### Guidelines for Submitting Blind Versions of Abstracts to GCMAS 2025:

### All Abstract Types

 ***over the Author, Affiliation and Contact information (no text in box needed)***

***When you print/save to PDF to produce a file to upload, the identifiable content will be hidden to the reviewer***

***\*\*\*Refer to unblinded abstract type templates for guidance on the remainder of content\*\*\****

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#### PATIENT HISTORY

The GCMAS 2025 Program Committee welcomes the submission of insightful case studies. Case studies must illustrate the value of gait analysis and/or modeling in the evaluation, understanding, and/or treatment of a movement disorder. Priority will be given to abstracts that include pre- and post-treatment data.

**CLINICAL DATA**

To be considered for a podium or poster presentation at the 2025 Conference, case studies must be formatted as shown in this template. Abstracts are limited to two pages. The content of each page must be contained within a 160mm X 225mm (6.3” x 8.8”) area. The text must be Times New Roman 12-pt font.

TWO electronic versions must be submitted as PDF files. 1) An unblinded version (current format) and 2) a blinded version. The first page of the publication copy should list the title of the paper, the author(s), affiliation(s), and email address of the corresponding author. The name of the presenting author should be underlined. Reviews will be blinded.

Abstracts describing case studies should be comprised of the following sections: History, Clinical Data, Motion Data, Treatment Decisions and Indications, Outcome (if available), Summary, and Disclosure Statement. One or two figures may be used, but the author(s) must ensure that the figures are legible when they are reduced to half size.

**MOTION DATA**

Abstracts must be submitted electronically and received by **January 20, 2025**. If you encounter any problems with the submission process, or if you have questions about the scientific program, please contact the Program Chair:

Tyler Richardson [**rtr12@psu.edu**](mailto:rtr12@psu.edu)

[Click here to access Abstract submission system](https://redcap.link/2025GCMASAbstract)

|  |  |
| --- | --- |
| One or two tables and/or figures may be incorporated within the document. All tables (Table 1) and figures (Fig. 1) must be referenced in the text. All titles, captions, figure legends, and axis labels should be large enough to be readable. For tables, include a brief title above the table. For figures, include a brief caption below the figure. The use of color is encouraged to enhance readability of the figures. Large graphics files may need to be compressed before exporting the PDF file. | Figure1 |

**Table 1:** Tables and graphs may span both columns if necessary (mean± SD).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Running Speeds: | **3 m/s** | **4 m/s** | **5 m/s** | **6 m/s** |
| Stride Length: | 2.1 ± 0.3 m | 2.5 ± 0.2 m | 2.9 ± 0.3 m | 3.2 ± 0.2 m |
| Stride Rate: | 0.64 ± 0.12 Hz | 0.69 ± 0.11 Hz | 0.72 ± 0.13 Hz | 0.78 ± 0.12 Hz |

#### TREATMENT DECISIONS AND INDICATIONS

All abstracts that are properly formatted and submitted by the deadline will be peer reviewed. Abstracts that meet the acceptance criteria will be included in the official conference proceedings and published online. Authors of accepted abstracts will be considered for the GCMAS Best Podium and Best Poster Awards. When the first author is a student, abstracts will also be considered for the Kevin Granata Student Award.

**OUTCOME**

Include this section if post-treatment data are available.

**SUMMARY**

In this section, provide a succinct summary of the case, emphasizing how movement analysis or modeling contributed to the evaluation, understanding, and/or treatment of the subject. Describe any unanswered questions that might benefit from further research.

**DISCLOSURE STATEMENT**

I. Model and Wei C. Improvement have no conflicts of interest to disclose.

U. Measure is co-owner of Fiber Lengths, Inc., a company that develops and manufactures portable devices for the visualization and measurement of muscle architecture *in vivo.*