



How to Write Your Research Abstract

A step-by-step guide to preparing a submission that meets every formatting and content requirement of the International Symposium on Clinical Neuroscience — and reads like the work of a serious investigator.

PEER-REVIEWED · YOUNG INVESTIGATOR AWARDS · MAX 500 WORDS · ENGLISH

500

WORDS MAX

4

CORE SECTIONS

3-5

KEYWORDS

2 / 2

FIGURES / TABLES

12pt

ARIAL

01 What the committee is asking for

Your abstract is a single, self-contained account of one study, written in **English** and capped at **500 words** (references don't count toward this). It is peer-reviewed against a published rubric — scientific rigor, relevance, originality, translational impact, and clarity — so every sentence should earn its place. Build it around four moving parts: a **structured body**, a correctly formatted **header**, your **keywords and references**, and a **conflict-of-interest disclosure**.

02 Build the body: five moves

Write the body first — the formatting is quick once the science is right. Each subheading answers one question. Keep **Methods** and **Results** tight; they carry the most weight in review.

Introduction THE SETUP	<i>Why does this matter, and what gap remains?</i> Two or three sentences of context that lead directly to the problem you address. Resist a full literature review.
Objective(s) THE QUESTION	<i>What exactly did you set out to determine?</i> State the aim or hypothesis in one clear sentence so reviewers can judge everything that follows against it.
Methods * THE HOW	<i>What did you do, to whom, and how did you measure it?</i> Design, participants, intervention or comparison, and outcome measures — enough for the work to be judged and, in principle, repeated.
Results * THE FINDINGS	<i>What did you actually find?</i> Report the key outcomes with real numbers — effect sizes, differences, direction. Don't interpret here; just show the data.
Conclusion THE MEANING	<i>So what — and what next?</i> State what the findings support, honestly note their limits, and point to the implication or next step.

* TEACHING-MATERIAL EXCEPTION

If your abstract concerns teaching material rather than an empirical study, you may replace the **Methods** and **Results** subheadings with a relevant heading of your own that better fits the work.

03 Format to spec

These are non-negotiable and easy to check. Set them once in your document and confirm before you submit.

TITLE Arial 12 pt · ALL CAPITALS · Bold	AUTHORS & AFFILIATIONS Arial 12 pt · Bold
CORRESPONDING AUTHOR Clearly identified	BODY FONT Arial 12 pt
LINE SPACING Single	MARGINS 2 cm · all four sides
LENGTH ≤ 500 words (excl. references)	KEYWORDS 3–5 terms
FIGURES 2 maximum	TABLES 2 maximum
REFERENCES Arial 10 pt · APA style	SUPPLEMENTARY MATERIAL Not permitted

References are formatted in Arial 10 pt (APA) and are excluded from the 500-word limit. Supplementary files are not accepted, so everything essential must live inside the abstract itself.

04 Disclose conflicts of interest

A conflict-of-interest statement must accompany **every** submission — including a plain "none declared." Disclose any actual, potential, or perceived conflict tied to the work.

- Declare it whenever an **individual, organisation, institution, or commercial entity** could benefit financially from the research presented.
- Cover **actual, potential, and perceived** conflicts — when unsure, disclose.
- The **Scientific Committee** may request further detail on anything you disclose.

05 A model abstract, annotated

Mirror this shape and you'll be in good order. The example is *fictitious* — for format only.

STRUCTURED ABSTRACT — FORMAT REFERENCE	FICTITIOUS
HEART-RATE VARIABILITY BIOFEEDBACK AS AN ADJUNCT IN PERSISTENT POST-CONCUSSION DIZZINESS: A PILOT STUDY	
A. Rivera , J. Okonkwo, M. Singh · [Affiliation] · Corresponding author: A. Rivera (a.rivera@example.edu)	
↑ Title in Arial 12 pt, bold, capitals · authors & affiliations bold · corresponding author named	
Introduction.	
Autonomic dysregulation is increasingly implicated in persistent post-concussion symptoms, yet targeted autonomic interventions remain underused in vestibular rehabilitation.	

Objective.

To examine whether heart-rate variability (HRV) biofeedback, added to standard vestibular therapy, improves dizziness outcomes.

Methods.

Thirty adults with post-concussion dizziness persisting beyond 12 weeks were assigned to standard vestibular rehabilitation alone or with six weeks of daily HRV biofeedback. Outcomes were the Dizziness Handicap Inventory (DHI) and resting HRV, measured at baseline and six weeks.

Results.

The biofeedback group showed a greater mean DHI reduction (–22.4 vs –11.8 points) and a larger increase in resting HRV. Differences were consistent across age groups; no adverse events were reported.

Conclusion.

Adding HRV biofeedback to vestibular rehabilitation may accelerate recovery from persistent post-concussion dizziness. Findings are preliminary and warrant a larger controlled trial.

↑ *Real numbers in Results · limits stated honestly in Conclusion · well under 500 words*

Keywords: concussion; heart-rate variability; vestibular rehabilitation; autonomic function | **COI:** none declared | **References:** APA style, Arial 10 pt, excluded from word count.

Pre-submission checklist

Run through this before you upload. A single missed item can hold up review.

- Written in **English**, body **≤ 500 words**
- Authors & affiliations in **Arial 12 pt bold**
- All five parts present: Intro, Objective, Methods, Results, Conclusion
- Margins **2 cm** on every side
- No more than **2 figures** and **2 tables**
- No supplementary material** attached
- Using the official **downloadable template**
- Title: **Arial 12 pt, caps, bold**
- Corresponding author** clearly identified
- Body font **Arial 12 pt, single** spacing
- 3–5 keywords** included
- References in **APA, Arial 10 pt** (not counted)
- Conflict-of-interest** statement included
- Max **two abstracts** per presenting author — submitted separately