Case Report

Japanese Society of Musculoskeletal Physical Therapy Congress 2024

Abstract form for English oral presentations

【Categories】 Please check one applicable section.

A  ( 〇 )

|  |  |  |
| --- | --- | --- |
| 1 | Evaluation, Ingenuity of treatment |  |
| 2 | Special case |  |
| 3 | Cases with multiple disorders |  |

B

|  |  |  |
| --- | --- | --- |
| 1 | Upper extremity |  |
| 2 | Lower extremity |  |
| 3 | Spine |  |
| 4 | Other |  |

【Authors’ information】

\*Membership number of JPTA

Please enter co-presenters' registration following the format below:

Association member or in the process: 8-digit membership number

Non-member (Other Profession): 11

Non-member (Physical Therapist): 22

Non-member (Undergraduate Student): 33

Suspended member in process of reinstatement: 44

|  |  |  |
| --- | --- | --- |
| The first author | membership number of JPTA | Institutions |
| ・Name  ・E-mail address |  |  |
| Co-authors’ name | membership number of JPTA | Institutions |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

【Title】[maximum 100 characters]

|  |
| --- |
|  |

【Abstract body】 [maximum 400 words]

|  |
| --- |
| 【Background/Purpose】  【Methods or Cases】  【Results】  【Discussion/Conclusion】 |

【Ethical considerations/Informed consent】 [maximum 30 words]

|  |
| --- |
|  |

【Keywords】

|  |  |  |
| --- | --- | --- |
|  |  |  |

【Conflict of Interests】

[Disclosure of Conflict of Interests is required for this conference. Select YES/NO]

|  |  |
| --- | --- |
| YES |  |
| NO |  |

※If you answer "YES" to Conflict of Interests, please indicate details on the slides for your presentation.

▽　運営事務局管理用に下記日本語でご記入ください。

|  |  |
| --- | --- |
| ふりがな |  |
| 筆頭演者の氏名 |  |
| 筆頭演者の  所属機関・施設　住所 | 〒　　　　－ |
| 筆頭演者の  所属機関・施設名 |  |
| 緊急連絡先 ［携帯電話番号］ |  |