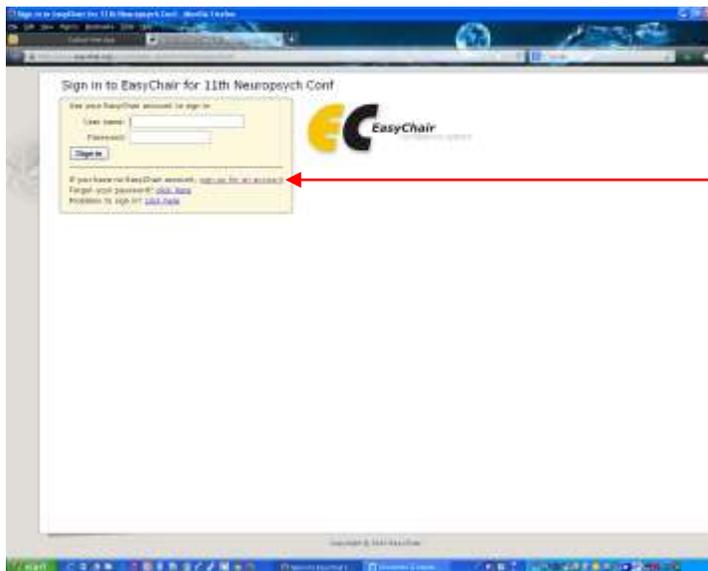


USING EASYCHAIR for the 42nd ASSBI/NZRA Brain Impairment Conference is very easy if you use this guide step by step



Please note this information was set up originally for a different conference but the procedure is EXACTLY the same for every Conference

Click on [this link](https://easychair.org/conferences/?conf=assbi2018). The link in your email or on the ASSBI website. <https://easychair.org/conferences/?conf=assbi2018>

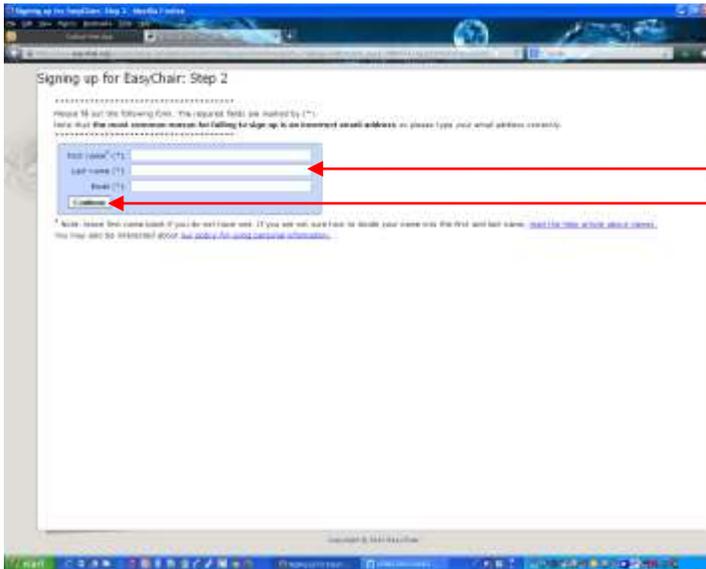


This gets you to a screen like this. First, you have to sign up and create an account. You do that by clicking this option.



This gets you to a screen like this, which is Step 1 of the sign-up process. You then:

- type in the two words on the top panel . . .
- in the little window at the bottom of the panel . . .
- and then click 'Continue'.

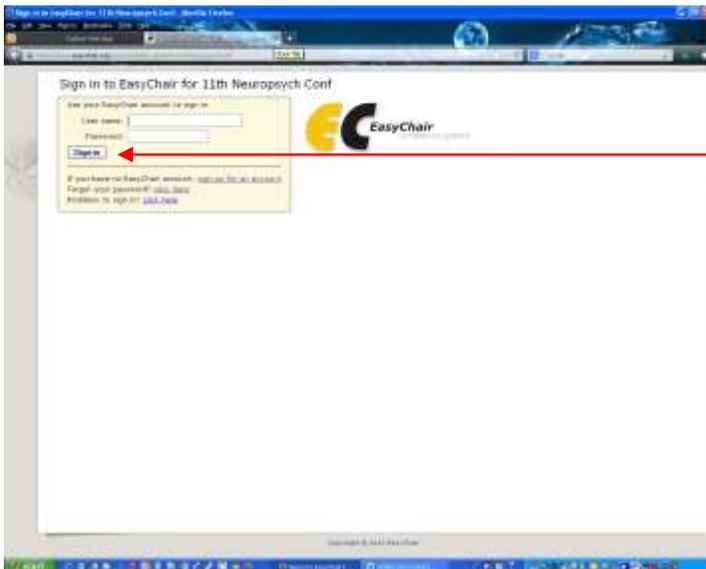


You then get a screen like this, which is Step 2 of the sign-up process. You fill in the information then click 'Continue'. This sends Easy Chair your APPLICATION to create an account.



You then get a confirmation e-mail from EasyChair. Basically, this is to let you know that they have received your APPLICATION to create an account, and that you are now ready to do so.

The next step is to click on this link in order to create the account. This process involves providing a bunch of information such as your name, your user name and password (so you can access the account – please keep this login in a safe place), place of work, address, etc. This screen has not been included here, but it is all fairly straight forward.



Once you have created your account, you sign in on a screen like this, using the user name and password that you have just created.

This is actually a composite of the submission page, because it does not all fit into a single screen; you just scroll down as you go.

As you can see, it is all very straight forward. First, you fill in the information about all the authors. If you have more than 4 simply click on the "Click here to add more authors"

Then type in (or copy/paste) the title in the Title box and the body of the abstract (without authors and affiliations) in the abstract box. See below for format

Enter 3 keywords

After Keywords there is a very important box called Topics see below for an explanation

Finally, at the bottom there is an option to upload an abstract. Click on the Browse option and upload the fully formatted abstract (see below for an example). The abstract **MUST** be uploaded or the submission will NOT be reviewed. Any problems email Margaret at admin@assbi.com.au

Then select the SUBMIT button

Topics

Please select topics relevant to your submission from the following list.

Student Status

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Not a student | <input type="checkbox"/> PhD student |
| <input type="checkbox"/> Masters student | <input type="checkbox"/> Honours |

Other Information and Uploads

The following part of the submission form was added by ASSBI2018. It has neither been checked nor endorsed by EasyChair

Abstract. Upload your abstract. The abstract must be in WORD format (file extension .doc or docx)

Ready?

If you filled out the form, press the 'Submit' button below. **Do not press the button twice: uploading may take time!**

Format for Oral, Datablitz, Posters and abstracts within a symposium submission for publication in ASSBI's Journal *Brain Impairment* and on the Smartphone App

Cut and paste the **highlighted portion** into the boxes and the full abstract should be uploaded. Please **DO NOT** type the words Title, Authors, Affiliations, Abstract

Title: sentence case and bold

Authors: sentence case - surname, first name, superscript for affiliations

Affiliations: sentence case - department, institution, city, country

Abstract: structured abstract with the following headings in sentence case and bold:

Background and aims, Method, Results, Conclusions

Correspondence: Corresponding author and email address

To be put into Easy Chair: Title, Name of Author(s), Institution of Author(s), Email of (Authors), Abstract only

Layout for "How to" Session Submission Abstract

This is the title it is written in bold

Surname, First name

Institution

Synopsis of session:

Level aimed for: Basic, Intermediate, Experienced

Learning objectives: List at least 2 learning outcomes a delegate can expect to obtain after attending this session

Biography: A short bio – one short paragraph

Correspondence: (in bold) First name Last name of corresponding author; email address of corresponding author (is not in bold)

To be put into Easy Chair: Title, Name of Author(s), Institution of Author(s), Email of (Authors), Synopsis of Session

Example:

Do traditional tests of post-traumatic amnesia (PTA) tell us how early emergence from PTA really occurs?

Perdices, Michael^{1,2}; Tate, Robyn L.³ and Cassel, Anneli³

¹Department of Neurology, Royal North Shore Hospital, Sydney, Australia

²Northern Clinical School, Sydney Medical School, University of Sydney, Sydney, Australia

³Rehabilitation Studies Unit, Sydney Medical School, University of Sydney, Sydney, Australia

Background and aims: Emergence from post-traumatic amnesia (PTA) on two commonly used tests (Modified Oxford/Westmead PTA Scales, MOPTAS/WPTAS) is defined as the first of three consecutive days of score 12/12, but there is no empirical evidence for this criterion. Tate et al. (2006) had demonstrated that in severely injured patients (PTA duration ~10 weeks), there was no difference on a brief cognitive battery between the first and third occasion of score 12/12, suggesting that emergence from PTA occurs on the first occasion of score 12/12. The aim of this study was to examine these issues in a less severely injured sample.

Method: PTA was evaluated using the MOPTAS. A sample (n=27) with PTA <5 weeks duration was assessed on three occasions with the same battery used in the previous study, along with the Galveston Orientation and Amnesia Test (GOAT) PTA test. Testing occurred on three occasions: Time 1 (MOPTAS score 7/12), Time 2 (first 12/12), Time 3 (third consecutive 12/12).

Results: PTA duration was M=15.7 days (SD=10.7). Using Bonferroni corrections (p<0.01) there were significant differences between Time 1 and Time 2 on the GOAT but not on any cognitive test. Between Time 2 and Time 3 difference in GOAT scores was not significant, but simple reaction time improved significantly.

Conclusions: In contrast to patients with long PTA duration, patients with shorter PTA duration may have emerged from PTA much sooner than when they first score 12/12 score, and certainly much sooner than deemed by the traditional criterion.

Correspondence: Michael Perdices; mperdices@nscchahs.health.nsw.gov.au