



Where the world of physical therapy meets

Writing an abstract for a WCPT congress

These guidelines are designed to assist you to prepare a well written abstract that meets the criteria for WCPT congresses. The criteria are developed and agreed by the International Scientific Committee. These guidelines are intended to be read alongside the call for abstracts.

These guidelines are relevant for abstracts for both research and special interest categories of report for platform and poster presentation. Platform and poster presentations are considered by the International Scientific Committee to be of equal standing and judged by the same criteria.

The following criteria will be used.

1. Does the report address a "significant" or "important" issue with a clearly identified objective?
2. Are the methods/approaches appropriate to address the objective of the report?
3. Have the data/findings been interpreted appropriately? Are the conclusions consistent with the data/findings with a balanced interpretation of the results presented?
4. Are the contents of the abstract clear and intelligible?

What is an abstract?

The abstract is a brief account of your work which is expected to contain enough information for the International Scientific Committee to judge the suitability of your research for inclusion in the scientific programme of WCPT Congress 2015. The abstract needs to tell delegates what you are going to say and interest them in coming to hear you and learn more about your work.

A well written abstract is a way of making your work known; for establishing connections with other researchers in your field of interest. An abstract needs to stand alone as a record of your presentation. Remember, the abstract is a 'first impression' so make it easy for your audience.

Who is your audience?

There are three main audiences for your abstract:

- the reviewers who will assess the quality of the abstract and recommend its acceptance in the scientific programme;
- the WCPT congress delegate is the primary audience for the abstract. The abstract may be used to select which sessions to attend; and
- the readership of physical therapy peer reviewed publications is also a potential audience.

Structure

WCPT requires a structured abstract; one that is organised under the following headings.

Title: The title should describe the abstract clearly. It should be brief and interesting. Using verbs that convey energy can be attractive. The title should convey the scope, content and particular focus of your presentation. Aim to grab your reader's attention.

Abstracts are grouped into sessions based on the topic headings you select when making your submission and the titles. So make sure the organisers have enough information to place your abstract in the appropriate session.

The title should not be in capital letters.

Background: What was the context for the study? Why was it important that this project was undertaken? Include the current knowledge specifically in relation to your work. You may identify a gap in knowledge or research.

Purpose: What was the major reason for undertaking the project? (A project may be a research study, developing a new or adapted programme, method, theory or resource.) Any secondary objectives? May include a short statement of your hypothesis.

Methods: What principles, methods/methodological approaches, materials did the project involve? Includes what was done, by whom, who participated and where. What measurements were taken and how were the data managed? The description of the methods has to be concise.

Results: Summarise the main findings from the analysis. What did you find or discover—not just in subjective terms also in the form of data? What was the magnitude of the findings?

Conclusion(s): What can be concluded from the study? Keep your conclusions reasonable and supportable by the findings of your study. What are the suggestions for future work?

Implications: What are the implications of the project and how will the results be translated into physical therapy practice/management/education/policy. Why is what you've done important for the profession and for society?

Keywords Include keywords that attract the right audience and are in line with the congress track.

No images, tables or graphs are permitted.

Style

However good your study, it deserves the best possible chance for review and presentation.

Following the guidelines for submission and attending to style will optimise the chance of acceptance.

- Be concise; choose words carefully keeping language correct, simple, clear and unambiguous
- Find words that are accessible to both specialists and non-specialists
- Use short sentences and keep subjects and verbs close together
- Avoid abbreviations, acronyms and technical language. Remember the audience for your abstract is international
- Reserve quotations and citations for the presentation itself; do not include in the abstract

- Use an active voice wherever possible
- Use the present tense for factual information and past tense for actions completed
- Ensure that your ideas are clear with a logical and coherent flow
- Promote the originality of your study

Process

- Be clear in your mind what aspect of your work you want to present. Which angle most clearly relates to the audience and the congress topic?
- Look at past abstracts to pick up the tone and style of WCPT congresses. Abstracts from the previous congress may be accessed at: <http://bit.ly/1RIYbYb> or World Confederation for Physical Therapy Congress 2015 Abstracts, Singapore, 1-4 May 2015. Physiotherapy 101: May 2015. Supplement 1, e1-e1722.
- Plan the abstract as a single paragraph that is unified (one topic) and coherent (ideas flow continuously). Two or three paragraphs are fine so long as the abstract as a whole is unified and coherent
- Edit it carefully for grammar, punctuation, typos, etc.
- Ensure that practical aspects of the abstract comply with WCPT Congress 2017 requirements
- Remember that you are familiar with your topic and may have written extensively about it. Try and take a fresh look and see different angles that you could present
- Give yourself time to review and redraft
- Get help with your writing, if you need it; call on mentors, supervisors and colleagues
- Ask a colleague to look at the abstract; perhaps someone familiar with WCPT congresses
- Get a fresh perspective from someone unfamiliar with the work
- If you are inexperienced with writing abstracts or English is a second or subsequent language you may ask for a mentor to review your draft. For information on the WCPT abstract mentoring programme see the call for abstracts
- Submit on or before the due date and in the required way

Final check

Before you submit ensure your abstract satisfies these points.

1. Does the title capture the interest of a potential congress delegate?
2. Does the abstract title describe the subject being written about?
3. Is the abstract well written in terms of language, grammar, etc.?
4. Does the abstract engage the reader by telling what the presentation is about and why they should attend?
5. Does the abstract make a clear statement of the topic of the paper and the study question?
6. Does the abstract say how the study was done?
7. Does the abstract indicate the value of the findings and to whom will they be of use?
8. Does the abstract give a concise summary of the findings?
9. Does the abstract conform to the word limit?
10. Does the abstract have up to three keywords that closely reflect the content of the paper?

Examples of award winning abstracts from previous WCPT congresses

1 Research report

A randomised controlled trial of physiotherapy treatments for patients with acute whiplash associated disorders

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Background: Whiplash injuries are a common and costly problem. Good quality evidence of effective physiotherapy-based treatments is lacking. This randomised controlled trial (RCT) assessed the benefit of physiotherapy treatment for whiplash injuries.

Purpose: The trial assessed whether provision of a package of up to six physiotherapy treatments was more effective than a single advice session from a physiotherapist in participants following a whiplash injury.

Methods: Participants were already enrolled in a larger multi-centre RCT investigating emergency department treatments for patients with whiplash injuries at 12 UK NHS trusts. All participants with WAD grade I to III with persistent symptoms 3 weeks post injury were then randomised to a physiotherapy package or an advice session. For the physiotherapy intervention, each participant was assessed and provided with an individually tailored package of treatments, from manual therapy, exercise, brief psychological interventions and advice. The control advice session was reinforcement of the emergency department advice provided by a physiotherapist. The primary outcome was the Neck Disability Index (NDI) collected at four, eight and twelve months by postal questionnaire. Secondary outcomes included mental and physical health-related quality of life, subscales of the Short Form questionnaire-12 items (SF-12) and the number of work days lost. Analysis was intention to treat and included a cost effectiveness analysis.

Results: 599 participants were randomised to the physiotherapy package (300 participants) or advice session (299 participants). There was a modest, statistically significant benefit from the physiotherapy package at four months (difference in NDI -4 95% CI -6.1, -1.3, N=599), but no long term difference. No treatment-related serious adverse events or deaths were noted. The number of work days lost was lower with the physiotherapy package (difference - 4 days 95% CI -7.5,-0.02. From a UK NHS cost effectiveness perspective, intensive physiotherapy was not cost effective.

Conclusions: A package of physiotherapy targeted to people with on-going symptoms produces modest, short term benefit and a substantial reduction in work days lost compared to an advice session but is not cost effective from a UK NHS perspective.

Implications: Despite the modest effect on disability, the reduction in work days lost attributable to the physiotherapy package was substantial. So although physiotherapy treatment was not deemed cost effective from a UK NHS perspective, it is possible that less work days lost is an important

societal benefit of early physiotherapy and should be considered for those patients struggling to return to work.

Key-words: 1. Whiplash Associated Disorder 2. effectiveness 3. randomised controlled trial

Funding acknowledgements: UK National Institute for Health Research Health Technology Assessment (NIHR HTA) Programme (02/35/02)

Ethics approval: Approved by Trent Multicentre Research Ethics Committee (MREC/04/4/003), UK

2 Special interest report

Wavelet transform of electromyography during maximum voluntary contraction derived from women with normal or weak pelvic floor muscles

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Background: Rehabilitation therapies to treat weak pelvic floor muscles (PFM) focus on the reactivation of the strong and fast pelvic floor muscles' activity to guarantee continence. In addition to subjective scores like questionnaires measuring urine loss or quality of life or digital testing of PFM strength an objective measure is essential to assess a subject's improvement in PFM capabilities, to get a deeper insight in SUI pathologies and a valid outcome measure.

Purpose: In order to provide an objective measure wavelet analysis of PFMs' electromyography (EMG) is proposed as a method for the classification/analysis of healthy women with strong or normal PFM and women post-partum with weak PFM.

Methods: 23 healthy women and 26 women post-partum (age 29.9 ± 4.7 , 31.3 ± 3.8 years) with weak PFM graded according to the Oxford scale (4.6 ± 0.5 , 3.2 ± 0.8) executing four five seconds lasting maximum voluntary contractions (MVC) were analysed. EMGs during MVC were recorded using a vaginal probe. The proposed method is based on a dyadic discrete wavelet decomposition of EMG that projects signal components related to activities of the slow-twitched and the fast-twitched muscles mainly on different scales while simultaneously minimizing the number of scales. A parametric auto-regressive model for the estimation of the frequency of each wavelet scale to overcome the poor frequency resolution of the dyadic decomposition was used. The feature used for analysis was the frequency of the wavelet scale with the highest variance after interpolation with the nearest neighbouring scales.

Results: The proposed method based on the wavelet transform could significantly discriminate the central frequency of healthy women ($77 \pm 8\text{Hz}$) and women with weak PFM muscle ($53 \pm 7\text{Hz}$). The proposed method has a lower rate of false classification(4%) compared to the two classical methods based on mean ($85 \pm 10\text{Hz}$, $65 \pm 7\text{Hz}$, 9%) and median ($72 \pm 10\text{Hz}$, $52 \pm 6\text{Hz}$, 7%) frequency estimation from the power spectral density.

Conclusions: Dyadic discrete wavelet decomposition provides a method for discrimination between healthy and post-partum subjects with weak PFM capabilities that outperforms classical spectrum analysis-based methods. This method shows sharper clusters with a larger gap between the maxima of the healthy and weak PFM clusters and had also the lowest cluster overlap which provided in turn best classification performance.

Implications: Since PFM require strong and fast muscle contractions to guarantee continence and therefore increased and fast recruitment from slow to fast-twitched muscle fibres, the proposed method is ideally suited to gather this information in the different frequency bands, which also provide a better understanding of PFMs' recruitment behaviour. Wavelet transform of PFM EMG during MVC could be used in future research to discriminate women with healthy or weak PFM or to compare PFM intervention outcomes.

Key-words: 1. cross section study 2. women's health 3. urogynecology

Funding acknowledgements: None

Ethics approval: This study was approved by the Ethics Committee of the Canton of Bern, Switzerland.

Reference

World Confederation for Physical Therapy Congress 2015 Abstracts, Singapore, 1-4 May 2015. Physiotherapy 101: May 2015. Supplement 1, e1-e1722.

This document has drawn on a range of resources freely available on the internet using the search term 'writing a conference abstract'

Other useful resources

<http://writingcenter.unlv.edu/writing/abstract.html>

<http://owl.english.purdue.edu/workshops/hypertext/reportW/abstract.html>

<http://writingcenter.gmu.edu/handout-writing-an-abstract.php>

<http://www.courseworks.unimelb.edu.au/researchandwriting/abstracts.php>

<http://www.ece.cmu.edu/~koopman/essays/abstract.html>

<http://www.latrobe.edu.au/learning/assets/downloads/abstract.doc>

<http://www.sccur.uci.edu/sampleabstracts.html>

<http://www.uq.edu.au/student-services/phdwriting/phlink08.html>

http://www.willamette.edu/cla/ssrd/abstract_examples/

<http://blogs.mcgill.ca/gradlife/2013/02/13/how-to-write-a-conference-abstract-or-how-not-to-write-one/>

http://hgso.curtin.edu.au/pdf/Abstract_Submission_Guidelines.pdf

<http://www.qub.ac.uk/sites/PostgraduateCentre/PostgraduateResearcherDevelopmentProgramme/FileStore/Fileupload,379614,en.pdf>

<http://otaconference.com.au/uploads/Qualitative-Research-Sample-abstaracts.pdf>

<http://www.physiotherapy.ca/getmedia/06b3250f-ac5f-48b1-91b5-69f42ba5ab31/Guidelines-for-Creating-Conference-Abstracts-2013.pdf.aspx>