

EDITORIAL: CASE REPORTS FOR THE JOURNAL OF CHIROPRACTIC MEDICINE

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In creating a new *Journal of Chiropractic Medicine*, we hoped to provide a forum for chiropractic physicians to discuss the varieties of conditions that are seen in clinical practice. Far from being solely orthopedic specialists with expertise solely in the management of musculoskeletal conditions (and with an emphasis upon low back pain), we are in fact operating as primary care practitioners in many cases. As a result, we see far more than just sprains, strains and pains. We see a plethora of medical conditions. In fact, a past editorial in JMPT detailed the full extent of what our clinicians were finding in practice that they felt worth sharing in a published case report (1).

To that end, I want to focus here on the Case Report as a vehicle for sharing clinical information. In presentations that I offer around the country, I have noted that there are several means by which clinicians and scientists communicate with one another, and these methods of communication can often help derive the kind of paper in which specific forms of information can be shared. For example, scientists communicate to other scientists via bench research reports, while clinicians communicate to other clinicians through literature reviews, ie. they provide information on all that might be known about a given topic. And, clinicians communicate to scientists through case reports. It was, tellingly so, the single case report about an unusual form of sarcoma in a gay bathhouse user that was the herald event now known as the AIDS epidemic. From that single case report, which led to others as more physicians noted the same unusual Kaposi sarcoma, we now have a staggeringly large research operation looking for cure and so on.

So I wish to sing the praises of the lowly case report. Often overlooked by those who seek rigorous evidence in clinical trials, the case report is a valuable tool for sharing information. It provides information about unusual cases to others who benefit from the knowledge; it can impact clinical care. In the case of chiropractic, it signals to all who wish to know the exact full scope of

our abilities. It shows that we are more than back doctors.

It was our hope that the *Journal of Chiropractic Medicine* would allow doctors who are involved in primary care to share their expertise through the written word. While there are other avenues within chiropractic for the publication of hard-core scientific research, the likeliest type of paper for a journal such as this is the clinical case report. It is here that we can demonstrate the full gamut of what we do.

To that end, let me share a bit of the organizational structure for case reports. Case reports should follow specific formats, in its most general structure as follows: Structured Abstract; Introduction; Case Report; Discussion; Conclusion, References. Let me discuss each in turn.

- Structured abstract. Gone are the days of the 150-word prose abstract. Past studies have shown that prose abstracts do not convey information effectively or efficiently, and therefore a committee of the medical editors recommended the use of a structured abstract. In a structured abstract, specific headings are used to provide the reader with a general sense of the paper. For a case report, the headings include: Objective; Clinical Features; Intervention and Outcome; Conclusion.

The Objective tells, in a short couple of sentences, what the paper hopes to accomplish. A typical entry might read, "To describe the clinical presentation and management of a 43-year-old male with systemic lupus erythamatosus and to examine chiropractic literature concerning this topic." Clinical Features describes just that; simply provide the reader with a short sense of the basic findings for the patient under discussion. In the Intervention and Outcome section, you would describe the general management strategy for the patient and his or her response to that care. The Conclusion section then sets out to describe what we have learned from the case.

Following the abstract would be listed a series of Key Indexing Terms. These are used to aid indexers in placing information into medical literature databases such as Index Medicus or MANTIS. These are

not selected out of thin air; rather, they are all found in the Medical Subject Heading List.

- **Introduction:** The Introduction to a case report should provide context for the paper. It need not be lengthy; in fact, it should generally not be lengthy. But it is important for setting the stage for the reader, so that the reader has a sense of why this paper is being written, what is important in the paper and what gap in the literature is being addressed by the paper.
- **Case Report:** The Case Report presents the essential specifics of the case. It is not necessary to provide a wealth of information and a long list of normals; this is not a report to an insurance company or managed care organization. Thus, it should focus instead upon only what is pertinent. Generally, this information will include presenting signs and symptoms, diagnostic work-up information, diagnosis and management. The abnormal findings are detailed, and various test results are described.

With regard to management, it is important to provide detail, especially with regard to forms of chiropractic adjusting that was used, or with regard to specific dosages of botanicals or other nutritional supplements. It is better to be more detailed than less in the Case Report section. We wish the reader to understand exactly how we worked the patient up, how we reached the diagnosis that we did, and precisely how we managed that patient. We can describe the outcome and prognosis as well.
- **Discussion:** What does it all mean? That is the importance of the Discussion section. Here, you would provide an overview of research on the topic of the paper, noting the additional information being added to that literature from the specifics of the case itself. You do need to have some information searching skills so that you can find appropriate citations from the medical and chiropractic literature. In the Discussion section we are helping the reader to gain a fuller understanding of our topic, and so we by necessity must cite past literature. Included in this information can be a description of the disease or condition itself, diagnostic information about that condition, ie. radiographic findings, orthopedic findings, neurological findings, and so on, and then finally the management approaches to that condition. Thus, the reader comes away

with a greater understanding of the condition, its management by chiropractic means (where possible), and its prognosis.

- **Conclusion:** Summing up is the goal of the Conclusion section. It should be brief, and should reiterate the high points or important findings of the paper.
- **References:** A good case report should have enough references to adequately support its contentions. While I do not wish to provide a specific number of references, there have been recommendations made that perhaps 20 is about right.

I need to caution the reader that it is important to prepare these correctly. References are hard to do properly, and the *Journal of Chiropractic Medicine* uses Vancouver style referencing. This means that references are cited in the order of occurrence, and any additional citation of an original reference is to the original reference number; there are no *ibids.* or *op. cit.* in Vancouver style references. They are not alphabetized.

In passing I should note that photographs, illustrations and tables help add to the paper. They not only break up long lines of text and make the paper more readable, they also convey information more effectively than words can. Use them sparingly but well. Tables and figures are not put into the text; they are placed at the end of a paper, one per page. Be sure, though, that there are callouts in the text (ie. "See figure 1.").

It is my hope that the presence of this journal will lead to the generation of a significant number of good clinical case reports which discuss a wide variety of conditions. In the realm of internal disorders there is a small number of such papers when compared to those for orthopedic conditions, and this is a situation that needs to be rectified. I invite you to prepare case reports for publication and pledge to provide what help you need in their preparation.

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Editor

REFERENCES

1. Lawrence DJ. Fourteen years of case reports. *J Manipulative Physiol Ther* 1991;14:447-49.