



ALABAMA
ORTHOPAEDIC SOCIETY

Call for Papers Application for Scientific Program

312-T Schillinger Rd South, #307 Mobile, AL 36608

(251) 388 - 1634 | rhonda@alorthosociety.org

www.aosdocs.com

SUBMISSION DEADLINE: All materials must be received no later than March 1, 2026

Call for Papers Application for Scientific Program

AOS/MOS Annual Meeting

May 15 – 16, 2026

*The Grand Hotel Golf Resort & Spa
Point Clear, Alabama*

AOS President Jess H. Mullens, MD, invites submissions for the AOS/MOS Annual Meeting, to be held May 15–16, 2026, at The Grand Hotel Golf Resort & Spa in Point Clear, Alabama.

MEETING FORMAT

- Guest speakers
- Member papers
- Resident and fellow papers
- Socioeconomic presentations

ELIGIBILITY

- The competition is open to **all active orthopaedic residents practicing in the state of Alabama.**
- All eligible residents are encouraged to participate.

PRESENTATION VENUE

Selected papers will be presented at the AOS/MOS Annual Meeting, to be held May 15–16, 2026, at The Grand Hotel Golf Resort & Spa in Point Clear, Alabama.

Papers not selected for the competition will be offered either a podium presentation or a chance to submit an electronic poster presentation for inclusion in the program.

SUBMISSION DEADLINE

All applications, including required documentation and a one-page abstract, must be received by **March 1, 2026.**

HOW TO SUBMIT

Email all application materials to: rhonda@alorthosociety.org

Please include your name and contact information in the body of the email.

Application forms and submission requirements are available on the following pages.



ALABAMA
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Chestley L. Yelton Resident Essay Competition Guidelines

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GUIDELINES AND SUBMISSION REQUIREMENTS

The Chestley L. Yelton Resident Essay Competition honors the legacy of Chestley L. Yelton, M.D., who served as Chairman of the Orthopaedic Division at the University of Alabama at Birmingham from 1963 to 1974. Following his passing in 1986, this annual competition was established in his name in 1987 to recognize and promote scholarly excellence among orthopaedic residents.

SUBMISSION REQUIREMENTS

1. Authorship

- Each submission must include an orthopaedic faculty member as a co-author.
- The resident must be listed as the first author and presenter.
- The faculty member should be listed as co-author.
- The resident must play a substantive role in the research and manuscript preparation and not serve solely as a presenter.

2. Submission Materials

To enter the competition, the resident must submit a full manuscript in **Microsoft Word format** to the AOS office in addition to the documents listed at the bottom of the Submission Form:

3. Manuscript Preparation

- The manuscript must be written in a blinded format, omitting names of authors, academic programs, and hospital affiliations.
- Author names, institutional affiliations, and program details should appear only on the one-page abstract and the completed submission form.
- This process ensures impartial review by the Essay Competition Committee.

4. Content Criteria

- Submissions must present original research.
- Book chapters, case reports, and non-original works will not be accepted.

SUBMISSION DEADLINE: All materials must be received no later than March 1, 2026

Direct all correspondence to: rhonda@alorthosociety.org



ALABAMA ORTHOPAEDIC SOCIETY

Call for Papers Submission Form

312-T Schillinger Rd South, #307 Mobile, AL 36608

(251) 388 - 1634 | rhonda@alorthosociety.org

www.aosdocs.com

WAYS TO SUBMIT: Scan form and send to email above

IMPORTANT INSTRUCTIONS!!

Please read the complete rules and regulations in the Yelton Essay Resident Competition Guidelines. This form must be filled out in its entirety. Please enter N/A as the last author on your form if applicable. For example, if your paper has three authors, the fourth author should be N/A.

CONTACT INFORMATION (Primary Presenter)

Please check one of each of the following programs: USA UAB Jack Hughston

First Name _____ Last Name _____

Personal Cell (____) _____ - _____ Personal Email _____

CONTACT INFORMATION (Residency/Fellowship Coordinator)

First Name _____ Last Name _____

Practice Phone (____) _____ - _____ Practice Email _____

CALL FOR PAPERS INFORMATION

Please read the complete rules and regulations in the Yelton Essay Resident Competition Guidelines.

Is this paper being entered in the Chelsey L. Yelton Resident Essay Competition? Yes No

Has this paper been previously presented? Yes No

If yes... Where? _____ When? _____

Title and author information on next page

Title of Paper _____

Authors (List ALL paper authors and co-authors; the resident who presents must be listed as the first author)

1st Author: First Name _____ Last Name _____

Personal Cell (____) _____ - _____ Personal Email _____

2nd Author: First Name _____ Last Name _____

Personal Cell (____) _____ - _____ Personal Email _____

3rd Author: First Name _____ Last Name _____

Personal Cell (____) _____ - _____ Personal Email _____

4th Author: First Name _____ Last Name _____

Personal Cell (____) _____ - _____ Personal Email _____

PRINT NAME _____ **DATE** _____ / _____ / _____

SIGNATURE _____

BEFORE SUBMITTING

Please include the following with your submission even if you are not submitting your paper for the essay competition:

- Completed submission form
- Current CV
- Financial Disclosure Form completed in its entirety (attached, can also be found at <https://forms.fillout.com/t/vBAgyULeaWus>)
- Activity Planning Form
- One page abstract, with all authors listed, in Microsoft Word format

If entering the essay competition, in addition to all of the above items, a full manuscript in **Microsoft Word format** must also be submitted.

Form for Collecting Information about All Financial Relationships from Planners, Faculty, and Others

Name of Individual

Title of Continuing Education

Date of Education

Location of Education

*see page 3 for definitions of ineligible companies

*** To be completed by the Foundation for Wellness Staff**

The prospective role(s) that this person must have in the planning and delivery of this equation (*choose all that apply*)

Planner
Examples: planning committee, staff involved in choosing topics, faculty, or content

Teacher, Instructor, Faculty

Author, Writer

Reviewer

Other _____

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to Catherine Thibodeaux, catherine@foundationforwellness.com, **one month before** your presentation.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at 337-988-1816 or janey@foundationforwellness.com.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past **24 months** with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards .	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

I attest that the above information is correct as of the date of submission.

Signature

Date

Please affirm that you understand the importance of adhering to the CME Content Standards & Policies:

Definition of CME: Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

- Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) **must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.** If trade names must be used, please use the generic followed by a representative sample of all trade names in the class in parenthesis, and then refer to the generic thereafter.
- An ineligible company is (“... any entity producing, marketing, selling, e-selling, or distributing health care goods or services consumed by, or used on, patients”). Examples [here](#).
- All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a **fair and balanced view of diagnostic and therapeutic options.**
- All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the **generally accepted standards of experimental design, data collection, analysis, and interpretation.**
- **Evolving topics** are presented without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning. Sessions that cover these topics must be clearly identified in the program or agenda.
- **CME cannot include** unscientific approaches to diagnosis or therapy, or education that promotes recommendations, treatment, or manners of practicing healthcare that are determined to have **risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.**
- Faculty **must not actively promote or sell products or services that serve their professional or financial interests** during accredited education.
- **Only relevant relationships** are disclosed to learners prior to the activity for CME purposes. If you wish to disclose other relationships, you may do so on a separate slide or clearly identify by bolding the font for those that are related to the topic.
- Owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined here:
- When the content of the activity is not related to the business lines or products of their employer/company.
- When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
- When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

<input type="checkbox"/>	I agree
<input type="checkbox"/>	I disagree

Permission to Use

Please affirm that you understand your presentation/content will be used as part of a CME activity. By participating in this CME activity, you give permission to the CME provider to use your presentation/content for this purpose. You also agree that you will adhere to all local, state, and federal laws as it pertains to privacy and/or copyrights.

<input type="checkbox"/>	I agree
<input type="checkbox"/>	I disagree
<input type="checkbox"/>	I have carefully read and completed this form myself and provided current and accurate information to the best of my ability. If I acquire a new financial relationship with an ineligible company that has not been reported previously, I agree to immediately notify the organization. I understand that checking this box serves as an electronic signature for purposes of this form and that if left unchecked, I will not be allowed to participate in planning or presenting content for this activity.

Definitions

Ineligible Company: are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

ACCME focuses on financial relationships with ineligible companies during the **24 months prior to the activity**. There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should **disclose all financial relationships regardless of the potential relevance of each relationship to the education**.

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed.

Research funding from ineligible companies should be disclosed by the **principal or named investigator** even if that individual's institution receives the research grant and manages the funds.

Important note: A biomedical startup is ONLY considered an ineligible company if it has begun a governmental regulatory approval process. Please do not disclose start up companies if they do not fit the definition.

- **Drugs:** The ACCME considers the submission of the Investigational New Drug Application (IND), which must be approved before clinical trials can begin, as the point of entry into the government regulatory approval process. This graphic published on the FDA [website](#) shows where in the drug development cycle the IND is submitted. Once a company makes this submission, it would be considered an ineligible company.
- **Medical devices:** When a company initiates a premarket approval (PMA) process submission, as described on the FDA [website here](#), it would then be considered an ineligible company.

Please visit the ACCME website for more detail: <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

Activity Planning Form

What is your name and email?	Name: _____
	Email: _____
When will the education take place?	Date: _____
Do you have a title or brief description for the education? If yes, please note it to the right; if no, leave blank. Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-in	Title/Brief Description: _____
Objectives Write objectives from the perspective of the learner describing what will be achieved (related to the knowledge gap) as a result of participation in the activity. Include improvements in knowledge, physician performance and patient outcomes. AVOID verbs such as: understand, know, learn and believe. Use verbs that communicate knowledge, comprehension, application, impart skills, or convey attitudes. Two to four objectives should be provided for each lecture. UPON COMPLETION OF THIS ACTIVITY, PARTICIPANT WILL BE BETTER ABLE TO:	1. _____
	2. _____
	3. _____
	4. _____
Identified Gaps The activity is expected to generate an intervention to change participant's: (please check all that apply)	<input type="checkbox"/> Competence <input type="checkbox"/> Practice Performance <input type="checkbox"/> Patient Outcomes <input type="checkbox"/> Population Health <input type="checkbox"/> Learner Knowledge
What practice-based problem (gap) will this education address? Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students	Practice-based problem (gap): _____
What is/are the reason(s) for the gap? How are your learners involved? Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration	Reason(s) for the gap: _____
Review the three statements to the right. If you can check <u>any</u> of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships. If you are unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.	The education will... (check all that apply) <input type="checkbox"/> only address a non-clinical topic (e.g., leadership or communication skills training). <input type="checkbox"/> be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers). <input type="checkbox"/> be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).
What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills	Desired change(s) in strategy, performance, or patient care: _____
In order to award CME/CE credit, please indicate the duration of the education.	Education duration: _____ hours and _____ minutes <i>Please report time in 15-minute increments.</i>
Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right. Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.	Changes learners intend to make to strategies, performance, or patient care: _____