**INTERNATIONAL MOTOR IMPAIRMENT CONFERENCE 2025**

**Sample Abstract Template**

**Abstract Title**

**Presenter’sLastName AB** [1], Sistant AC [1, 2] and Bloggs D [3]

1. Department of Whatever, One of the Hospital groups or Affiliated Institution, Sydney, Australia

2. Department of Motor Impairment, South Whosville University, London, UK

3. Gait and Mobility Department, Wherever Hospital, Stockholm, Sweden

These instructions are set out in the manner required for abstracts. There should be no more than **250 words** in the body of the abstract. **All measures of variability must be defined**. The title, authors and origin of the authors need to be provided in addition to the above. The name of the person presenting the paper should be first. References should be referred to by number in the text and placed in order at the foot of the abstract (1). Those referring to articles in periodicals should give the names of the authors followed by the year, abbreviated journal title, volume and full pagination (1). Books are to be defined by title and publisher (2). The abstract should be single spaced. The abstract may contain more than one paragraph. Abstracts are to be clear and present original research results. The hypothesis should be clearly written. Key references should be cited, but are not part of the abstract word count. **Limit of 2 references only with maximum of 120 words**. If you have any issues submitting your abstract please contact the Program Committee.

1. Smith V & Jones RH (1980) Exp Brain Res 31, 45-124

2. Sherrington CS (1906) The Integrative Action of the Nervous System. London: Constable

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| --- | --- |
| Presenter’s Last Name: |  |
| Presenter’s First Name: |  |
|  | Indicate Y/N |
| I am submitting this Abstract for a poster presentation |  |
| I am submitting this Abstract for an oral presentation |  |
| I am happy for my presentation to be either an oral or a poster presentation |  |
| If I am selected for an oral presentation, my abstract should be included in the following session: | Indicate with an “X” |
| * Session 1: Muscle/Tendon Impairments |  |
| * Session 2: Balance/Gait Impairments |  |
| * Session 3: Sensory Impairments |  |
| * Session 4: Cardiovascular/Respiratory Impairments |  |
| * Session 5: Brain Impairments |  |
| * Session 6: Bone/Joint Impairments |  |
| * Session 7: Upper Extremity Impairments |  |