American College of Foot and Ankle Surgeons®
Proven leaders. Lifelong learners. Changing lives.

81st Annual Scientific Conference
February 9-12, 2023
Los Angeles, CA

2023 Call for Manuscripts
Information/Policies

Submission Deadline: August 3, 2022
Notification regarding acceptance will be sent **by October 2022**

The Annual Conference Program Committee is accepting applications/papers for scientific manuscript presentations at the 81st ***Annual Scientific Conference,*** **February 9-12, 2023** in **Los Angeles, CA.** If you would like your research to be considered for presentation, your manuscript must be submitted at **acfas.org** no later than **August 3, 2022.**

$10,000 in prize money will be divided by winners of the ACFAS Manuscript Awards of Excellence.
1st Place: $3,000; 2nd Place: $2,500; 3rd Place: $1,500; 4 Honorable Mentions: $750 each

Manuscript Presentations are **live** oral presentations followed by a brief commentary and open floor discussion for audience participants.

Manuscripts submitted for consideration for presentation at the Annual Conference **must be Scientific Format**.

Scientific Format is defined as the study/evaluation of a question and formation of a hypothesis—it could be prospective or retrospective. It involves gathering information, testing the hypothesis, interpretation of the data and drawing conclusions that validate or negate the hypothesis.

Note: A case study (collection and presentation of detailed information about a particular participant or small group) will NOT be accepted for the ACFAS manuscript competition.

Mandatory Financial Disclosure Statement
Each author and co-author(s) of a manuscript accepted for presentation **are required to disclose** to the program audience any real or apparent conflicts of interest regardless of whether the potential conflict relates to the specific topic they are presenting

Each primary author and co-author(s) will have their disclosure indicated next to their names in the Annual Scientific Conference final program.

Correspondence—Notification regarding acceptance and all other correspondence will be sent via e-mail to the **Correspondent Author only** at the e-mail address provided in the submission. **It is the responsibility of the Correspondent Author** to communicate pertinent information to all manuscript co-authors.

Policies Governing Applications/Manuscripts

Manuscripts will ONLY be accepted in one of the following classifications:

Arthroscopy
Biomechanics and Anatomy
Diabetic Foot
Forefoot Reconstruction
Heel Pain
Orthotics/Prosthetics/Pedorthics
Peripheral Nerve Disorders
Physical Therapy/Rehabilitation
Rearfoot and Ankle Reconstruction
Trauma (Surgical/Conservative)
Wound Care/Infectious Diseases

- Manuscript must **be original work**.
- Manuscript must **not be previously published**.
- The same topic will **not** be accepted for both oral presentation and as a poster exhibit.
- Use generic names whenever possible instead of proprietary/brand names.
- Once a manuscript is submitted, online revisions will **not** be permitted.
- Manuscript titles and author names will be listed in the final program; author names will appear in the order in which they are listed in the online submission.
- The ACFAS Board of Directors, members of the Judging Panel, Chair of the Annual Scientific Conference, or employees/independent contractors of the College are ineligible to participate in the ACFAS Annual Scientific Conference manuscript competition; with the caveat that residents supervised by the above referenced parties may participate, but the above referenced parties may not receive any monetary award.

Instructions for Authors Submitting a Manuscript are posted at **acfas.org**; **failure to follow these instructions will disqualify the submission.**

Researchers are encouraged to submit their manuscript to *The Journal of Foot & Ankle Surgery (JFAS)*, and they may do so at the same time as (or any time after) they submit their paper for the competition.

Information about the Manuscript Grading Process

Manuscripts will undergo blinded review by designated judges. The manuscripts are evaluated on a point system (0 = Poor/Does Not Meet Minimum Standards; 1 = Fair/Meets Minimum Standards; 2 = Good/Exceeds Minimum Standards; and 3 = Excellent/Far Exceeds Minimum Standards) including the following list of considerations:

1. Compliance with Scientific Method
   a. Abstract
   b. Hypothesis/Purpose
   c. Presentation of Results
   d. Methodology
   e. Discussion/Conclusion
   f. Levels of Evidence (see chart below)

2. Clarity & Quality of Composition

3. Clinical Relevance/Impact
   a. Does it add to the current body of knowledge?
   b. Does it impact your clinical approach?

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Levels of Evidence for Primary Research Question

	Types of Studies			
	Therapeutic Studies-- Investigating the Results of Treatment	**Prognostic Studies-- Investigating the Effect of a Patient Characteristic on the Outcome of Disease**	**Diagnostic Studies-- Investigating a Diagnostic Test**	**Economic and Decision Analyses-- Developing an Economic or Decision Model**
Level 1	• High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals • Systematic review[2] of Level-1 randomized controlled trials (studies were homogeneous)	• High-quality prospective study[4] (all patients were enrolled at the same point in their disease with≥80% follow-up of enrolled patients) • Systematic review[2] of Level-1 studies	• Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) • Systematic review[2] of Level-1 studies	• Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses • Systematic review[2] of Level-1 studies
Level 2	• Lesser-quality randomized controlled trial (e.g. <80% follow-up, no blinding, or improper randomization) • Prospective[4] comparative study[5] • Systematic review[2] of Level-2 studies or Level-1 studies with inconsistent results	• Retrospective[6] study • Untreated controls from a randomized controlled trial • Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or <80% follow-up) • Systematic review[2] of Level-2 studies	• Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) • Systematic review[2] of Level-2 studies	• Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses • Systematic review[2] of Level-2 studies
Level 3	• Case-control study[7] • Retrospective[6] comparative study[5] • Systematic review[2] of Level-3 studies	• Case-control study[7]	• Study of nonconsecutive patients (without consistently applied reference "gold" standard) • Systematic review[2] of Level-3 studies	• Analyses based on limited alternatives and costs; poor estimates • Systematic review[2] of Level-3 studies
Level 4	Case series[8]	Case series	• Case-control study • Poor reference standard	• No sensitivity analyses
Level 5	Expert opinion	Expert opinion	Expert opinion	Expert opinion

1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.
2. A combination of results from two or more prior studies.
3. Studies provided consistent results.
4. Study was started before the first patient enrolled.
5. Patients treated one way (e.g., with arthrodesis) compared with patients treated another way (e.g., with arthroplasty) at the same institution.
6. Study was started after the first patient enrolled.
7. Patients identified for the study on the basis of their outcome (e.g., failed arthrodesis), called "cases", are compared with those who did not have the outcome (e.g., had a successful arthrodesis), called "controls".
8. Patients treated one way with no comparison group of patients treated another way.

This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see www.cebm.net.