

Poster Displays

Posters are a great way of sharing your work without the need for presenting live.

The following pages provide guidelines and tips on creating a poster for conference. The posters will be displayed electronically though out the conference. Screens will be positioned in the exhibition room and posters will display in a revolving sequence, however attendees can select a specific poster to view by using the keypad. As well as being displayed on electronic screens they will also be available to view on the conference app.



Poster Templates

Designing a poster can be a daunting process so to make this easy we've created a number of pre-made template designs that you can use to drop text or images into. Alternatively get creative and create your own design using our blank template. All templates can be downloaded from the conference website - <https://www.nationalbackexchange.org/nbe-annual-conference>

The image displays five distinct academic research poster templates, each with a unique layout and design, illustrating various styles and sections of a research poster. 1. **Example Poster Styles (Top Left):** A template with a light gray header and a pink footer. It features a central title 'SECTION TITLE' with a small icon of three stylized figures. Below the title are four sections: 'SECTION TITLE' (yellow), 'SECTION TITLE' (light blue), 'SECTION TITLE' (pink), and 'SECTION TITLE' (teal). Each section contains placeholder text: 'SOME EXAMPLE TEXT TO ADD HERE, EXPLAINING MORE ABOUT YOUR WORK'. 2. **Academic Research Poster (Top Middle):** A template with a dark blue header and a white footer. It features a central title 'ACADEMIC RESEARCH POSTER' with a small icon of a graduation cap. Below the title are four sections: 'INTRODUCTION', 'OBJECTIVE', 'METHODLOGY', and 'RESULTS'. Each section contains placeholder text and small icons. For example, the 'METHODLOGY' section includes a lightbulb icon and a list of bullet points: 'Participants/Sample', 'Materials/Instrument', 'Procedure', and 'Data Analysis'. 3. **Research Poster (Top Right):** A template with a white header and a light gray footer. It features a central title 'Research Poster' with a small icon of a person in a lab coat. Below the title are four sections: 'Introduction', 'Objectives', 'Methods', and 'Results'. Each section contains placeholder text and small icons. For example, the 'Methods' section includes a microscope icon and a list of bullet points: 'What materials have you used?', 'How did you test the device created?', 'How did you collect data for the research?', and 'How will these data be analyzed?'. 4. **Research on Any Subject You Like (Bottom Left):** A template with a white header and a light gray footer. It features a central title 'RESEARCH ON ANY SUBJECT YOU LIKE' with a small icon of a person in a lab coat. Below the title are four sections: 'OBJECTIVE', 'METHODLOGY', 'RESULTS', and 'VISUALS AREA'. Each section contains placeholder text and small icons. For example, the 'RESULTS' section includes a bar chart icon and a list of bullet points: 'What is the expected outcome of the research?', 'Highlight significant outcomes in bullet form.', and 'Did the research achieve the expected outcome?'. 5. **Research Poster (Bottom Right):** A template with a dark blue header and a white footer. It features a central title 'RESEARCH POSTER' with a small icon of a person in a lab coat. Below the title are four sections: 'AUTHORS', 'AFFILIATIONS', 'INTRODUCTION', and 'METHODLOGY'. Each section contains placeholder text and small icons. For example, the 'INTRODUCTION' section includes a person in a lab coat icon and a list of bullet points: 'Add the names of the people involved in this study.', 'Introduce the subject of your research. What are the questions about this topic you aim to answer?', and 'Explain what you want to achieve with your research.'.

- **File Type:** Save as a PDF or a PowerPoint slide. Posters must be kept to one page.
- **Font Size:** Use large, readable fonts. Titles should be at least 72 points, subheadings 40-60 points, and body text no smaller than 24-28 points.
- **Font Type:** Stick to easy-to-read sans-serif fonts like Arial, Calibri, or Helvetica. Avoid overly decorative fonts.
- **Colour Scheme:** Use high-contrast colour schemes (e.g., dark text on a light background) to improve readability. Limit the use of bright colours or too many different colours, which can be distracting.
- **Logical Flow:** Arrange content in a logical flow (e.g., introduction, methods, results, discussion, conclusion) that guides the viewer naturally from one section to the next.
- **Use of Space:** Avoid clutter. Use white space effectively to separate sections and avoid overwhelming the viewer.
- **Visual Hierarchy:** Emphasise key information by using different font sizes, bold text, or colour differences.
- **High-Quality Images:** Use high-resolution images, graphs, and diagrams. Make sure they are clear and directly relevant to your content.
- **Brevity is Key:** Be concise. Focus on the main points and avoid overcrowding the poster with text. Use bullet points or numbered lists to organise information.
- **Clear Headings:** Use clear and descriptive headings for each section so that viewers can easily navigate your poster.
- **Include contact details:** Viewers may want to contact you for more information.

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Accompanying Videos (optional)

To allow attendees to get the most from your work we recommend filming a short video to accompany your poster. This should just be a few minutes and can be filmed on your phone and saved as a MP4 file. The video should give the viewer an overview of your poster and the key points / outcomes. At the beginning of the video be sure to introduce yourself as the author of the paper.

Create a video to accompany your poster!



Transforming Quality of Life for a Plus-Size Community Patient



Improved Patient Outcomes

Kirsty McLellan, National Bariatric Lead, Medstrom
Elizabeth Wentzell, Clinical Territory Manager, Medstrom

This case study describes the journey of Patient R*, a 48-year-old man with complex needs, being cared for in his own home.

Patient R had been bed bound for several years when his community team first contacted Medstrom. At the time, they wanted to obtain an accurate weight, which Medstrom's Clinical Advisor and Service Technician were able to do using shoe scales following a risk assessment. His weight at the time was 3662kg (67 stone). He was using a bariatric electric profiling community bed.

Challenges

Several weeks later, Patient R's Community Coordinator phoned Medstrom. There was a plan to move Patient R to a nursing home, but they were up against the following challenges:

The bed had broken and was stuck in a flat position. Due to this, patient R was now unable to sit up.

He now required daily weighing which wasn't being done.

His breathing was affected, causing his health to deteriorate.

He couldn't be moved to a nursing home because the front door was too narrow to get a stretcher or bed through.

The community team had tried everything they could think of to move Patient R. Including asking the fire brigade for help, but nothing had worked. They felt they had run out of options and were letting him down. Every risk assessment they conducted proved either unfeasible or revealed risks too great to proceed.

From Risk to Resolution

A new risk assessment was performed with Medstrom and the team realised that if some of the wood was removed from the sides of the front door, they would be able to get a Versatech 1100 bed inside. A plan was brought in to do this.

Medstrom arranged delivery of the Versatech 1100 bed and TurnCair 1000 mattress, and they were able to get them into Patient R's home. The fire service was also brought in, who helped with transferring Patient R from the old to new bed, following another risk assessment. In total, there were 22 people involved on the day.

Versatech 1100 Bed



- Width adjustable to fit through a doorway and then be widened for patient comfort/safety
- SWL 500kg and height range 21cm - 81cm, providing safety for the patient and a safe height for caregivers to work
- In-built Class II scale for accurate weighing on demand

Accurate daily weighing could now be carried out safely, without having to move Patient R or his bed.

The TurnAssist function on the TurnCair 1000 mattress provided a new, safer and easier way to turn and reposition Patient R for both pressure area care and personal care.

As a result, the number of caregivers needed to do this halved, from six to three. As well as reducing moving and handling risks, it also freed up valuable time for the busy team.

With Patient R in his new bed and able to sit up again, his health started to improve rapidly. He no longer needed to go to the nursing home, and was able to stay in his own home. Although this had always been his wish, he had resigned himself to moving to the nursing home. He was overjoyed by this unexpected turn of events, as were his friends and family.

Discussion

This case study highlights the critical role of continuous, adaptable risk assessment, proactive planning, and effective multi-disciplinary communication in managing a complex patient in the community. Without these elements, the positive outcomes achieved would not have been possible.

*It also highlights how broken the debt repayment of the debt free in council

"Once Patient R was safely transferred to the new bed and made comfortable, an overwhelming sense of relief and joy filled the room. You could see it on every face."

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Right-size Care
Right care, right time, right amount
Kathryn Auckland
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Right-size care - What is it, what does it mean, why should we apply this approach?



Legal Framework

Employing a right-size care approach is in line with legal frameworks, as well as standards of practice laid down by our individual statutory regulators and professional bodies. As practitioners and organisations, we have a legal duty to practice this way.

- The Care Act 2014
- NHS Act 2006
- Mental Capacity Act 2005
- Human Rights Act 1998
- Health and Safety at Work Act 1974
- Manual Handling Operations Regulations 1992



Consequences of One size fits all

- Poor mental health
- Deconditioning
- Functional decline
- Increased risk of falls
- Reduced confidence
- PJ paralysis
- Longer wait for care
- Longer stay in hospital
- Knock on effect for Adult Social Care
- Financial implications

Specialist Equipment



Right-size care in Practice

What is the role of the client; identify the strengths, abilities, skills and where are the gaps?

Baseline is to start with a single handler and move on from there.

What is the role of the first handler, can their role be modified - do the ergonomics need to change, can specialist equipment be used?

If the above has been tried and you're considering two handlers, consider if the first handler can do what the second handler is doing? What is the justification for the second and is the clinical reason documented?



Actions
Right-size care is everyone's responsibility.

Please complete the following questionnaire about how right-size care is achieved in your area.



Right-size Care National Roll



Development of Guidance; Leaving Slings in Place During Transportation

Authors: Vicky Henderson & Julia Love

Project Aims



- To utilise the knowledge and expertise of YBE members to provide reassurance and evidence-based guidance for PTS managers and improve outcomes for users of slings.
- To influence PTS policy and practice.
- To develop clear and practical guidance.
- To offer clarity and support for caregivers
- To produce resources that promote safe systems of work for transporting individuals who use slings.

Background

Several members of YBE (Yorkshire Back Exchange) reported clients had been informed they could not travel in Patient Transport Service (PTS) vehicles with slings *in situ*. This created issues for clients and care givers. In response, a project group was formed to review the evidence and develop clear guidance.



Impact on clients

- clients missed important medical appointments, critical to their ongoing health and well-being.
- Clients were required to have *in-situ* slings removed, which caused distress and inconvenience.

Impact on carers

- One carer was forced to manually lift a client from their wheelchair back into bed after PTS staff removed the sling prior to transportation.
- Carers reported difficulty in locating evidence-based information to support safe practices.



Project Outcome

Guidance document produced:
"Hoist Slings and Wheelchair Users. Guidance on leaving slings in place during transportation." (available via QR code)



To develop guidance for sling prescribers to ensure the needs of clients using transport are considered at the point of prescription.

Next Steps

After development of the initial draft, peer reviewers from YBE were invited to provide feedback. The document was then shared more widely with stakeholders, including Emma Collin from the Scottish Ambulance Service and members of LARF (patient handling research forum, Loughborough University). Feedback was incorporated throughout the process, leading to final guidance document (available via QR code).

Looking for inspiration? The above posters were presented at conference 2025

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Still not sure if it's for you?

Send us an email at
conference@nationalbackexchange.org
or call **0191 244 2839** and we'll be happy to answer your
questions.

FOR MORE INFO ON THE CONFERENCE VISIT
<https://www.nationalbackexchange.org/nbe-annual-conference>

