

Enter today into the 2020

PCOM MEDNet POSTER SESSION

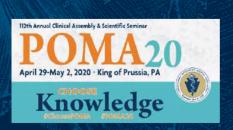
Do you have an interesting case report or research project?

Do you want to share it with your colleagues?

PRESENT IT AT POMA'S ANNUAL CLINICAL ASSEMBLY!

To register, go to www.poma.orgDeadline for abstracts is January 9, 2020

SAVE THE DATE!



ONE COLLEGE, THREE LOCATIONS
PHILADELPHIA • GEORGIA • SOUTH GEORGIA



PCOM MEDNet Poster Session 2020 Annual POMA Clinical Assembly/Convention Valley Forge Convention Center, King of Prussia, Pennsylvania Thursday, April 30, 2020

INSTRUCTIONS FOR AUTHORS

General Information

1. **Morning session**: posters must be displayed from 9 a.m. to 10:30 p.m. presenters must be available at their posters from 9:00 a.m. to 10:30 a.m.

Afternoon session: posters must be displayed from 1:30 p.m. to 3:00 p.m. presenters must be available at their posters from 1:30 p.m. to 3:00 p.m.

ONE different presenter for **EACH** poster (no exceptions).

- 2. Abstracts must be submitted online to Melanie LaPenta, Manager, Graduate Medical Education: melanieke@pcom.edu no later than January 9, 2020.
- 3. If an abstract has previously been submitted to other meetings, specify on a separate page the event(s) and provide the date(s).
- 4. The limit is 300 words (does not include Title, Authors and Affiliations).
- 5. The PCOM MEDNet Research Committee will review each submission and inform all first authors of the decision no later than February 18, 2020.

Abstract Preparation: please note that those NOT submitted in proper format WILL be returned & MUST be re-submitted within 48 hours.

- 1. <u>Use single spacing on the template (see next page).</u> <u>Not PDF only Word document.</u>
- 2. Abstract TITLE:
 - a. Indicate RESEARCH or CASE REPORT
 - b. must be in 10 point **UPPER CASE BOLD** in Times New Roman.
- 3. Presenting author is indicated by an underline. All other co-authors are not underlined.
- 4. All authors are represented by first name, initial, surname, and highest professional degree.
- 5. Each author's respective affiliation is to be indicated with a superscript number which corresponds to the list of affiliations, e.g., Michael Brown, DO¹, Jessica Smith, DO¹, George Doe,MD², etc.

List affiliations as follows:

- 1. Department of Internal Medicine, Blank School of Medicine, City, State.
- 2. Division of Cardiology, Blank Medical Center, City, State
- 6. Subtitle Format: **INTRODUCTION**; **METHODS**; **RESULTS**; **CONCLUSION** in **BOLD**. *All text must be in as appropriate upper and lower 10 point Times New Roman but not bold*.
- 7. Do not include references.
- 8. Only text is to be presented -- no pictures, tables or graphs.

Category: Research Study or Case Report
Title: EFFICACY OF OSTEOPATHIC MANIPULATIVE THERAPY IN CHRONIC LOW BACK PAIN
First Author is the Presenter: must include e-mail address
Rachel Brown, OMS-3 ¹ , Jane Doe, DO ² , Thomas Silver, DO ² , 1. Department of, (Medical Center/School 2. Division of, (Medical Center/School)
INTRODUCTION:
Basic background / limited amount of text./ no references
METHODS:
What procedures / lab tests / etc were employed for Dx and Tx?.
RESULTS:
What was (were) the outcome(s)?
CONCLUSION:
If possible, one summarizing sentence unless there were multiple significant outcomes.