

Call for Papers and Announcement 2015

Faculty of Sports and Exercise Medicine, RCPI & RCSI
Annual Scientific Conference

Thursday, Friday and Saturday, 17th - 19th September 2015
Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2

IMPORTANT GUIDELINES: PLEASE READ CAREFULLY

CALL FOR PAPERS

CLOSING DATE FOR RECEIPT OF ABSTRACTS: Friday 24th July 2015

Oral and Case & Poster Presentations: Fri. & Sat. afternoons, 18th & 19th September 2015

SCIENTIFIC PAPERS AND POSTERS

- The abstract should be less than/equal to 250 words, excluding the title and should be divided into: Purpose (or Introduction), Methods, Results and Conclusions.
 - Include only text; do not include images, figures or graphs.
- The name(s) of the Author(s) should appear, Presenter's name first, as surname(s), initials without punctuation, and without titles or degrees (e.g. Smith, AB - maximum of 4 authors)
- **The Scientific Committee reserves the right to edit the abstracts in case of inaccuracy of scientific content.**
- All abstracts will undergo blinded editorial review with regard to scientific content and process and editors may request further corrections of content before abstract acceptance.
- Sample abstracts for case presentation and scientific presentations are enclosed below.
 - Please indicate if you wish to submit your abstract for Oral or Poster presentation
 - Note those submitting poster presentations will be expected to make a short informal presentation (2-3 min) of their work to examining judges at an appointed time during coffee and lunch breaks on the first day of the conference.

POSTERS must be submitted in Portrait format, size A0 only.

All Presenters must register for the Conference;
Early Registration closing 24th July 2015.

Full Programme will be made available shortly on www.fsem2015.com

Dr Nick Mahony
Chair of Scientific Conference Organising Committee

**Faculty of Sports and Exercise Medicine, RCPI & RCSI
Twelfth Scientific Conference – 17th - 19th September 2015 – Call for Papers**

*** Please read in conjunction with Call for Papers ***

SAMPLE abstract submission for CLINICAL CASE PRESENTATION

A painful forearm in a competitive female rower

¹ First Author Name & Initials, ² Second Author Name and Initials.

¹ Institution Name and Details e.g. Sports Medicine Clinic, University College Dublin, Bellfield, Dublin 4.

² Institution Name and Details e.g. Department of Orthopaedic Surgery, St Vincent's Hospital, Dublin 4.

We present the case of a 20-year-old elite female rower. She presented complaining of recurrent forearm pain and spastic contraction of the wrist associated with exertion. Plain x-rays and nerve conduction studies were normal – specifically there was no evidence of ulnar nerve neuropathy. Forearm flexor compartment pressures were elevated to 20mmHg. Exercise on a rowing machine reproduced the pain with notable hardness over the volar aspect of the forearm. A diagnosis of exertional compartment syndrome was made. Decompression of the flexor compartment via a small volar incision lead to resolution of the symptoms and she returned to rowing three weeks following surgery.

SAMPLE abstract submission for ORAL AND POSTER PRESENTATION

An Audit of Automated External Defibrillators in the Gaelic Athletic Association (GAA)

¹ First Author Name & Initials, ² Second Author Name and Initials.

¹ Institution Name and Details e.g. Anatomy Department, Trinity College, Dublin 2

² Institution Name and Details e.g. Cardiac Department, St James's Hospital, Dublin 8

Introduction: Sudden cardiac arrest (SCA) affects approximately 6,000 Irish people annually, evidence shows increased survival rates for persons receiving early defibrillation. In 2007, the GAA promoted and subsidised AED placement within its clubs.

Study Aims: to determine availability, usage and location of AEDs at GAA clubs nationally.

Methods: 1,661 club secretaries were requested to complete an on-line survey to gather data on AED availability, placement, maintenance, signage and usage.

Results: 48% (n=799) of clubs responded, 732 surveys were admissible, and of respondents; 69% (n=503) owned an AED, 25% (n=185) did not and 6% (n=44) were unsure. 35% (n=177) of clubs had purchased AEDs through the GAA/VHI scheme. Reasons for acquisition of an AED were; 51% (n=257) cited "recommendation/promotion by the GAA", 43% (n =216) "requested by community" and "because SACD is very topical" respectively, and 19% (n = 95) "donated by third party." In 31% (n=155) of club AEDs were kept in locked locations, 58% (n=288) were publicly accessible and in 11% (n = 60) location was unknown. In 3% (n= 16) of clubs AEDs had been used in resuscitation attempts.

Discussion: This is the first national audit of AED use within the GAA since its introduction of a policy promoting AED usage in 2007. The uptake of AED placement in clubs responding to this survey was high; however no data is available for the 52% of clubs who did not respond. The author would therefore recommend mandatory registration of AED placement in the annual club report to GAA headquarters.