



Ontario Association for Amputee Care (OAAC) Virtual Conference

Poster Abstract Submission Instructions

Submission Deadline: FRIDAY MARCH 5, 2021 @11:59 PM PST

This document provides detailed instructions on submitting your work as one of the following types of abstracts to be presented at the 2021 OAAC Virtual Conference on **FRIDAY MAY 7, 2021**.

- Research
- Clinical Innovation
- Student

This poster session is being sponsored by the
[International Society for Prosthetics & Orthotics Canada](#)



1. OVERVIEW

All submissions for the OAAC 2021 Virtual Conference will be reviewed by judges who are experts in the field. Accepted abstracts will be made available online one week prior to the conference and available during and after the conference.

Presentations

Authors of accepted abstracts will be expected to choose ONE of the following formats for presentation: a) a pre-recorded virtual presentation (i.e., slides with audio recording), or b) a poster in PDF format. Presentations will be made available for viewing by **FRIDAY APRIL 30th**.

2. SUBMISSION DEADLINE

Submit abstracts online via the OAAC email at ONAMPCARE@gmail.com no later than **11:59 PM PST on FRIDAY MARCH 5, 2021**.

3. TOPIC AREAS

OAAC will be open to any topics related to the field of amputation. Some examples of topics that would be considered include prosthetics, assistive technologies, wheelchair skills, wound care, rehabilitation, gait training, acute care and/or surgical techniques, amputation prevention, phantom limb pain and/or other comorbidities/secondary conditions, community living, and quality of life. Abstracts may describe findings from a research project, quality improvement initiative and/or clinical innovation. Projects which are either at the proposal stage or work in progress also are eligible. If you are uncertain about the eligibility of your topic, please email: ONAMPCARE@gmail.com

4. REVIEW CRITERIA

Each abstract will be reviewed according to the criteria for a research presentation – i.e., background, methods, results, and discussion/conclusion.

5. NOTIFICATION

Once you submit your abstract, a review period will follow. The Reviewing Committee will choose abstracts and inform those chosen by **FRIDAY MARCH 31st, 2021**.

The highest ranked student abstract (undergraduate / college; master's; PhD) and the highest ranked abstract by non-students will be invited to give a five-minute oral presentation of their topic at the live conference on **FRIDAY MAY 7, 2021**.

6. FORMATTING YOUR ABSTRACT

Abstract Structure and General Style Guidelines:

Please use the following headings for your abstract:

- Category: Research; Clinical Innovation; Student (**only indicate one category**)
- Title of abstract
- Authors (e.g., Smith JB¹, Morgan LB²)
- Primary affiliation for each author (e.g., 1 – Unity Health, Toronto, ON; 2 – Sunnybrook Health Sciences Centre)
- Background
- Methods
- Results
- Discussion/Conclusion

*For abstracts describing study proposals or work in progress, this format may be modified.

PLEASE NOTE: Your abstract should not exceed 2000 characters with spaces (~300 words).

Naming your Files: All files should be submitted in an editable format (.doc or .docx), rather than a PDF.

Please name your files using the title of your abstract.

A sample abstract is provided at the end of this document for your reference.

7. SUBMITTING YOUR ABSTRACT

Abstracts must be submitted via email no later than **FRIDAY, MARCH 5, 2021 [11:59 PM PST]**.

To submit your abstract, email ONAMPCARE@gmail.com using the subject line "OAAC abstract submission".

Please include the title of the abstract and the submitting authors' last names in the body of the email message. If you have problems submitting your abstract, please contact the organizers at ONAMPCARE@gmail.com with subject line "[OAAC CONFERENCE 2021]."

Submission Checklist

- Abstract is saved as .doc or .docx, and files are no larger than 5MB.
- Submit abstract via email at ONAMPCARE@gmail.com unless unable to do so due to technical or disability-related reasons.
- Alternative text has been uploaded for all non-text elements

SAMPLE ABSTRACT

Category: Research

Title of abstract: Examining the feasibility of 3D printing technologies for fitting prosthetics in the field of amputation.

Authors: Shatner W¹, Newton W², Hasselhoff D³, Reynolds R³

Affiliations: 1 – Unity Health, Toronto, ON; 2 – Sunnybrook Health Sciences Centre, Toronto, ON; University of British Columbia, British Columbia, ON;

Background:

The use of 3D printing technologies is growing in popularity in the field of limb loss. A first step in advancing the use of 3D printing in the field is to assess the feasibility and acceptability of adopting these technologies by prosthetists.

Methods:

A mixed-methods study was undertaken that first distributed an online survey to prosthetists (N=50) from across Ontario about their knowledge and access to 3D printing and their perceived utility of the technology. The questions on the survey were anchored by Likert-type scales. A sub-set of participants (n=20) participated in a qualitative interview by phone to share their perspectives on using 3D technologies. A fundamental qualitative descriptive approach was used to analyze the interview data.

Results:

The sample of prosthetists (35 men; 25 women) had on average 5.7 years (SD=2.8) of clinical experience. Only 1/3 of the sample had previous experience with 3D printing and only 10% had access to a 3D printer in their clinical practice. There was a negative correlation ($r=-.40$, $p < .05$) with years of experience and acceptability of using 3D technologies, where those newer to the field were more willing to explore using it in their clinical practice. From the qualitative interviews, two themes emerged, which included: a) uncertainty of the technology and b) training considerations.

Discussion/Conclusion:

Prosthetists have mixed-feelings with regard to the use of 3D printing technologies. Although persons earlier in their careers were more likely to explore using it, most of the sample indicated low to moderate rankings on the feasibility of regularly using it compared to traditional approaches. Overall, the findings indicate that prosthetists feel that the technology is not yet ready and more evidence is needed prior to adoption. Once ready, prosthetists stated that an effective way to mobilize it would be to introduce it in academic clinical programs.



OAAC would like to thank the
[International Society for Prosthetics & Orthotics \(ISPO\) Canada](#)
for sponsoring this poster session.