

# Montana Physical Therapy Summit

2019 MAPTA Fall Conference

September 28th and 29th, 2019

## Presentation Guidelines

Thank you for applying! During the submission process, speakers must read and agree to the following statements:

1. **Deadline for submission: April 1, 2019**
2. MAPTA reserve the right to choose topics and format, as well as assign the time that accepted submissions will be scheduled.
3. All PT, and PTA speakers whose submissions are accepted for presentation are encouraged to register for the conference. Speakers will be able to attend the conference at no cost.
4. **Acceptance notifications made by: May 15, 2019.** Notification will be sent by e-mail. If you do not receive an email, please feel free to inquire.
5. **Confirmations due by: June 15, 2019.** Please confirm if you would still like to present by this date. If you do not confirm by the due date, this may result in a session being dropped from the final program.
6. **Audiovisual Requests:** Standard audiovisual equipment requests must be made by September 1, 2019
7. Speakers are responsible for bringing their own laptop for presentations and they must have working knowledge of the set-up of the LCD projector and cable hook up. Speakers with Mac computers will also need to bring their own VGA adapter to connect to the projector.
8. **Handouts:** It is highly recommended that speakers provide handouts for their presentation. Speakers will have the option to post handouts on the MAPTA websites, which will be available for download by attendees. These need to be submitted by September 1, 2019. If speakers want to provide printed copies of handouts, they must bring their own.

## HOW TO SUBMIT AND DEADLINES:

Submissions will be accepted via email. Please fill in all areas listed on the Presentation Application below and save the appropriate information on a PDF. Please save your Curriculum Vitae as a PDF and submit that as well.

**Email Submissions to:** Programming Committee at [krayno67@gmail.com](mailto:krayno67@gmail.com)  
You will receive an email confirmation that your proposal has been received. **Submissions are due by April 1, 2019.**

## QUESTIONS?

Please feel free to contact the committee if you have questions or if you want to discuss whether or not your topic is relevant.

## PRESENTATION APPLICATION

**Title of Presentation:**

**Speaker/Credentials:**

**Phone Number:**

**E-Mail:**

**Address:**

**Are you an APTA/MAPTA member?**

**Speaker Bio: (max 200 words):**

**Second Speaker/Credentials (if applicable):**

**Phone Number:**

**E-Mail:**

**Address:**

**Are you an APTA/MAPTA member?**

**Second Speaker Bio: (max 200 words):**

**If there are additional speakers to be included in this session, please add their information to this application for consideration.**

**PROPOSED SESSION CONTENT**

**Proposal Title:**

**Provide a 30-word abstract/description** (Note: MAPTA may copy-edit your session description and learning objectives for the marketing):

**Program Description (ideally 100-150 words):**

**Learning Objectives:**

Upon completion of this course attendees will be able to:

- 1.
- 2.
- 3.
- 4.
- 5.

**How will you cover the material described in your objectives?** Please describe how outcomes, research, evidence-based practice, and/or practice-based evidence informs this presentation (please include 3-5 peer reviewed publications in AMA format).

- 1.
- 2.
- 3.
- 4.
- 5.

**Topic Categories:** MAPTA welcomes proposals on any topic fitting for this conference. Please indicate which area that your topic may appeal to. Your proposal does not have to be on one these topics however.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Acute Care         | <input type="checkbox"/> Leadership         | <input type="checkbox"/> Emerging Topics in the PT Profession |
| <input type="checkbox"/> Neurological       | <input type="checkbox"/> Orthopedics        | <input type="checkbox"/> Vestibular                           |
| <input type="checkbox"/> Clinical Education | <input type="checkbox"/> Pharmacology       | <input type="checkbox"/> Alternative Business Models          |
| <input type="checkbox"/> Geriatrics         | <input type="checkbox"/> Pelvic Health      |   |
| <input type="checkbox"/> Pediatrics         | <input type="checkbox"/> Clinical Education |   |

**Teaching Methods:** Check all that apply

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Power point         | <input type="checkbox"/> Lecture       | <input type="checkbox"/> Active discussion |
| <input type="checkbox"/> Video               | <input type="checkbox"/> Case examples | <input type="checkbox"/> Skill(s) practice |
| <input type="checkbox"/> Question and answer | <input type="checkbox"/> Panel         | <input type="checkbox"/> Other:            |

**Level of material being presented:** Check one

- |                                       |                                       |                                   |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Introductory | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
|---------------------------------------|---------------------------------------|-----------------------------------|

**Have you presented this topic elsewhere?**

If yes, please describe:

**The following items may be made available upon request but not guaranteed.**

**Please indicate needed items:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> LCD projector  | <input type="checkbox"/> Projection screen | <input type="checkbox"/> Wired internet line |
| <input type="checkbox"/> Sound connection   | <input type="checkbox"/> Power Strip       | <input type="checkbox"/> WIFI                |
| <input type="checkbox"/> Other:   |  |  |
| <input type="checkbox"/> Lab Space (and if so, what will be your course capacity?): |  |  |

Additional Comments: