



## Abstract Submission Instructions

### General Information

Clinical and scientific abstracts will be considered for presentation at the Congress on Medicine & Science in Ultra-Endurance Sports. Abstracts will be reviewed by the Research Committee of the Ultra Sports Science Foundation. Authors will be notified of the decision near the end of July 2019. Accepted abstracts will be published online in *International Journal of Sports Physiology and Performance*. The first author agrees to provide an oral or poster presentation during a free communication session of the conference. Oral presentations will likely be 5-10 minutes in length followed by a 5-minute discussion period, but some adjustments in time may be made dependent on the number of abstract submissions.

All questions regarding abstracts should be directed to Dr. Marty Hoffman at ([mdhoffman@ucdavis.edu](mailto:mdhoffman@ucdavis.edu)) or 916-843-9027 (USA).

### Rules for Submission

- Clinical and scientific abstracts must be submitted electronically to Dr. Marty Hoffman ([mdhoffman@ucdavis.edu](mailto:mdhoffman@ucdavis.edu)). **Submission deadline is midnight (pacific time) on July 1, 2019.** Abstracts received after this date will not be reviewed. You will receive a confirmation email within a few days of submission that the abstract has been received.
- The first author of accepted abstracts must be registered for the meeting and present the abstract at the meeting. To clarify, since the 2019 Congress on Medicine & Science in Ultra-Endurance Sports is being held in conjunction with the South African Sports Medicine Association (SASMA) Conference 2019, you must register for the SASMA Conference.
- All authors must have approved the submitted abstract.
- The primary focus and substance of the submitted abstract must be novel. The abstract must not have been published as an abstract or as a full paper in a scientific, medical or professional publication at the time of submission.
- There is no fee for abstract submission.
- Presenters who find that they will be unable to present an accepted abstract must provide notice of a reason acceptable to the Program Committee or will otherwise be prohibited from presenting at future meetings.
- Abstracts must be submitted electronically using the instructions below.

### Abstract Preparation

#### General Guidelines

- Abstracts should be written in English, prepared using Times size 12 font, and submitted as a word document.
- Abstract text should be limited to 300 words. We discourage the inclusion of tables or figures, but if you do so, please adjust word count to accommodate the graphics.
- Data should be presented in units of measurement of the Systeme International de'Unite (SI).

- Brand names should not be used in the abstract.
- Citations are not included in the abstract.
- Research must be approved by an institutional review board, but such approval should not be stated in the abstract.

### Abstract Format

- Title: The title should be brief (limited to 15 words).
- Authors: The first name, middle initial (if used), and last name of each author should be provided. Highest degree(s) should be included after the name. Separate names by a semicolon (;).
- Institutions: Institutions of all authors should be listed in italic type. When all authors are not affiliated with each institution, use superscript numbers to identify affiliations.
- Text: For **scientific abstracts**, the text must include the categories OBJECTIVE, METHODS, RESULTS, and CONCLUSIONS. For **clinical abstracts**, we suggest that the text includes the categories BACKGROUND, CASE REPORT, and CONCLUSIONS.
- Funding: Support of the work, if any, can be indicated at the bottom of the abstract in italic type.

### **Sample Abstract**

Use this example in preparing your abstract.

#### **A Placebo-Controlled Trial of Riboflavin for Enhancement of Ultramarathon Recovery**

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**Objective.**—This study investigated whether acute ingestion of riboflavin reduces muscle pain and soreness during and after completion of a 161-km ultramarathon, and improves functional recovery after the event. **Methods.**—In this double-blind, placebo-controlled trial, participants of the 2016 161-km Western States Endurance Run were randomized to receive a riboflavin or placebo capsule shortly before the race start and when reaching 90-km. Capsules contained either 100 mg of riboflavin, or 95 mg of maltodextrin and 5 mg of 10%  $\beta$ -carotene. Subjects provided muscle pain and soreness ratings before, during and immediately after the race and for the 10 subsequent days. Subjects also completed 400 m runs at maximum speed on days 3, 5 and 10 after the race. **Results.**—For the 32 (18 in riboflavin group, 14 in placebo group) race finishers completing the study, muscle pain and soreness ratings during and immediately after the race were found to be significantly lower ( $p=.043$ ) for the riboflavin group. Analysis of the 400 m run times also showed significantly faster ( $p < .05$ ) times for the riboflavin group than the placebo group at post-race days 3 and 5. Both groups showed that muscle pain and soreness had returned to pre-race levels by 5 days after the race and that 400 m run times had returned to pre-race performance levels by 10 days after the race. **Conclusions.**—This work provides preliminary evidence that riboflavin supplementation immediately before and mid-way through prolonged exercise may reduce muscle pain and soreness during and at the completion of the exercise and enhance early functional recovery after the exercise.

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