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 Congress Programme Committee. These guidelines are intended to be read alongside the call for abstracts.

Platform and poster presentations are considered by the Congress Programme Committee to be of equal standing and judged by the same criteria and these guidelines apply whether you are considering a platform or poster presentation. .

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 understandable?

What is an abstract?

The abstract is a brief version of your work which is expected to contain enough information for the Congress Programme Committee to judge the suitability of your work for inclusion in the scientific programme of the WCPT Congress 2019. 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 and physical therapists 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 who may use your abstract to select which sessions to attend; and
- the wider physical therapy community accessing your abstract via the congress proceedings.

Structure

WCPT requires a structured abstract 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 express 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.
Background:	What was the context for the study/project? Why was it important that it 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 study/project? (A project may be a research study, developing a new or adapted programme, method, theory or resource.) Any secondary objectives? This 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, but also in the form of data? What was the magnitude of the findings? What can be concluded from the study/project? Keep your conclusions reasonable and supportable by the findings. 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 have done important for the profession and for society?
Keywords:	Include keywords that attract the right audience.

No images, tables or graphs are permitted.

Style

However good your study/project, it deserves the best possible chance for review and presentation. Following the guidelines for submission and paying attention to style will optimise the chance of acceptance.

- Be concise; choose words carefully keeping language correct, simple and clear.
- 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/project.

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: www.abstractstosubmit.com/wcpt2017/abstracts/
- 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 remains unified and coherent.
- Edit it carefully for grammar, punctuation, typos, etc.
- Ensure that practical aspects of the abstract comply with WCPT Congress 2019 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.
- If needed get help with your writing, 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:
  - many countries have research support networks at a local or national level – try to find out about yours
  - 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 your abstract ensure it 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 them 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/project question?
6. Does the abstract say how the study/project 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 comply with the word limit?
10. Does the abstract have up to three keywords that closely reflect the content of the paper?

Examples of outstanding abstracts from previous WCPT congresses

1 DEVELOPMENT OF A MOBILE APPLICATION TO PROMOTE SELF-CARE IN BRAZILIAN PATIENTS WITH FIBROMYALGIA

Yuan S.L.K.[1], Marques A.P.[1]

[1]University of Sao Paulo, Physical Therapy, Speech Therapy and Occupational Therapy of the School of Medicine, Sao Paulo, Brazil

Background: Fibromyalgia is a condition of high prevalence, which causes physical discomfort, mental distress and impairment of social relations. With the rise in popularity of Mobile Health, the use of mobile applications should be considered as a complementary resource in fibromyalgia management. Positive results in clinical trials demonstrate the potential of these applications on behavior change and treatment of specific chronic conditions. There is a lack of applications for Brazilian patients with fibromyalgia, developed by healthcare professionals, based on reliable sources of information, with a high degree of functionality and a clear, attractive and efficient interface.
Purpose: We aimed to develop a mobile application to promote self-care in patients with fibromyalgia.
Methods: The application was developed in five stages, according to the prototyping paradigm. All stages were conducted by the researchers.
Stage 1: an expert panel of five physiotherapists, five patients with fibromyalgia, a digital interface designer and a programmer analyzed the requirements and content, and set the software objectives;
Stage 2: the designer created the user experience flow diagram, and the preliminary screen layouts, which were assessed regarding their quality of use by ten patients with fibromyalgia. Based on the results, the designer developed the final layout of the screens;
Stage 3: the programmer used the Android Studio integrated development environment (Google Inc., Mountain View, CA) to develop the prototype for the Android operating system (Google Inc., Mountain View, CA), with JAVA programming language (Oracle, Redwood Shores, CA);
Stage 4: the prototype was pilot tested regarding its quality of use with ten patients with fibromyalgia and problems were identified;
Stage 5: the designer improved the interface and the programmer built the final product.
Results: We developed an application named “ProFibro” for mobile phones with Android version 4.4 or up. The main functions of the application are: education through animation; self-monitoring with the Revised Fibromyalgia Impact Questionnaire; sleep strategies with guided imagery relaxation technique, stimulus control therapy and sleep hygiene; scheduling; exercise; hints through notifications; practice of gratitude with a diary; family adjustments. We planned to include a function that would facilitate activity pacing with a timer; however, due to technical problems and deadlines, we decided to remove it from the first version of the application.
Conclusion(s): ProFibro, a mobile Android application for individuals with fibromyalgia in Brazilian Portuguese, was developed based on scientific evidence, clinical and patient experience.
In a following stage of the research, the efficacy of ProFibro in promoting self-care and improving quality of life and symptoms will be assessed in a single-blinded, randomized controlled trial.
Implications: ProFibro is the first mobile application in Brazilian Portuguese for fibromyalgia, which will be available for download and use for free. For the best and thorough use of the application, we recommend that patients share the experience with their healthcare professionals. On the other hand, healthcare professionals, including physiotherapists, may recommend the use of the application to their patients, as a complementary resource to promote self-care in fibromyalgia management.
Key-words: 1. fibromyalgia 2. mobile applications 3. self-care
Funding acknowledgements: The present work was supported by the Sao Paulo Research Foundation (FAPESP).

Ethics approval: The Research Ethics Committee of the School of Medicine at the University of Sao Paulo approved the protocol (n. 274/14).

2 BLENDED INTERVENTION WITH REDUCED FACE-TO-FACE CONTACT AND USUAL PHYSIOTHERAPY SHOW SIMILAR EFFECTIVENESS IN PATIENTS WITH OSTEOARTHRITIS: A RANDOMIZED CONTROLLED TRIAL

Kloek C.J.J.[1,2,3,4], Bossen D.[5], Dekker J.[6], de Bakker D.H.[1,2], Veenhof C.[3,4]

[1]Tilburg University, TRANZO, Tilburg, Netherlands, [2]Netherlands Institute for Health Services Research, Utrecht, Netherlands, [3]University Medical Center Utrecht, Department of Rehabilitation, Physical Therapy Science & Sports, Brain Center Rudolf Magnus, Utrecht, Netherlands, [4]University of Applied Sciences Utrecht, Research Group Innovation of Mobility Care, Utrecht, Netherlands, [5]Amsterdam University of Applied Sciences, ACHIEVE Centre of Expertise, Faculty of Health, Amsterdam, Netherlands, [6]VU University Medical Center Amsterdam, Department of Rehabilitation Medicine & Department of Psychiatry, EMGO Institute, Amsterdam, Netherlands

Background: Exercise therapy is an effective treatment in patients with knee and hip osteoarthritis. However, face-to-face therapy is an expensive regimen. Blended exercise therapy, in which face-to-face contact is combined with a web-based program, might be a cost-effective alternative. Moreover, a blended intervention supports home-exercises and self-management through technology which is available at any time and place. We developed the blended intervention e-Exercise, a 12-week program in which up to five usual physiotherapy sessions are integrated with a web-based program.
Purpose: To evaluate the short- and long-term effectiveness of e-Exercise compared to usual physiotherapy for patients with hip and/or knee osteoarthritis.
Methods: A multicentre cluster randomized controlled trial was conducted. Physiotherapists were randomly allocated to e-Exercise or usual physiotherapy. The web-based part of e-Exercise is based on graded activity principles. Individual assignments for a central physical activity, such as walking or cycling, are gradually increased and supported with strength/mobility exercises and information modules. Program progress can be evaluated during the face-to-face sessions. Content of these sessions were, in both groups, based on the Dutch physiotherapy guideline Osteoarthritis Hip-Knee which recommend education, promotion of self-management, exercise therapy and if necessary manual therapy. Primary patient-outcomes, measured at baseline, after 12 weeks and 12 months, were physical functioning and physical activity. Secondary outcome measures were pain, tiredness, quality of life, self-efficacy and the number of physiotherapy sessions. Data were analysed using a mixed linear model with adjustment for confounding factors. Per-protocol analyses were conducted to compare adherent patients (which completed 8 out of 12 modules or more) with the usual physiotherapy group.
Results: Totally, 208 patients were included in the study and received e-Exercise (N=109) or usual physiotherapy (N=99). The e-Exercise group received on average 5 face-to face sessions (range 2-16), the usual physiotherapy group received 12 face-to-face sessions (range 2-29). After 12 weeks, none of the primary outcome measures were statistically significant different between groups. For secondary outcome measures, the e-Exercise group showed a statistical significant reduction in tiredness and an increase of sedentary behaviour compared to usual physiotherapy. Within group analyses in both groups showed a significant improvement in physical functioning (e-Exercise: +4.2 points/100, $p< 0.01$; usual physiotherapy: +5.4 points/100, $p< 0.01$). However, we found no significant effects on objectively (using Actigraph accelerometers) and subjectively measured physical activity in both groups. Within both groups all secondary outcome measurements improved. After 12 months, within group improvements on physical functioning and all secondary outcome measures continued. Average

number of completed modules was 10 (out of 12). Results from the per-protocol analyses were comparable with the intention-to-treat analysis.
Conclusion(s): In this study we found that e-Exercise is an effective and cheap treatment option in patients with knee and hip osteoarthritis. Cost-effectiveness of e-Exercise from societal perspective is forthcoming.
Implications: Broad implementation of e-Exercise might have tremendous effects on nationwide physiotherapy costs for patients with knee and hip osteoarthritis.
Key-words: 1. osteoarthritis 2. ehealth 3. physiotherapy
Funding acknowledgements: The study is funded by ZonMw, the Dutch Rheumatoid Arthritis Foundation and the Royal Dutch Society for Physical Therapy.
Ethics approval: Approved by the Medical Ethical Committee of the St. Elisabeth hospital Tilburg, the Netherlands (Dutch Trial Register NTR4224).

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