

**CALL FOR PROPOSALS  
FOR THE  
SOUTH CAROLINA PHYSICAL THERAPY ASSOCIATION ANNUAL CONFERENCE  
March 27-30, 2014  
Medical University of South Carolina (MUSC)  
Charleston, SC**

**DEADLINE FOR SUBMISSION: August 1, 2013**

The South Carolina Physical Therapy Association (SCAPTA), a Chapter of APTA, is accepting proposals for the Annual Conference in Charleston, SC. SCAPTA is the only professional organization representing physical therapists and physical therapist assistants in South Carolina. The purpose of SCAPTA's Annual Conference is to foster advancements in physical therapy practice, research, and education. We will be accepting proposals through August 1, 2013. Speaking at the SCAPTA Annual Conference is a great opportunity to share your knowledge and enthusiasm.

SCAPTA wants to encourage speaker participation. Thus, we will waive your registration fee if your proposal is selected. If your proposal is not accepted, we will offer you a discount on the early-bird registration rate. For selected sessions, we will offer a flat fee that can be divided among the speakers of that session in whatever manner those speakers decide. We welcome PTs, PTAs, and all others with expertise in the topic of their presentation to present a proposal for this conference.

Programming sessions are either 2 hours in length with no breaks or 3-4 hours in length with one to two 15 minute breaks. The majority of educational sessions will be at the 2 hour length. Depending on the perceived popularity of a topic, we may request that you offer it twice as we will have multiple sessions running at concurrent times. Offering a presentation twice may increase the number of options for attendees to get the information they're seeking.

**I. SPEAKER INFORMATION**

All conference education presentations are limited to two speakers. We welcome PTs, PTAs, and all others with expertise in the topic of their presentation to submit a proposal for this conference.

**Primary Speaker:**

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address 1 \_\_\_\_\_

Mailing address 2 \_\_\_\_\_

City \_\_\_\_\_ State/country \_\_\_\_\_

Telephone Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Email \_\_\_\_\_

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

**Speaker Public Speaking Experience:** Briefly list the most recent three presentations you have made at regional and national meetings. Identify speaking organization, date, program and name of your presentation.

**Secondary Speaker** (if applicable):

Name \_\_\_\_\_ Credentials \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address 1 \_\_\_\_\_  
Mailing address 2 \_\_\_\_\_  
City \_\_\_\_\_ State/country \_\_\_\_\_  
Telephone Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
Email \_\_\_\_\_

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

**Speaker Public Speaking Experience:** Briefly list the most recent three presentations you have made at regional and national meetings. Identify speaking organization, date, program and name of your presentation.

**II. AUDIENCE AND TOPIC SELECTION**

**A. Topic Categories**

SCAPTA welcomes proposals on any topic fitting for this conference. Below are several topics of appeal per recent member surveys. Your proposal does not have to be on one of these topics, however.

- Functional measures outcomes
- Kinesiotaping
- Pain management
- Radiology
- Balance/vestibular
- Current state policies
- Documentation/billing/g codes
- Dry needling
- Myofascial release
- Neurorehab
- Other \_\_\_\_\_

**B. Target Audience**     Early Career    Intermediate    Advanced    Any

Other (please list) \_\_\_\_\_

**III. LEVEL AND FORMAT OF SESSION**

**A. Presentation Format:**     Lecture                       Electronic Poster Session

**B. Have you presented on this topic elsewhere?**                       Yes    No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**C. Will you be presenting this topic in another forum prior to this Conference?**  Yes  No

For Whom? When? Where? Audience? (please indicate reference names and contact info):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PROPOSED SESSION CONTENT**

Reminder: Programming sessions are either 2 hours in length with no breaks or 3-4 hours in length with one to two 15 minute breaks. The majority of educational sessions will be at the 2 hour length.

**A. Proposal Title** (10 words maximum):

\_\_\_\_\_

**B. Provide a 30-word abstract/description** (NOTE: SCAPTA may copy or edit your session description and learning objectives for marketing purposes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Provide 3 – 5 single sentence learning objectives** (Begin each sentence with a learning-action-verb)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Develop a detailed presentation description** – 200 word maximum

Include, for example, how the problem/issue was identified; the approach used to address the problem or issue; the challenges and barriers faced; the method analysis that was used; the conclusion or outcomes achieved and the recommendation(s) that you would offer

**V. PARTICIPANT EXPERIENCE**

**A. Strategies to promote knowledge translation for attendees:**

**B. Strategies to determine whether attendees have attained the learning objectives:**

**VI. CONSENT**

By completing this document, you are certifying that you are authorized to present the material proposed for your presentation and agree to the terms of what is communicated in this document:

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Return this completed and signed document to [southcarolina@apta.org](mailto:southcarolina@apta.org) by August 1, 2013 in order to be considered. Late responses will not be reviewed. For questions, email [southcarolina@apta.org](mailto:southcarolina@apta.org).

Thank you, on behalf of the South Carolina Chapter of the American Physical Therapy Association!