



CALL FOR ABSTRACTS

Injury Prevention in Child and Adolescent Sport Research Symposium – Wednesday 3rd June 2009

And

“Sport Medicine In Preparation for 2010” – Pre-Games Sport Medicine Conference Thursday June 4th to Saturday June 7th 2009

You are invited to submit an abstract of original research for consideration for presentation at either one of the following:

- 1) **The Scientific Program of the Canadian Academy of Sport Medicine 2009 Annual Symposium**, which will be held on June 4 –7th, 2009 at the Westin Bayshore Hotel, Vancouver, BC, Canada.
- 2) **Injury Prevention in Child and Adolescent Sport Research Symposium**, which will be held on Wednesday June 3, 2009 at the Westin Bayshore Hotel, Vancouver, BC, Canada. This is a one-day symposium organized in partnership with CASM and the Sport Injury Prevention Research Group, University of Calgary.

For the **Scientific Program of “Sport Medicine in Preparation for 2010”**, topics related to the clinical practice of Sport Medicine will be considered including:

- Sport injury prevention
- Sport injury treatment and rehabilitation
- Sport psychology
- Exercise medicine
- Sport science
- Sport nutrition

For the **Injury Prevention in Child and Adolescent Sport Research Symposium**, all topics related to the prevention of sport injuries in child and adolescent sport will be considered.

GUIDELINES FOR ABSTRACT SUBMISSION

1. Complete the attached author information and abstract submission form
2. The same abstract CANNOT be submitted to both Symposia.
3. The abstract format:
 - Please type single spaced using 12 point font size in English or French
 - Maximum abstract length of 350 words (not including author(s) and institution names or headings).
 - A "structured abstract" format should be used with the headings on the abstract submission form and as seen in the attached sample abstract. A more detailed description of the structured abstract format can be found at the Clinical Journal of Sport Medicine website (<http://www.cjsportmed.com>) under the "Author & Reviewer Info" link.
 - Abstracts will appear in print exactly as typed.
 - Abstracts presented elsewhere will be accepted. However, this work must not be submitted for publication as a full paper in a journal at the time of abstract submission or have appeared in print elsewhere (except in abstract form) prior to the meeting.
 - Accepted abstracts, regardless of type of presentation, will be published in the Clinical Journal of Sport Medicine.
 - **ABSTRACTS THAT DO NOT FOLLOW THE ABOVE FORMAT WILL AUTOMATICALLY BE REJECTED WITHOUT REVIEW.**

ABSTRACT SUBMISSION DEADLINE

Abstracts should be submitted by e-mail as an attached MS Word document to Dawn Haworth at : dhaworth@casm-acms.org by January 31st 2009 at 1600 hours (EST).

FOR FURTHER INFORMATION

- CASM Scientific Program abstract submissions, please contact Dr. Victor Lun, Chair of the CASM Research Committee: vmylun@ucalgary.ca.
- Injury Prevention in Child and Adolescent Sport Research Symposium submissions, please contact Dr. Carolyn Emery, Chair of the Injury Prevention in Child and Adolescent Sport Research Symposium: caemery@ucalgary.ca



SAMPLE ABSTRACT

THE EFFECTIVENESS OF PATELLAR BRACING FOR TREATMENT OF PATELLOFEMORAL PAIN SYNDROME

VMY Lun*, JP Wiley, WH Meeuwisse, and TL Yanagawa

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Objective: To determine the effectiveness of patellar bracing for treatment of patellofemoral pain syndrome (PFPS).

Design: Prospective, randomized, single blinded clinical trial.

Subjects: 136 subjects (79 females and 57 males with a total of 197 affected knees) diagnosed with PFPS.

Intervention: Subjects were randomly assigned to one of four treatment groups: 1) Home exercise program; 2) Patellar bracing; 3) Home exercise program with patellar bracing; and 4) Home exercise program with knee sleeve.

Outcome Measures: The outcome measurements were knee function (KF) and 10 cm visual analog scale (VAS) pain ratings for three different situations: knee pain during sport activity, knee pain 1hour after sport activity, and knee pain after sitting with knees bent for 30 minutes. The outcome measurements were assessed at baseline, 3, 6 and 12 weeks. The investigators were blinded to the treatment group of each subject. 95% confidence intervals were calculated for the change in KF and VAS pain ratings from baseline measurement to 12 weeks.

Results: There was no difference in the 95% confidence intervals in the change of KF and VAS pain ratings between the four treatment groups over 12 weeks.

Conclusions: Symptoms of PFPS improved over time in terms of pain and knee function regardless of the treatment group. Patellar bracing did not improve the symptoms of PFPS more quickly when added to a home program of leg strengthening. However, patellar bracing alone can improve the symptoms of PFPS.

This sample abstract was reprinted with author's permission (Original paper in Clin J Sport Med., July 2005, Volume 15, Issue 4, pp 233-238.