Abstract Categories:

The two abstract submission categories are available. These categories are:

1. Research-Based Abstract – This includes clinical research, bench studies, and educational research that are hypothesis-driven. The abstract body of the research-based abstract must consist of (1) INTRODUCTION, which includes the purpose of the study; (2) METHODS, which includes materials/subjects used; (3) SUMMARY of findings and their clinical implications; and (4) CONCLUSIONS of the research.
2. Descriptive Abstract – This includes case reports, program descriptions, procedures, and historical works. The abstract body of the descriptive abstract must consist of (1) an INTRODUCTION that includes the purpose for the project; (2) RESOURCES used for completing the project; (3) a succinct DESCRIPTION of the work; and (4) the SIGNIFICANCE to the field of clinical anatomy.

Available Presentation Formats:

Three formats are available for presentation at the upcoming conference. These formats are:

1. Platform Presentation - A 12-minute presentation with 2 minutes for questions.
2. TechFair Presentation - A 4-minute presentation followed by a hands-on interactive demonstration for attendees to experience your new technology and/or interactive teaching materials.
3. Poster Presentation - Standard scientific 3'7" x 3'7" poster presentation.
   The **presenting author (i.e., the first author)** must be present at their poster for the entire scheduled presentation time or the abstract will not be posted electronically on our journal's (Clinical Anatomy) website (if previously accepted as such).

You may select multiple presentation format types at the time of abstract submission, with the Abstract Review Committee making the ultimate decision. There are limited platform and TechFair presentation slots available, so please select all acceptable presentation formats when submitting your abstract.

Guidelines:

- **While this is an in-person conference, we require accepted authors to upload a virtual copy of their presentations a week before the meeting.** If your abstract is accepted for posting on the *Clinical Anatomy* website, please note that the presenting author (i.e., the first author) must submit a recorded presentation. For a platform presentation, a 10–12-minute pre-recorded presentation is required. For a

TechFair presentation, a 5–8-minute pre-recorded presentation is required. For a poster, a 3–5-minute prerecorded audio recording over the poster PDF is required. Failure to meet this requirement will result in the abstract not being posted electronically on our journal's (*Clinical Anatomy*) website (if previously accepted as such). Please be aware that electronic access to these recordings will be made available for a fee payable to the AACA after the conference has concluded.

- The work that is submitted is to be original and should NOT have been previously published or presented elsewhere. **Work that has been published and/or presented elsewhere will not be accepted.** Publication of a dissertation project through a graduate school does not disqualify the abstract for acceptance.
- All abstracts and parts of the abstract in their entirety are to be submitted in English.
- The project research or work to be presented must be completed before the time of the abstract submission. Works in progress or with projected completion dates will not be accepted.
- When completing the submission, you will be asked if the research involves using live human subjects (e.g., patients, students, etc.). **Please be aware that the project must be IRB-approved or exempt if the research involves living human subjects.**
- **Students**: Make sure it is clear in your abstract submission that you are a student and the presenting author by placing yourself as the first author. All student abstracts, regardless of poster, TechFair, or platform presentation, will automatically be judged for either the Sandy Marks (poster presentation) or Ralph Ger (platform/TechFair presentation) award. **For award purposes, dual presenters will not be considered.**
- Please scroll down for examples of descriptive and research-based abstracts. Be careful to follow the specific requirements for each, as they are different.

All Abstracts Will Undergo a Two-Step Review Process:

1. All abstracts will initially be reviewed to determine if the title, author(s), affiliation(s), and the body of the abstract are formatted correctly. Please read and follow the formatting guidelines carefully. If the abstract fails to follow the stated guidelines, it will be sent back to the first author for revision and resubmission. Thus, if the abstract is resubmitted after being returned for formatting errors and does not pass the format review a second time, the work will not move forward to content review and will not be accepted for presentation at the conference.

2. If the abstract passes the initial review, it will undergo a blinded peer review process by the Abstract Review Committee. During the abstract review process, abstracts will be recommended for:
    1. Acceptance for presentation (including type of presentation) and electronic posting on our journal's (*Clinical Anatomy*) website
    2. Acceptance for poster presentation only
    3. Rejection

Instructions for Preparing Abstracts:

1. **Author Listing.**
    - First type the presenter's last name in CAPITAL letters, followed by a comma, and then the first name and middle initial. The remaining authors follow with their first name first, their middle initials, and finally their last name (surname) – their last names are in all CAPITAL letters. Be sure to put an "and" between the last two authors and a period after the last author.
    - **To summarize, capitalize all of the last names and middle initials. Capitalize just the first letter of the first names**. ***See one of the examples below that best fits your abstract category (i.e., descriptive or research-based).***
2. **Institutional Affiliation.**
    - Type the name(s) of the department/hospital and institution for the author(s), followed by city, state, postal/ZIP code, and country – placing a comma between each component. Place a semicolon between each affiliation and a period after the last affiliation. Abbreviate names of states using the standard two letter postal abbreviations. For the sake of brevity, please **only** include the primary affiliation for each author. DO NOT indicate the position(s) (e.g., faculty, student, assistant professor) or degree(s) (e.g., MS, MD, PhD) of the author(s). Give the city, state or province, postal/ZIP code, and country for international members. ***See one of the examples below that best fits your abstract category (i.e., descriptive or research-based).***
3. **Title.**
    - Use title case. That is, all words except articles (e.g., a, an, the), conjunctions (e.g., and, or, but, so), and prepositions (e.g., above, among, over, within)

should begin with a capital letter. Titles should also end with appropriate punctuation. The first word should be capitalized, as well as the first letter after a colon or a hyphen. School affiliations and product names should not be listed in the title of the abstract. ***See one of the examples below that best fits your abstract category (i.e., descriptive or research-based).***

4. **Body of the Abstract.**
    - **The body of the abstract must be composed as a single structured paragraph with the following headings embedded in the paragraph (in all CAPITAL letters followed by a period, NOT a colon).**
    - The abstract body of the research-based abstract must consist of (1) an INTRODUCTION that includes the purpose of the study; (2) METHODS which includes materials/subjects used; (3) a SUMMARY of findings and their clinical implications; and (4) CONCLUSIONS of the research.
    - The abstract body of the descriptive abstract must consist of (1) an INTRODUCTION that includes the purpose of the project; (2) RESOURCES used for the completing the project; (3) a succinct DESCRIPTION of the work; and (4) the SIGNIFICANCE to the field of clinical anatomy.
    - **Please note that the headings for descriptive abstracts differ from those for research-based abstracts.**
    - The body of the abstract and acknowledgements are limited to **2000 characters** (including spaces). Do not indent the paragraph. The abstract should consist of text only. School affiliations should not be listed in the body of the abstract. Do not include citations, tables or illustrations, or use undefined abbreviations. Place acknowledgments at the end in parentheses, e.g., "(Sponsored by Grant No. _____ from the _____ Association.)" ***See one of the examples below that best fits your abstract category (i.e., descriptive or research-based).***

Examples of Proper Formatting:

Research-Based Abstract (e.g., clinical, bench, and educational):

ROBERTS, Shannon L.[1], Joanna WEBER[2], Zhi LI[1], Adel FATTAH[3], Michele OLIVER[2], Anne M.R. AGUR[1], and Karen GORDON[2]. [1]Division of Anatomy, Department of Surgery, University of Toronto, Toronto, ON, M5S 1A8, Canada; [2]School of Engineering, University of Guelph, Guelph, ON, N1G 2W1, Canada; [3]Department of Plastic Surgery, Alder Hey Children's NHS

Foundation Trust, Liverpool, L12 2AP, United Kingdom. Morphology of Human Forearm Muscles: Fiber Bundle Architecture and Tendon Tissue Properties.

INTRODUCTION. The architecture and tissue properties of the musculotendinous unit are unique to each muscle and are integral to determining its functional attributes. Studies quantifying these properties are scarce and often relate to a single muscle group or a sampling of muscles. Without a thorough knowledge of normal musculotendinous morphology, it is difficult to assess pathology. The purpose of this study is to quantify and compare the architectural parameters and tendon tissue properties of 16 forearm muscles. METHODS. The fiber bundles and external/internal tendons of 16 forearm muscles from one cadaveric specimen were serially dissected, digitized with a Microscribe® G2X Digitizer and reconstructed in 3D with Autodesk® Maya®. Muscle architectural parameters (fiber bundle length/pennation angle/physiological cross-sectional area/volume) were computed. The tendon properties (cross-sectional area/ultimate stress and strain/stiffness/Young's modulus) were quantified in 5 unembalmed specimens using an Instron 8872 servo-hydraulic testing device with an attached laser reflectance system. SUMMARY. A comprehensive database of the normal architecture and tendon tissue properties of 16 forearm muscles was compiled. This database enables comparison of the musculotendinous morphology between the flexor and extensor muscles as functional groups, between individual muscles and within regions of a single muscle. CONCLUSIONS. Quantification of the architectural parameters and tendon tissue properties of the forearm muscles will enable more realistic dynamic simulation. Clinically, this data could be used as a baseline for the diagnosis of pathology and to set target values for tendon repairs, and enable identification of muscles with similar properties for tendon transfers.

Descriptive Abstract (e.g., case reports, program descriptions, procedures, and historical works):

GOGALNICEANU, Petrut, Peter ABRAHAMS, Andrew FLETCHER, Elizabeth MCEVOY, and Jamie ROEBUCK. St. George's Hospital, London, W1U 6LD, United Kingdom. From Lister's Tubercle to Rotter's Nodes – A New Experiment in Clinical Anatomy Podcasting.

INTRODUCTION. Clinically integrated anatomy teaching requires a multitude of resources drawn from the bedside, the dissection room and the radiology unit. These vary in availability and location to such an extent that it is difficult for students to access all of them in a time efficient manner for revision purposes. RESOURCES. A series of anatomy podcasts compatible with MP3 players was designed, using high resolution digital imaging

and three dimensional animations combined with narrative and visual explanations. We present two iPod Touch podcasts designed to teach the clinical anatomy of the breast and of the wrist. They incorporate three dimensional simulations, cadaveric dissection, schematic diagrams, angiograms, plain radiographs and computed tomography (CT) reconstructions. Audio and on-screen text commentary are used in conjunction with digital highlighting techniques to guide the student and explain the clinical relevance of anatomy. DESCRIPTION. To design a portable, handheld software package to provide an integrated method of revising clinical anatomy and radiology outside the conventional academic environment. SIGNIFICANCE. Anatomy podcasts provide an affordable and accessible method of teaching clinical anatomy, utilizing digital platforms that are increasingly available in the medical student population. Furthermore, they facilitate integration of basic and clinical sciences utilizing an extensive variety of anatomical imaging. Whilst podcasts cannot replace traditional methods of teaching, they provide a unique educational opportunity in an accessible, visually engaging and interactive environment.