section.

**Practice Management/Nonclinical:** Category includes all submissions based on the social and economic aspects and implications of orthopaedic practice.

**Rehabilitation Medicine:** Category includes specific submissions that are not included in the rehabilitation component of the other categories.

**Shoulder and Elbow:** Category includes all nontraumatic, nonneoplastic adult reconstructive problems of the appendicular skeleton to include the upper extremity, except the hand and wrist. This includes joint arthroplasties, osteotomies about the shoulder or elbow, as well as all soft-tissue procedures regarding degenerative conditions and afflictions of the ligaments and tendons of the upper extremities. Sports related injuries and conditions are included in the sports medicine category.
**Spine:** Category includes all nontraumatic and underlying traumatic conditions involving the spine. It also includes neoplastic conditions of the spine.

**Sports Medicine:** Category includes conditions resulting from athletic and sporting endeavors regardless of anatomic locations.

**Trauma:** Category includes all traumatic conditions of the musculoskeletal system regardless of the patients age or anatomy location involved except the hand and spine (C1-L5). Also included are reconstructive surgery done for fracture related problems including malunion, nonunion, chronic osteomyelitis, and acute osteomyelitis.

**Musculoskeletal Oncology:** Category includes neoplastic orthopaedic conditions and metabolic bone diseases.

Applications must be submitted by June 1, 2016 to be eligible for review by the committee.

---

**JAAOS Research**

In addition to your research being considered for the AAOS 2017 Annual Meeting, you may wish to have your work considered for publication in the research section of the Journal of the AAOS. Learn more about how to submit here:

*JAAOS research submissions*