Appendix
MISSISSIPPI OSTEOPATHIC MEDICAL ASSOCIATION
Research Study Abstract Format and Example

• **Title** - Reflects and concisely describes the research project.

• **Author(s)** - Include name, degree and institutional affiliation.

• **Background** - Why the topic is a problem that needs to be addressed? What is missing from the field of study that this study addresses? 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. Include key secondary objectives only if appropriate.

• **Methods** - A short paragraph stating the design, setting, patient(s), and interventions. This section describes the study process and includes the following elements:

- 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).
- Setting - A one-sentence description of the clinical circumstances of the setting (e.g., general community, primary care center, hospitalized care).
- Subjects (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).
- Interventions **-** A brief description of any interventions administered (e.g. OMM, medications, etc.).
- Main Outcome Measure(s) - A brief description of the study's outcome measurements (e.g. blood pressure, symptom scores, patient satisfaction scales).

• **Results** – Summary of main results with declarations and explanations of any important measurements including relevant statistical information (e.g. confidence intervals, levels of statistical significance).

• **Conclusion** – Description of the contribution of this research to the body of knowledge on the topic? Brief summary of the study's findings as supported by the reported evidence. Recommendations for clinical applications and for additional study.

Note: Abstracts are limited to 350 words (Including title, authors, institutions, heading)

Appendix
Example – Research Study Abstract

Title: Interexaminer Reliability for Assessing the Lumbar Spine by Diagnostic Palpation

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Background: Osteopathic physicians employ diagnostic palpation as a method to evaluate problems of the lumbar spine and to assess the results of manipulative treatment. However, the reliability of this primary diagnostic tool has not been well established.

Objective: The objective of this study is to determine if training the examiners on a specific methodology of palpatory diagnosis has a significant impact on the outcome of interexaminer agreement.

Methods: The research protocol was approved by the NYCOM/NYIT IRB. It was designed as a pre and post training examiner reliability study on the interobserver agreement. A total of sixty subjects and four examiners were recruited. At each session the examiners diagnosed L1-L5 lumbar spinal segments for rotational asymmetry by static palpation and for severity of the asymmetry by motion- based palpation. The transverse processes of the lumbar spinal segments were clearly identified to ensure consistent palpation of the same anatomic site. Thirty subjects participated in the pre-training session to obtain baseline examiner concordance. Following the pre-training session an expert in diagnostic palpation trained the examiners. In the post-training session the examiners diagnosed another thirty subjects utilizing the methods demonstrated by the expert during the training sessions. Kappa statistics were computed to compare pre and post training results.

Results: Poor interexaminer concordance was demonstrated in the pre-training session with Kappa coefficients of 0.087 for static asymmetry and 0.082 for motion-based severity rating. In contrast, acceptable concordance was obtained in the post-training session with kappa coefficients of 0.52 and 0.50 for static and motion-based palpation respectively.

Conclusions: Kappa scores indicating improved interexaminer concordance after training the examiners on specific palpatory procedures was established. The results of this study suggest that standardization of the methods utilized by each examiner to determine a palpatory diagnosis may have a positive influence on interobserver agreement.