



The All India Occupational Therapists' Association (AIOTA)

Equator Network: Conference Abstract Guideline Checklist

Items to Include when Reporting a Randomized Trial in a Journal or Conference Abstract

Item	Description	Reported on line number
Title	Identification of the study as randomized	
Authors *	Contact details for the corresponding author	
Trial design	Description of the trial design (e.g. parallel, cluster, non-inferiority)	
Methods		
Participants	Eligibility criteria for participants and the settings where the data were collected	
Interventions	Interventions intended for each group	
Objective	Specific objective or hypothesis	
Outcome	Clearly defined primary outcome for this report	
Randomization	How participants were allocated to interventions	
Blinding (masking)	Whether or not participants, care givers, and those assessing the outcomes were blinded to group assignment	
Results		
Numbers randomized	Number of participants randomized to each group	
Recruitment	Trial status	
Numbers analysed	Number of participants analysed in each group	
Outcome	For the primary outcome, a result for each group and the estimated effect size and its precision	
Harms	Important adverse events or side effects	
Conclusions	General interpretation of the results	
Trial registration	Registration number and name of trial register	
Funding	Source of funding	

*This item is specific to conference abstracts. doi:10.1371/journal.pmed.0050020.t001

Source: Hopewell S, Clarke M, Moher D, Wager E, Middleton P, et al. CONSORT for Reporting Randomized Controlled Trials in Journal and Conference Abstracts: Explanation and Elaboration. PLoS Med. 2008; 5 (1): e20. Doi: 10.1371/journal.pmed.0050020. Available [online] at URL:

<http://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.0050020&type=printable>

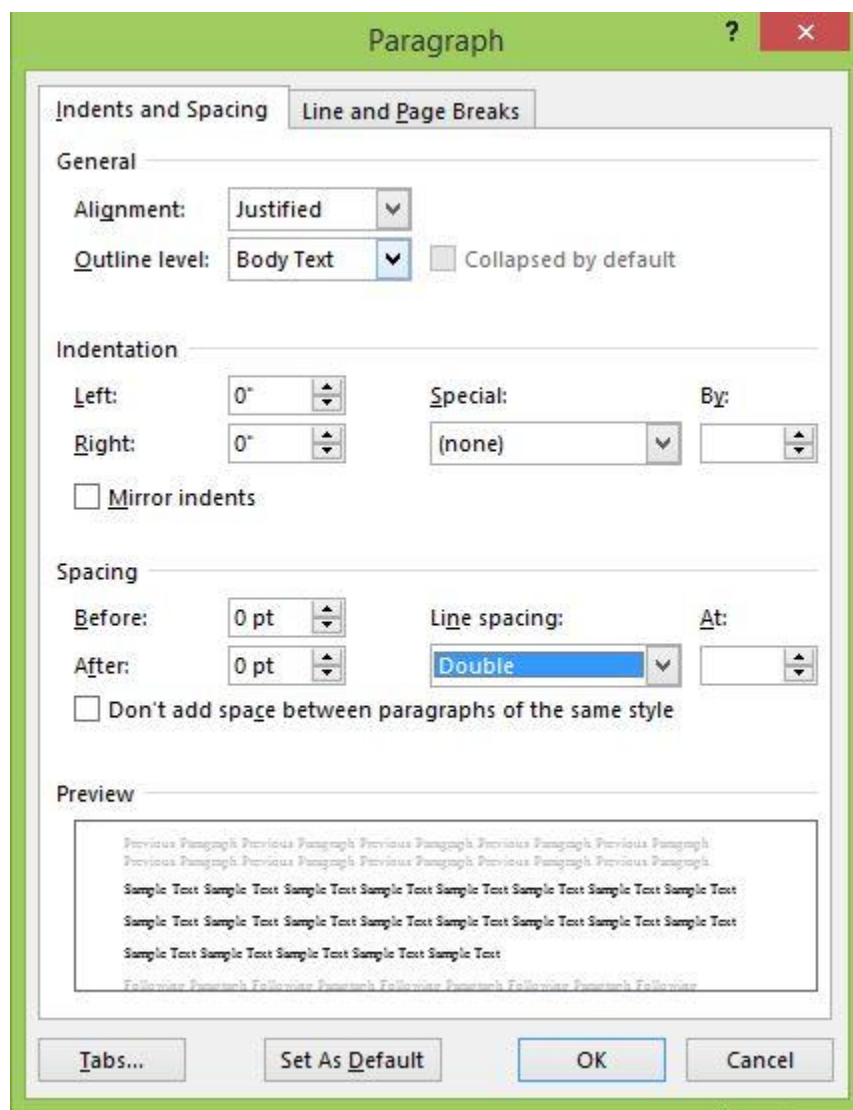
Accessed on 3rd October, 2017.

Please Also Refer: The Indian Journal of Occupational Therapy: Guidelines to Authors for Submission (Version: May, 2020): <http://www.aiota.org/> and www.ijotonweb.org

Please Note the Instructions:

1. Include only 1 or 2 key references (references should strictly follow the citation method as given in the recent IJOT guidelines and in above examples)
2. No illustrations (tables/graphs/figures) are needed for OTICON abstract submissions
3. Formatting: In MS Office Word Format (2010-2013 or higher version in .doc or .docx format only)
(Please see the Figure Below)

- Font style: Times New Roman
- Font size: 12
- Line spacing: Double
- Alignment: Justified



- Title and Abstract Headings: **Bold** and Capitalize Each Word style (e.g.) **Key Words**
- Use Colon (:) after the Headings
- Please run a grammar and spelling check before submission (Language: American (US) English)

Hypothetical Sample Abstract (Original Research)
OTICON (The Annual National Conference of the AIOTA)

Title: Efficacy of Virtual Training as an Adjunct to Conventional Occupational Therapy Program in Adults with Complex Regional Pain Syndrome: A Randomized Controlled Study

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Background: Complex Regional Pain Syndrome (CRPS) is a chronic pain condition commonly occurring after trauma. Body perception disturbance (BPD) is an increasingly recognized feature of CRPS with a reported prevalence of 54.4% to 84%. Emerging therapeutic approaches target central mechanisms for the resolution of BPD. Virtual training is one of the treatment methods, which is less explored in this condition.

Objectives: To study efficacy of virtual training program as an adjunct to conventional occupational therapy in adults with post traumatic type I CRPS in upper limb.

Study Design: Randomized controlled study design was chosen for the research.

Methods: Thirty adults (both males and females, aged 25 to 55 years) diagnosed with type I CRPS in post-traumatic upper limb conditions, were randomly assigned to experimental group (virtual training and conventional occupational therapy) or to control group (conventional occupational therapy) after screening on first visit to an outpatient department. The patients were assessed prior to therapy and at weekly intervals for a period of four months. Patients in experimental group received virtual training four days a week along with conventional therapy for six days a week, whereas patients in control group received only conventional therapy for six days a week. The outcome measures were: quadruple visual analog scale (VAS) for pain intensity, and the Bath CRPS Body Perception Disturbance Scale for BPD.

Results: Patients analyzed in experimental group were N=14 and control group were N=16. No difference between the groups was found for pain intensity with mean score \pm 2SD for experimental group vs. control group as: 2.45 ± 1.23 vs. 4.78 ± 1.56 ($P=0.34$, 95%CI: -1.16 to 3.32), however, the treatment group showed significantly more improvement in BPD after the virtual training program. The difference in the Bath CRPS Body Perception Disturbance Scale for BPD between the two groups was significant with mean score \pm 2SD for experimental group vs. control group as: 18.45 ± 2.23 vs. 24.78 ± 3.56 ($P<0.03$, 95%CI: 44.50 to 55.32). No adverse reactions to therapy were observed.

Conclusions: Virtual training program is beneficial as an adjunct to conventional occupational therapy in post-traumatic type I CRPS, especially for improving body perception disturbance.

Key Words: Body Perception Disturbance, Occupational Therapy, Pain, Type I Complex Regional Pain Syndrome, Virtual Training

Trial Registration: Not applicable

Funding: Study was funded by ABC Company

Acknowledgements: We would like to thank the Director of ABC Company for kind permission and funding for the conduct of this project and our patients and their care-givers for informed written consent to participate in this study.

References:

1. Lewis J, McCabe CS. Body Perception Disturbance (BPD) in CRPS. Current and emerging therapeutic approaches including desensitization techniques and mirror visual feedback, together with the introduction of a new clinical tool for the early identification of BPD. In: Moskowitz P Eds. Practical Pain Management. PPM Communications, Inc. 2010. p. 60-66. Available [online] at URL: http://rds.org/wp-content/uploads/2015/02/PPM_April2010.pdf Accessed on 3rd October, 2017.
 2. Giummarra MJ, Gibson SJ, Georgiou-Karistianis N, and Bradshaw JL. Mechanisms underlying embodiment, disembodiment and loss of embodiment. *Neurosci & Biobehav Rev.* 2008; 32(1):143-160.
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