



Guidelines for Structure of Abstracts

Please read these instructions carefully to ensure your abstract adheres to the relevant submission guidelines for its category. Abstracts from any category should be limited to 350 words and be in good English.

A. Research Submissions

Submissions reporting original research data and findings.

Papers and posters previously presented at other local, regional national or international meetings may be submitted, but previous presentations/publications must be declared.

Guidelines and structure of the abstract

- **Background:** a brief outline or rationale (why the study was undertaken)
- **Aim of the study:** or research question/hypothesis
- **Design, subjects and setting:** who was studied – how many, and by what research design
- **Method:** an outline of the research method (how the study was done)
- **Results:** a summary of the main results (what was found). The results of statistical analysis should be reported wherever this requirement applies. Statements to the effect that "the results will be presented and discussed" are not acceptable **and this section should be at least 150 words**
- **Discussion:** what consequences follow, eg implications for practice
- **Conclusion:** overall conclusion must reflect the aims and be justified from the data presented.

References are not normally required or expected but, if given, no more than two should be included.

Qualitative research

The Research and Clinical Standards Committee recognises that the nature of qualitative research presents a challenge to comprehensive communication within short abstracts. Therefore, whilst the key areas to be included within abstracts are set out below, it is recognised that emphasis on each area will vary in different cases, and that not every listed sub-area will be covered. In particular, presentation of the paper should include sufficient empirical data to allow judgement of the conclusions drawn.

Suggested content of qualitative research abstracts

- **Research question/objective and design:** a clear statement of the research question/objective
- **Data collection:** what data were collected, from where/whom, by whom
- **Data analysis:** how the data were analysed
- **Quality and validity of data and analysis:** strategies employed to enhance quality and validity of data
- **Application of critical thinking to analysis:** critical approach to the status of data collected
- **Theoretical and empirical context:** how does the work take into account and add to previous knowledge?
- **Conclusions:** justified in relation to data collected.

Systematic Reviews

This is a growing area of research which is increasingly structured. The Research and Clinical Standards Committee recognises that Cochrane-type reviews and meta-analyses are often not

possible or even appropriate in rehabilitation. However, measures taken to reduce bias should be clearly described, including a systematic process for literature search and selection of articles, followed by a rigorous system for critical evaluation

Suggested content of systematic reviews abstracts

- **Review question/objective and design:** a clear statement of the review question/objective
- **Search strategy:** which databases were searched, by what terms and search methods
- **Selection of articles:** how the articles were selected – what were the criteria for inclusion?
- **Evaluation of articles:** how were the articles evaluated (eg Jadad criteria, van Tulder method etc)
- **Data assimilation:** was data assimilation possible? If so, by what method
- **Meta-analysis:** Results of meta-analysis, if this was undertaken
- **Conclusions:** justified in relation to data collected.

Research in progress

The BSRM is keen to encourage high quality collaborative multi-centre research. With this in mind, we have recently added a new category of submission for 'Research in Progress'. These submissions will not be eligible for publication in Clinical Rehabilitation or for the poster/free paper prizes, but the key aim is to allow contributors to present their research ideas to encourage feedback from peers and to recruit collaborators.

Guidelines and structure of the abstract

- **Background:** a brief outline or rationale (why the study is being undertaken)
- **Aim of the study:** or research question/hypothesis
- **Design, subjects and setting:** who will be studied – how many, and by what research design
- **Method:** an outline of the research method (how the study will done)
- **Time frame:** expected time frame
- **Call for collaboration:** what contributions the author is seeking – from what types of researcher
- **Issues for discussion:** any specific questions/area for discussion the author hopes to elicit through the presentation

B. Audit and Quality of Care

Submissions reporting audit studies, the development of clinical guidelines or service standards, development and implementation of integrated care pathways or educational techniques to support high quality patient care. As a general rule audits should be multi-centre (however submissions of high quality single-centre audits will be considered), with the loop closed and be transferable/lead to a change in practice

Guidelines and structure of the abstract

- **Background:** why is the project important?
- **Quality issues:** what aspects of quality did this project address?
- **Standards/guidelines:** what standards/guideline were used – are they national or local standards? Are they published? (Reference need not be included in the abstract, but should be given in the actual presentation)
- **Methods:** is this an audit or development project – what was done? Indicate how you completed the cycle and any changes made to the audit when doing so.
- **Results:** what were your main findings? **This section should be at least 150 words**
- **Changes implemented:** how did it/will it change clinical practice? If no changes were implemented, what recommendations do you make for change?

C. Clinical Case Presentations

Submissions describing clinical cases of particular interest because of complexity, rarity or demonstrating a novel approach to intervention. As a general rule clinical cases that are rare in rehabilitation but do not present notable rehabilitation problems will not be accepted.

Guidelines and structure of the abstract

There is no rigid structure for abstracts on clinical case presentations, but the headings below may help the author to bring out the relevant points, that the adjudicators will be looking for

- **Background:** why is the case important in the context of rehabilitation? What makes it different from other reported cases?
- **Specific issues:** what aspects of the case are you trying to bring out?
- **Clinical details:** describe the case. Do not identify the patient, but give the salient clinical details relevant to the specific issues you want to bring out.
- **Management or approach:** describe what you did.
- **Implications:** what can we learn from this? What are the implications for management of other patients or future care?

NB: Any clinical photographs in your poster or presentation should be blanked out to make the patient unidentifiable, unless you have the patient's informed written consent to show the photograph unaltered.

D. Technological or Service developments

Submissions describing the development of new technologies or services to assist disabled individuals, to facilitate rehabilitation or improve care. Also computer programmes to aid data collation/presentation.

(Space and facilities for actual demonstration must be arranged with the organisers in advance)

Guidelines and structure of the abstract

There is no rigid structure for abstracts on technological development, but the headings below may help the author to bring out the relevant points, that the adjudicators will be looking for

- **Background:** why is the development important in the context of rehabilitation or disability?
- **Technology:** what is it that you have developed? Who is it for?
- **Development:** how was it developed?
- **Innovation:** what else is available and why is this different?
- **Testing:** how has it been tested so far – what were the results?
- **Implications:** what are the implications for management of patients. Any barriers to implementation?

Demonstration: If you plan to demonstrate any equipment, please contact the BSRM administration with the details.

E. Education

Submissions describing educational techniques and programmes, videos and other teaching aids. May address the educational needs of staff, patients or carers, appraisal/assessment systems, continuing professional development etc

Guidelines and structure of the abstract

There is no rigid structure for abstracts on educational development, but the headings below may help the author to bring out the relevant points, that the adjudicators will be looking for

- **Background:** why is the development important in the context of rehabilitation or disability?
- **Technology:** what is it that you have developed? Who is it for?
- **Development:** how was it developed?
- **Innovation:** what else is available and why is this different?
- **Evaluation:** how has it been used so far – what were the results of evaluation/feedback?
- **Application:** what are your plans for further application/dissemination. Any barriers to implementation?

The presentation should include contact details for people wishing to purchase the product/find out more about it.