

**Deadline: Friday, February 6th, 2026, 11:59 PST**

### ABSTRACT GUIDELINES

Abstracts are limited to 2,000 characters [not including spaces, title, or author block]. For abstracts including a table, chart, or graph, the character limit is 1,500 characters.

**Do not use brand names in the abstract.**

If funding supported the research, add source information to bottom of the abstract.

*\*These characters do not count towards character count.*

Abstracts must be written in English using standard abbreviations, symbols, and punctuation. When using abbreviations, write the expanded form the first time it is mentioned, followed by the abbreviation in parentheses.

### FORMATTING:

All abstracts should be in Times New Roman, 10-point font, with 0.5' margins, single-spaced.

### TITLE:

Limited to 15-words (or less), typed in ALL-CAPS, BOLD, and Italicized.

### AUTHORS:

The first initial(s) and last names of the authors should be used with the presenting author's name first (bolded). \*Do not include degrees or titles. Fellows of ACSM should use the FACSM designation following their name. Use numerical values in superscript following the author's last name to identify author affiliations when more than one affiliation is used.

### INSTITUTIONS:

The affiliation/institution of the authors should be included in the author block. \*Do not include departments.

### TEXT:

Abstracts must be informative, including a statement of the study's specific PURPOSE, METHODS, a summary of RESULTS, and a CONCLUSION statement. \*Sections must include section headers. Include relevant data, including but not limited to, mean data, standard deviation/standard error, and p-values. It is not satisfactory to only include statistical results.

### RULES FOR SUBMISSION

1. Each student/professional is permitted to submit *only one* first-author abstract. They may be co-author on as many other abstracts as desired.  
*\*If more than one first author abstract is submitted, only one will be accepted.*
2. The primary (first) author must submit the abstract using the online submission link by uploading an editable document (.doc, .docx).
3. All abstracts must be submitted prior to **Friday, February 6, 2026, at 11:59 pm PST**. \*There will be no extension.
4. The student level category should be based on student status when the research was completed.
5. By submitting the abstract, the first (primary) author is verifying they were substantially involved with the research and initiated the abstract.
6. All files should be submitted as:  
**'LastName\_AbstractCategory\_ACSMNW2026'**
7. Email addresses from *all* authors should be included.
8. All authors must approve the abstract prior to submission. Submitted abstracts will automatically be sent to the mentor listed on the form.
9. Submissions that do not follow these guidelines may be rejected or returned for revision. If a revision is requested, the revised abstract must be returned prior to the deadline for consideration.
10. All abstracts have the option to be published in a special issue of the Translational Journal of the ACSM.
11. Masters and Doctoral level abstracts will have the option to be considered for the **President's Cup Award**. Selected abstracts will qualify for competitive presentation. President's Cup competitors will prepare an oral presentation for the ACSM NW Annual Meeting.  
*\*The winner will receive funding to assist with attendance at the 2026 ACSM Annual Meeting in Salt Lake City to represent the Northwest region at the national competition.*

### NEW! Early Career Spotlight

The Early Career Spotlight will feature selected abstracts from early career faculty and emerging professionals whose work exemplifies innovation or application in exercise science. Individuals within six years of completing their terminal degree are eligible. To be considered, check the Early Career Spotlight box when submitting your abstract. Abstracts will be reviewed through the standard process; selected presenters may be grouped into a featured session as space allows.

## FOLLOW THE SAMPLE ABSTRACT BELOW

### PREVALENCE OF PHYSICAL ACTIVITY AND SITTING IN PEOPLE WITH INFLAMMATORY BOWEL DISEASE AND HEALTHY INDIVIDUALS

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Inflammatory bowel disease (IBD) is an autoimmune disease characterized by the cyclical nature of flare and remission periods, with little known about the prevalence of physical activity and sedentary behaviors, such as sitting, in this population. **PURPOSE:** To determine the prevalence of physical activity and sitting in people with IBD (in remission and disease flare) compared to healthy individuals. **METHODS:** Participants with IBD (n=242; 96 in disease flare [IBD-flare] and 146 in disease remission [IBD-remission]), and healthy controls (n=265) participated in an online survey. Self-reported walking, moderate-to-vigorous physical activity (MVPA) and sitting were collected. Data were analyzed using analysis of covariance with age, sex, education status, disease history, and smoking habits as covariates. **RESULTS:** People with IBD reported lower levels of walking ( $329 \pm 422$  min/week,  $p=0.03$ ) and MVPA ( $279 \pm 412$  min/week,  $p<0.01$ ) than healthy individuals ( $477 \pm 536$  min/week and  $481 \pm 529$  min/week, respectively). There were no differences between IBD-flare and IBD-remission participants for levels of walking ( $301 \pm 466$  vs.  $335 \pm 368$  min/week, respectively) or MVPA ( $227 \pm 315$  vs.  $330 \pm 481$  min/week, respectively,  $p>0.05$  for both). Physical activity guidelines were met in 45% of people with IBD and 73% of healthy individuals ( $p<0.05$ ). Although sitting was not different between groups, there was a trend for higher sitting in those with IBD ( $424 \pm 196$  min/day) compared to healthy individuals ( $395 \pm 182$  min/day,  $p=0.07$ ). **CONCLUSION:** Our findings indicate that people with IBD report lower levels of physical activity than healthy individuals but report no differences in weekday sitting. Furthermore, there were no negative consequences of a disease flare on physical activity. People with IBD may be able to participate in varying levels physical activity despite there being no guidelines for this population. Future research should aim to develop physical activity recommendations to benefit people with IBD and reduce the amount of time spent sitting. Supported by Gatorade Sports Science Institute Student Award.

## CLINICAL CASE STUDY ABSTRACT

### PREPARING A CLINICAL CASE ABSTRACT

Limited to 2000 characters [not including spaces, title, or author block]. For abstracts including a table, chart, or graph, the character limit is 1,500 characters.

#### Your clinical case abstract should include:

- a synopsis of your case that itself includes the history and physical exam of the case to be discussed;
- an outline of the differential diagnosis, tests and results;
- final/working diagnosis;
- treatment/outcomes as it pertains to the case.

Include any necessary data (e.g., EKG, X-rays, ECHOS).

#### Do not use brand names.

#### TITLE:

This should reflect the area of the problem and description of the patient but should not include the final diagnosis (e.g. Neck Injury – Football).

#### TEXT:

The first portion should state the HISTORY of the case.

The second portion should outline the PHYSICAL EXAM.

The rest should follow with the following information:

- Differential Diagnosis
- Final/Working Diagnosis
- Tests and Results
- Treatment and Outcomes

### HEAD INJURY – FOOTBALL DEFENSIVE CORNERBACK

A. Author<sup>1</sup>, B. Author<sup>2</sup>

<sup>1</sup>First University, City, ST; <sup>2</sup>Second University, City, ST

**HISTORY:** A 17-year-old senior high school football defensive cornerback sustained a neck injury while tackling. During the third quarter of a midseason game, he unintentionally used a spearing technique for a successful tackle. As he drove his head into a ball carrier's chest, his neck was forced into flexion and he developed moderate posterior neck pain. There was no numbness, tingling, weakness or radiation of pain into his upper extremities. Three tackles later, 11 plays later, and during the fourth quarter, he reported his neck pain to the athletic trainer. **PHYSICAL EXAMINATION:** Examination on the sidelines revealed moderate tenderness over the spinous processes of C6-T1, mild tenderness of the adjacent paraspinal muscles bilaterally and normal sensation, reflexes and strength of his upper extremities. There was full active range of motion of his neck but flexion and extension were painful. Over the next hour, his neck progressively became stiffer, but he had no neurological symptoms or signs. **DIFFERENTIAL DIAGNOSIS:** 1. Strain of cervical paraspinal muscles 2. Fracture of cervical spine 3. Cervical sprain. **TEST AND RESULTS:** Cervical spine anterior-posterior and lateral radiographs reveal: (1) obliquely horizontal fracture of C7 spinous process with 1/2 cm displacement of fracture fragments; (2) 2 mm of forward subluxation of C6 vertebral body relative to C7 vertebral body. Lateral cervical spine radiographs with neck actively flexed and extended reveal: (1) no further subluxation of C6 vertebrae; (2) increased distraction of spinous fracture fragments with neck flexion. Cervical spine oblique radiographs: (1) normal orientation of facets and pedicles. **FINAL/WORKING DIAGNOSIS:** Clay-shoveler's fracture (avulsion fracture of spinous process of C7). **TREATMENT AND OUTCOMES:** (1) Immobilization with Philadelphia collar for 6 weeks. (2) Repeat active extension and flexion radiographs at 3 and 6 weeks post injury showed no delayed increase in stability. (3) Neck isometric exercises started 3 weeks post injury. (4) Range of motion and neck strengthening exercises started 6 weeks post injury. (5) Returned to sports 3 months post injury when he had full, painless ROM, normal strength and able to meet the demands of his sport.

# ADDITIONAL SUBMISSION INFORMATION

## NOTIFICATION OF ACCEPTANCE AND PROGRAMMING

Abstracts will be formally reviewed by an independent committee. The final acceptance decision is the exclusive right of the Abstracts Coordinator and the Annual Meeting Committee.

The primary author will be notified electronically of the acceptance of their abstract. This will include the type of presentation of the abstract.

Accepted abstracts will be published in the Annual Meeting program, as well as a special issue of the Translations Journal of the ACSM. \*Unless indicated otherwise during submission.

## AUTHORSHIP, ORIGINALITY, & MERIT

Submitted abstracts *MUST* reflect the unique work of the authors. The scope of the work represented in the abstract must be of sufficient merit so that it stands alone as a meaningful accomplishment. While it is recognized that students may submit separate results from a single study, each abstract should be independent and answer a unique research question, test a novel hypothesis, or describe a new approach/population.

Exact duplication of text and/or results across abstracts is not acceptable nor is excessive parsing of data among student groups. Faculty advisors who have questions regarding authorship, originality, or merit should contact the Abstract Coordinator.

In instances where the Annual Meeting Committee believes these guidelines have not been met, primary authors and mentors will be contacted, and abstracts rejected.

## WITHDRAWALS

Withdrawal requests must be made in writing (email) with the reason for withdrawal clearly stated. A copy of the abstract, letter of withdrawal, and author approval statement should be emailed to the Abstract Coordinator. All authors must approve the retraction of the abstract.

\*Abstracts withdrawn will not be published.

In the event of an emergency where the primary author is unable to attend the meeting, the Abstract Coordinator should be notified. Permission may be granted for a co-author to present the abstract.

## REGULATORY COMPLIANCE

Research involving human participants must comply with the ACSM statement on the use of human subjects and informed consent [[MSSE, 28\(10\) Oct 1996 Policy statement regarding the use of Human Subjects and Informed Consent](#)]. Animal studies must comply with [NIH guidelines](#).

To ensure consistency and clarity, authors must use the terms as defined by MSSE, 'Information for Authors' and utilize the units of measurement of the Système International de'Unite [SI].

## STATEMENT OF DISCLOSURE AFFECTING CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES

The prospective audience must be made aware of researchers affiliated with or who have a financial interest in commercial entities. Acknowledgement of such affiliation and/or financial interest must be provided for the program by the authors.

**All inquiries/questions should be directed to the Abstract Coordinator:**

[mal25@acsmnorthwest.org](mailto:mal25@acsmnorthwest.org)

*Please prepare all abstracts according to posted instructions and submit as an editable document (.doc, .docx).*

**SUBMIT YOUR ABSTRACT [HERE](#)**

or navigate to: <https://northwest.acsm.org/annual-meeting/>

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