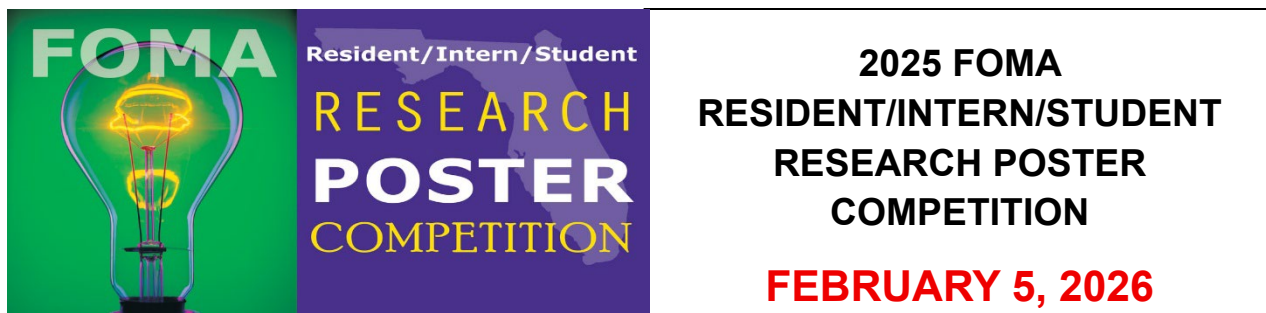




FOMA Poster Competition Guidelines

A. ELIGIBILITY & CONTENT

- **Who Can Enter:** Students, Residents, and Fellows who are FOMA members
 - **Event Date:** Thursday, February 5, 2026 (Virtual via Zoom)
 - **Submission Deadlines:**
 - ❖ **Abstract & Application:** **Monday, November 24, 2025 @ 11:59 PM**
 - ❖ **Final Poster PDF:** **Monday, January 12, 2026 @ 11:59 PM**
1. Entrants are encouraged to submit research that is **original** to this competition, although research that has previously been presented at local hospitals or regional and national conferences is also acceptable.
 2. The research presented **must be the original work of the student, intern, resident, or fellow** who is submitting it.
 3. The **final poster must include the results** of the study. Abstracts alone are not sufficient.

B. APPLICATION INSTRUCTIONS

1. The Electronic Application Form must be submitted along with the abstract as a Word document. *Submissions in PDF or JPEG format will not be accepted.*
2. The deadline for submission is **Monday, November 24, 2025 @ 11:59 PM**. *Late submissions will not be accepted under any circumstances.*
3. Only **one entry per first/primary author** is allowed.
4. All communication regarding the competition will be sent to the first/primary author only.
5. Once submitted, entries are considered final.
6. Author information must be formatted as follows:
 - For students:** First Name, Last Name, OMS year (e.g., OMS1, OMS2).
 - For residents/fellows:** First Name, Last Name, Degree awarded (DO or MD) and PGY year (e.g., PGY1).
 - For Faculty:** First Name, Last Name, degree (Ph.D., DO, Ed.D., etc.).
 - For other contributors:** First Name, Last Name, appropriate credentials (if applicable).

7. All application must indicate whether the research project received Institutional Review Board (IRB) approval or explain why IRB approval was not necessary. Projects requiring IRB approval must have it in place.

C. ABSTRACT GUIDELINES

1. The abstract must be submitted electronically as a **Word document** along with the application.
2. The abstract must be **no longer than one page**, formatted on 8.5" x 11" paper, using **Times New Roman, 12-point font**, single-spaced, with **one-inch margins**.
3. The abstract must not exceed **600 words**.
4. The abstract must include the **title and authors**, followed by specific sections depending on the type of research:
 - **For case studies:** Introduction, Case Description, Discussion.
 - **For experimental research:** Background, Objective, Methods, Results, Conclusions.
5. The abstract must contain enough preliminary information to allow reviewers to assess the study, although final results should be presented on the poster itself.
6. Abstracts will be reviewed and scored based on the outlined criteria. The top 60 abstracts (30 case studies and 30 experimental research) will be invited to participate in the poster competition.
7. Notification of acceptance will be sent during the third week of December 2025.

D. VIRTUAL POSTER PRESENTATION

1. The final poster must be submitted as a **single-page PDF** by **11:59 PM on Monday, January 12, 2026**. No exceptions will be made.
2. Posters will be presented electronically using Zoom.
3. All posters will be made available to FOMA attendees during the conference.
4. Each participant will have three minutes to present their poster to the judges during a live virtual session. Presentations will not be recorded.
5. Only the **first/primary author** may present. If the first author is unavailable, another **osteopathic author** listed on the application may present, but **points will be deducted**.

E. JUDGING AND AWARDS

1. A panel of judges appointed by the FOMA Executive Committee will evaluate the presentations using **objective scoring criteria**. Judging will focus on:
 - Overall appearance of the poster.
 - Completeness and importance of the case or research.
 - Quality and completeness of the oral presentation.
2. All decisions made by the judges are final.
3. Awards will be given in two categories: **Student Posters** and **Resident/Fellow Posters**.
 - First place: \$750
 - Second place: \$250
 - Third place: \$150

2. An additional award of \$250 will be awarded, the **Future of Osteopathic Medicine Award (FOMA Prize)**, will be given to the project that best advances the principles and practices of osteopathic medicine.
3. Winners will be announced at a FOMA Event. Winners will be notified in advance so they can attend the event.
4. The first author of each poster will receive an electronic Certificate of Participation, which can be shared with all co-authors.
5. FOMA will publish an Abstract Book containing all accepted abstracts, which will be distributed electronically after the event.

If you have any questions about the FOMA poster competition, please contact **Kris Lalji** at kl437@nova.edu.

RESEARCH STUDY FORMAT AND ABSTRACT SAMPLE

RESEARCH STUDY Abstract Format

Title - The title should reflect and concisely describe your research project.

Authors - Include name and degree(s) for all authors and institutional affiliation for the primary author. The authors included should be those who contribute significantly to the intellectual content of the research project.

Background - Why is the topic you have selected a problem that needs to be addressed? What is missing from the field of study that your study is going to address? Provide a one-sentence summary of the rationale for the study question.

Objective(s) - What does this study intend to resolve? Provide a one-sentence description (e.g., "To determine...", "To establish...") of the study's primary objective. Authors may choose to include key secondary objectives.

Methods - A short paragraph discussing the design, setting, patients, and interventions (Refer to the descriptions below). This section describes how the study was carried out.

- o **Design** - A statement of the study's basic design (e.g., randomized controlled trial, double-blind, cohort, survey, cost-effectiveness analysis). Note: Make sure you include in the design statement a notation that the research study was approved by the IRB (institutional review board)
- o **Setting** - A one-sentence description of the clinical circumstances of the setting (e.g., general community, primary care center, hospitalized care).
- o **Patients (or other participants)** - A brief description of the key eligibility criteria of the study's participants. The total number of the participants must be included and how many participants were included in each group of the study (i.e., study group(s), control group).
- o **Interventions** - A brief description of any interventions administered (e.g., OMM, medications, etc.).
- o **Main Outcome Measure(s)** - A brief description of the study's outcome measurements (e.g., blood pressure, symptom scores, patient satisfaction scales).

Results - A brief summary of the main results along with declarations and explanations of any important findings. Authors should include the study's relevant statistical information (e.g., confidence intervals, levels of statistical significance).

Conclusion - How does this study add to the body of knowledge on the topic? Provide a brief summary of the study's conclusions directly supported by the reported evidence. Authors may include clinical applications and any recommendations for additional study.

Sample RESEARCH STUDY Abstract

Title: **The Relationship Between Degree of Malnutrition and the Staging of Sacral Decubitus Ulcers**

Author: Joan Smith, OMS3; Delvin Wolcott, OMS3; Jack Smith, DO
Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine

Background: Decubitus ulcers, otherwise known as pressure ulcers or bedsores, are injuries to the skin and underlying tissue usually over bony prominences as a result of prolonged pressure to the affected area. One of the most common sites of decubitus ulcer formation is over the sacral area. Malnutrition has been linked as a predisposing risk factor for the development of decubitus ulcers. However, the relationship between the degree of malnutrition and the stage of sacral decubitus ulcers has not been well established.

Objective: The objective of this study is to determine the extent to which the stage of a patient's sacral decubitus ulcer and a patient's nutritional status are related.

Methods: This study was designed as a retrospective cross-sectional study using data previously gathered for patient care. The patient data used in this study was selected using the following criteria: 1) The patient must have been admitted to Larkin Community Hospital between January 1, 2011 and December 31, 2011 with a sacral decubitus ulcer at the time of admission as documented by Larkin Community Hospital's Wound Care Team. 2) The patient must have had a serum Prealbumin Level drawn within 24 hours of admission to check his/her nutritional status. A total of seventy-six patients met these criteria. The research data was gathered using Larkin Community Hospital's electronic medical record system.

Results: Using the data gathered, a correlation coefficient of -0.65 was calculated indicating a strong inverse relationship between a patient's nutritional status and the stage of his/her sacral decubitus ulcer. Patients with lower Prealbumin Levels were more likely to have higher stages of Sacral Decubitus Ulcers.

Conclusion: The results of this study suggest that nutrition plays a crucial role in the development and progression of decubitus ulcers. Patients, who were severely malnourished, were much more likely to have Stage 4 Sacral Decubitus Ulcers, while patients, who were only mildly malnourished, were much more likely to have Stage 1 Sacral Decubitus Ulcers. This study reaffirms the need to feed patients, who have decubitus ulcers or are at risk of developing decubitus ulcers, a diet rich in protein to help treat and/or prevent the formation of decubitus ulcers.

CASE REPORT FORMAT AND ABSTRACT SAMPLE

CASE REPORT Abstract Format

Title – The title is a summary of the abstract itself and should convince the reader that the topic is important, relevant, and innovative.

Authors – Include name and degree(s) for all authors and institutional affiliation for the primary author. The authors included should be those who contribute significantly to the intellectual content of the case report.

Introduction - Describe the context of the case and explain its relevance and importance.

- Describe whether the case is unique. If not, does the case have an unusual diagnosis, prognosis, therapy, or harm? Is the case an unusual presentation of a common condition? Or an unusual complication of a disease or management?
- Describe the instructive or teaching points that add value to this case. Does it demonstrate a cost-effective approach to management or alternative diagnostic/treatment strategy? Does it increase awareness of a rare condition?

Case Description - Follow the basic rules of medical communication. Report the case in sequence.

- Describe the history, examination, and investigations adequately. Is the cause of the patient's illness clear-cut? What are other plausible explanations?
- Describe the treatments adequately. Have all available therapeutic options been considered? Are outcomes related to treatments? Include the patient's progress and outcome.

Discussion - Discuss rationale for decisions that were made and the lesson from the case.

- Report a literature review of other similar cases. Describe how this case is different from those previously reported.
- Explain the rationale for reporting the case. What is unusual about the case? Does it challenge prevailing wisdom?
- In the future, could things be done differently in a similar case?

Sample CASE REPORT Abstract

Title: Diaphragmatic Rupture Secondary to Blunt Thoracic Trauma
Authors: Alexander J. Scumpia, DO, MSc, PGY2; Daniel A. Aronovich, DO, PGY1; Vanitha Vasudevan, MD; Ryan M. Shadis, MD; Mauricio Lynn, MD
Emergency Medicine Residency Program, Mount Sinai Medical Center

Introduction: Diaphragmatic rupture is a relatively rare injury with a reported incidence of 1 to 7% of all patients following significant blunt trauma. In a review of 1589 patients, Asensio et al reported that 75% had left-sided injuries, 23% had right-sided injuries, and 2% had bilateral injuries. This preponderance for left-sided injuries is thought to be related to the protective effect of the bare area of the liver in contact with the diaphragm in the right thorax. The pathophysiology in blunt trauma is due to the abrupt change in intra-abdominal pressure that is thought to cause the majority of injuries, although shearing and/or avulsion can also occur especially following lateral trauma.

Case Description: We present a case of a 71-year-old African American male, who was involved in a high speed motor vehicle collision, as an unrestrained back seat passenger. He was transferred from a local hospital to a Level-1 trauma center 5 hours after the injury. His chief complaint was left anterior chest wall pain.

On primary survey, his airway was patent and respiratory rate was 16 breaths per minute with an oxygen saturation of 98% on 2 liters oxygen via nasal cannula. Decreased breath sounds as well as bowel sounds were auscultated in the left thorax. Heart rate was 76 beats per minute with a blood pressure of 130/84 mm Hg. Clinically, the patient appeared calm and hemodynamically stable; neurologically, he was non-focal without any deficits. Secondary survey was grossly unremarkable aside from left anterior chest wall tenderness to palpation. Trauma bay chest X-ray demonstrated significant injuries to the left thorax including multiple rib fractures, hemothorax, and diaphragmatic rupture with herniation of bowel loops into the chest cavity. Pelvis X-ray and FAST exam were grossly unremarkable. Upon insertion of a nasogastric tube, repeat chest X-ray demonstrated the nasogastric tube to be in the left upper abdomen coursing upwards into the left thorax and terminating at the level of the left third rib. The patient underwent emergency laparotomy for repair of the diaphragmatic defect. Incidentally, a splenic laceration of the inferior pole was identified, with significant intra-operative bleeding. Successful repair of the diaphragmatic injury as well as splenectomy was achieved without incident.

Discussion: This case illustrates the prompt and accurate diagnosis of diaphragmatic rupture leading to optimal patient outcome.