Preparing the Abstract

Abstracts will be published in the regional conference program, and are limited to 2,000 characters (not including spaces, title, or author block, Arial, 11 point). If including table, chart, or graph, character limit will be 1,500 characters.

Title. The title should be brief (limited to 18 words) and typed in ALL CAPS.

Authors. Type the initials and last names of the authors. The first author should be the presenting author, except in cases where more than one poster is submitted. Do not include degrees.

Affiliations. Provide the name and location of the institution and contact information (mailing address & e-mail) of the corresponding or first author.

Text. The abstract must be informative, including a statement of the study's specific **PURPOSE, METHODS**, summary of **RESULTS**, and **CONCLUSION** statement using these headings in the *MSSE*® abstract format.

When using abbreviations in the body of the abstract, spell out in full the first mention, followed by the abbreviation in parentheses. Human studies must comply with the ACSM statement regarding the use of human subjects and informed consent *(MSSE*, Vol. 30, No. 7, July 1998).

Finally, at the bottom, include your Category (A or C). **For those in Category A:** Provide the name and title of your mentor at the bottom of your abstract, the mentor with the most abstracts will receive an award (i.e. Mentor: Jane Doe, Ph.D.).

For questions regarding preparation of your abstract, you may contact Dr. Kent Hansen at kent.hansen@ucdenver.edu.

Sample Format-

EFFECT OF AN INTERNET-BASED PHYSICAL ACTIVITY BEHAVIOR CHANGE PROGRAM ON PHYSICAL ACTIVITY AND CARDIOMETABOLIC DISEASE RISK

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The addition of moderate amounts of daily physical activity (PA) to a sedentary lifestyle derives numerous health benefits, yet more than 60% of U.S. adults still do not engage in the recommended amount of PA. Efficacious lifestyle PA programs may increase adult PA levels and decrease disease risk. **PURPOSE**: To determine whether a theory-driven internet-based physical activity behavior change program (IPAP) increases PA and improves cardiovascular and metabolic disease risk factors in young and middle-aged, sedentary, and overweight rural adults. **METHODS:** Twenty-six sedentary overweight/obese men and women (21-65 years) were randomly assigned to either a 16-week IPAP intervention (n = 13; age = 44.0$\pm$12.3 yrs; BMI = 31.8$\pm$6.3 kg/m^2, 69.2% female) or a delayed intent-to-treat control condition (n = 13; age = 43.8$\pm$8.8 yrs; BMI = 29.7$\pm$2.9, 69.2% female). IPAP was delivered via weekly internet activities and has been previously shown to increase PA in older adults. Control participants maintained their current lifestyle. At baseline and post-intervention, PA (as measured by a pedometer) and other cardiovascular and metabolic risk factors (blood pressure, fasting lipid/lipoprotein, glucose, insulin, body composition, VO_2peak, and inflammatory/oxidative stress biomarkers) were measured. **RESULTS:** At baseline, the intervention and control groups were similar in PA (7447$\pm$1975 vs 7682$\pm$1802 steps/day), peak oxygen consumption (23.6$\pm$3.7 vs 26.7$\pm$3.4 ml/kg/min), and waist circumference (103.2$\pm$2.6 vs

96.6±2.3 cm) respectively. The intervention group significantly increased their average steps per day (7447±1975 vs. 9359±1337) while the control group did not (7682±1802 vs. 8276±1435). Overall, there was no change in other cardiovascular/metabolic disease risk factors in the IPAP or control groups. **CONCLUSIONS:** Preliminary results from this 16-week IPAP revealed a significant increase in PA, 21% increase in steps per day, while there was an absence of improvement in other physiological risk factors. The increase in PA observed in this sedentary, overweight/obese population is clinically significant and should not be overlooked by the absence of improvement in other measured physiological risk factors. On-going recruitment and a one year follow-up of PA in the IPAP participants are planned. NIH Grant # P20 RR016474

Category A
Mentor: DT Smith, PhD