

Paper/Poster/ePoster Guidelines and Instructions

Submission Deadline June 3, 2024 at 5:00 PM Central Time

The American Academy of Orthopaedic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education (CME) for physicians. 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 and presenters at the 2025 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, all participants' disclosure must be completed in the AAOS Orthopaedic Disclosure Program and be updated within 24 months of the first day of the Annual Meeting. Disclosure reported on April 1, 2023, or later is acceptable.

This policy applies to all proposed moderators, faculty, presenters, and co-authors, including non-members.

NOTE – There is one application for Papers, Posters and ePosters. You may select your preference in the dropdown menu on the application. The Program Committee will take this into consideration but will not guarantee your preference.

INFORMATION ABOUT THE FORMATS:

Poster – Posters will be displayed during one of two sessions over the course of the meeting. Presenters are required to stand by their Poster from **11:30 AM until 12:30 PM** each day of the AAOS Annual Meeting for discussion. You will be required to produce a 45-inch by 45-inch poster to place on the provided tackboard. You will also be required to submit an electronic (ePoster) version.

ePoster – ePosters will be available for viewing at multiple ePoster Stations at the Annual Meeting, as well as online. There is no formal presentation aspect to ePosters, and your attendance at the meeting is not required. You will not have a printed poster onsite.

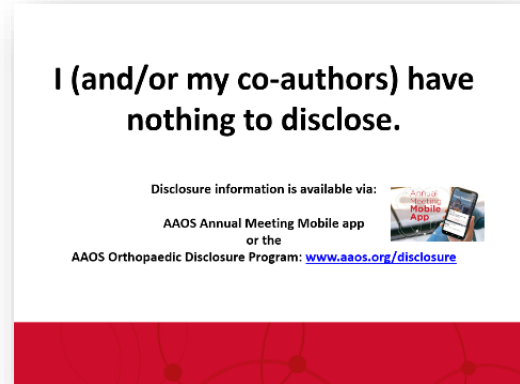
Paper – Paper presentations will be assigned a date and time to give a podium presentation. All audio-visual presentations will be by computer. PC's and MACs will be provided in each lecture room. If your abstract is accepted as a Paper, you will also be required to submit a manuscript. Manuscripts are reviewed by the session Moderators and will not be published or shared with attendees.

DISCLOSURE:

If accepted, the Annual Meeting Committee requires that you include one of the two following visuals indicating the highest level of conflict related to your Paper or Poster. It must be displayed in Paper presentations (as the first or second slide), on printed Posters as well as in ePosters.



or



ABSTRACT GRADING PROCESS

1. Abstracts will be reviewed in a "blind" fashion. Your text should not reveal the authors, institutions of origin, company name or product. Abstracts including this information will be disqualified.
2. Abstracts are graded by members of the Program Committee. Each abstract is reviewed and graded by three to five graders and the final grade is then averaged.
3. Grades are influenced by:
 - a. Significance of the study.
 - b. Content and clarity.
 - c. Specific number of cases or specimen studies.
 - d. Clinical or research data to support conclusions.
 - e. 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 3, 2024, 5:00 PM Central Time to be eligible for review by the committee.
2. An abstract is not eligible for consideration if it has been published prior to submission deadline date of June 3, 2024.

3. Submission of a corrected abstract is not allowed after the application deadline of June 3, 2024. However, you will have up to a month to make revisions after notification of acceptance.
4. An orthopaedic surgeon or a Research Scientist 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 on June 3, 2024, 5:00 PM Central Time, nor after acceptance.
6. Notifications of acceptance or rejection will be sent to the application submitter by the end of October, 2024. If accepted, all subsequent correspondence will be emailed to the presenting author.
7. Accepted Paper presenters must submit to the AAOS website a completed manuscript by December 16, 2024.
8. If your abstract is accepted as a Paper or Poster, and it is not presented, you will not be eligible to participate in the 2026 Annual Meeting.
9. The AAOS reserves the right to withdraw a presentation at any time.

INSTRUCTIONS TO COMPLETE ABSTRACT APPLICATION

1. Select the most appropriate classification for the abstract.
2. Make the title brief, the limit is 300 characters. Please use upper and lowercase letters in your title and make sure the title clearly indicates the nature of the study/procedure. **Do not use all uppercase.**
3. Abstract:
 - a. Length: The character limit cannot exceed 5,260 characters. Spaces do not count as characters. Tables and graphics are worth 300 characters each.
 - b. Language: Use English only.
4. **Content:** Provide specific details about your research/study. DO NOT list any author's name or the institution in the abstract. A two-year minimum follow-up per patient is required for all results of reconstructive procedures. The abstract must include four parts:
 - a. **Introduction** should clearly state the problem and the purpose of the study.
 - b. **Methods** should provide a description of what was actually done.
 - c. **Results** should contain the findings of the study.
 - d. **Discussion and Conclusion** should be based upon the findings and relate to the stated purpose of the study and existing knowledge.
5. Select 1 to 5 key words which will be listed on the Proceedings website.
6. **List all authors in the space provided. Authors may not be added or removed after submission closes on June 3, 2024, 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 or ePoster, must be included as part of the presentation when displayed at the AAOS Annual Meeting. A notation 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 300 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 author institutions
- Use brand or product names
- Include extraneous statements
- 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.

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 product name**). This year we are reporting the results of the effect of nasal decolonization with mupirocin on the SSI rate in patients undergoing (**typo**) THA. We determined the SSI rate of 1000 patients undergoing THA at our institution (**no mention of study design**). 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 (**lacking data and significance**). 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 (**study does not support conclusion**).

CLASSIFICATION 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.

Limb Deformity: Category is for unnatural form, distortion, or irregularity of a limb. These deformities can arise from various causes, with congenital deformities presented at birth, such as knock knees or bowed legs. Additionally, limb deformities might occur later in life due to factors like fractures, tumors, arthritis, or infections.

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

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/Rehabilitation: Category includes all submissions based on the social and economic aspects and implications of orthopaedic practice. Rehabilitation 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 patient's 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.

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JAAOS Research

Please note: The [new "green" JAAOS Research section](#) in the Journal of the AAOS ("Yellow Journal") and the Academy's Official Open Access Journal, [JAAOS Global Research & Reviews \("Blue Journal"\)](#), invite you to submit your research for consideration.