Asia-Pacific Chiropractic Journal

Sacro Occipital Technique Research Conference 2023: Notes from Louisiana

Charles L Blum and Phillip Ebrall

Narrative abstract: The annual research conference of the Sacro Occipital Technique Organization (USA) was held in Louisiana, New Orleans, 28 April 2023.

These brief notes are extracted from the Conference Proceedings and address the importance of chiropractors documenting their clinical practice in the form of case reports.

The founder of SOT, Major Bertrand DeJarnette. presented his initial research findings in 1935. Since then the specialty field of Sacro-occipital Technique (SOT) has grown and now presents an annual conference in North America.

A core theme of this year's meeting was the role that Case Reports play in the documentation of different aspects of clinical experience, different patient experiences and outcomes, and the importance of these to inform further research and scholarly inquiry.

Indexing terms: Chiropractic; case report; publication

Introduction

For Major Bertrand DeJarnette DO, DC, research was an essential part of being a chiropractor and essential to the future of the chiropractic profession. As early as July 1935 Major Bertrand DeJarnette was a featured speaker at the 40th Anniversary Convention 1895-1935 of the *National Chiropractic Association*, presenting clinical research. Always research was his passion and in an interview in 1982 DeJarnette reiterated '*as far back as chiropractic college, I saw the need for a more scientific basis for chiropractic theory. My own personal physical problems had not been solved by medicine, osteopathy, or chiropractic; so I began experimenting on myself. I'm still at it, and I can see no end of the need for continuous research in chiropractic*'. (1)

> *... we call on all chiropractors to document their clinical approach in the form of a Case Report at least once every 2 years ...'*

DeJarnette saw the importance of sharing clinical experience through case report and self- analysis. This started as he first began to find that things he instinctively did for a patient would disappear from his memory if he did not outline them carefully. So before our day and age of computers he recommended that to begin the first step in research, you would need to buy a notebook, an eraser and a long pencil.

He emphasised that '*those would be your first three pieces of research equipment. You use your notebook because it is not expensive. You use a pencil because it can be erased, and of course mistakes*

will be made so you must own an eraser'. (2) With those three pieces of equipment he sat down one evening and wrote his first case report of an unusual patient presentation and his treatment rendered. He recollected that he did not sit down to write until perhaps three months after that patient's presentation. He could not believe how much he had forgotten about the details. The lesson he learned was '*write the unusual down now*'. (2)

When DeJarnette began to study the treatment he had rendered he realised that if any meaningful information were to evolve from his experience, he would have to resolve it himself. He suggested that research has to be a free agency. Basically he saw a need and worked to fulfil that need. He realised that explaining how his discoveries evolved was more difficult than the process of developing new diagnostic and therapeutic interventions. (2)

Chiropractic techniques, innovative integrative collaborations, and methods such as sacro occipital technique, temporomandibular disorder co-management, chiropractic manipulative reflex technique, and cranial techniques need an arena to share clinical and other forms of research. Critical study of techniques and innovative methods are what will help propel healthcare forward in this era of evidence informed practice and best practice research.

The annual *SOT Research Conference* looks to offer a venue for research papers; specifically those which investigate sacro occipital technique, dental chiropractic co-treatment, cranial techniques, viscerosomatic/somatovisceral reflex techniques, and new ground-breaking creative ways of helping humanity without necessarily the use of drugs or surgical intervention. This year's proceedings, like all prior conferences, will be shared with the chiropractic profession, for review, dissemination, and in-depth study.

'*Research is a study of what you have and what you need to make it better; how to make it better is the final research step. SOT never wants to be just good. It always wants to be better and best and greatest and most dependable*'. (3)

> 'Research in Chiropractic must go on forever. Someone must do this type work, for it simply will not take care of itself. A profession cannot stand still. Momentum must constantly be generated. Chiropractic research needs many things it does not now have. (4) Sacro Occipital Technic, like all Chiropractic Technics, needs further study. We certainly do not have all the answers to all of man's problems, and neither does any other group of people'. (4)

As a parting comment for his chiropractic colleagues Dr. DeJarnette said '*We must respect each other's beliefs. We must support our colleges and associations. We must work together and unite as a profession. And we must at all times be proud of chiropractic and proud of our calling as chiropractors*'. (1)

Evidence-based practice

Evidence-based practice (EBP) refers to a decision-making process which integrates the best available research, clinician expertise, and client characteristics. EBP is an approach to treatment rather than a specific treatment.

EBP involves complex and conscientious decision-making which is based not only on the available evidence but also on patient characteristics, situations, and preferences. It recognises that care is individualised and ever changing and involves uncertainties and probabilities. (5)

EBP develops individualised guidelines of best practices to inform the improvement of whatever professional task is at hand. It is a philosophical approach that is in opposition to rules of thumb, folklore, and tradition. Examples of a reliance on '*the way it was always done*' can be found in almost every profession, even when those practices are contradicted by new and better information. (5)

> 'It's about integrating individual clinical expertise and the best external evidence' (6)

However in spite of the enthusiasm for EBP evinced over the last decade or two some authors have redefined EBP in ways that add other factors to the original emphasis on empirical research foundations. For example EBP may be defined as treatment choices based not only on outcome

research but also on practice wisdom (the experience of the clinician) and on family values (the preferences and assumptions of a client and his or her family or subculture). (5)

Evidence informed practice

The term evidence based medicine (EBM) has traditionally been used to describe a means of treating patients based on research published in biomedical journals. Even though EBM also incorporated expert opinions and a doctor's clinical experience, it was common that insurance companies and other agencies, presumably seeking to protect patients or save money, would focus solely on the randomised controlled trial as the backbone of EBM.

When EBM appeared to be too restrictive or just clearly misinterpreted new terms such as *Evidence Based Practice* and now *Evidence Informed Practice* (EIP) have appeared. The value of EIP is that it takes research into account when making a clinical decision but also utilises patient values and preferences, risk benefit ratio of related or chosen therapy, and the doctor's clinical experience. Because this represents a clearer depiction of an actual clinical experience and at the same time seeks to offer the patient the highest level of care, the belief is that EIP is the best of what EBM has to offer.

It is important that a practitioner is aware of the current research on the effectiveness of their care so that they do not inadvertently make false or exaggerated claims regarding the potential benefits of the treatment rendered. Therefore keeping up to date on the research and literature, while time consuming, is an ethical obligation of doctors in practice.

Ideally doctors practicing EIP would best be able to predict and provide outcome expectations against which progress could be measured. In essence we all, as patients or doctors, should receive or offer treatment based on research and clinical experience. New research can uncover therapeutic interventions or benefits of certain types of care that were never before discovered. Also this research may determine that prior care that was customarily rendered is now inappropriate.

The challenge with chiropractic and its various techniques is that we are functioning from a situation where we have limited funds and limited methods to adequately study our innovative therapeutic applications. The annual conference delivered by SOT attempts to offer a tempered and reasonable voice for practitioners on the forefront of care, such as has been the case with Sacro Occipital Technique for years. Incorporating current research performed in the patient's best interest with one's own clinical experience is the hallmark of a responsible and ethical physician. Allied healthcare practitioners, chiropractors, and particularly SOT doctors have a responsibility to lead the way with EIP and focus first and foremost on patient based care.

Major Bertrand DeJarnette DO, DC developed SOT with outcome based assessment protocols and with research accountability as its backbone. The onus is upon us, those who learn and utilise his methods, to be informed of the evidence and evolving research and utilise this in the clinical application of SOT and its related methods.

The Case Report

How the Doctor in practice communicates to the Research Community

While low on the usual evidence-based practice hierarchy of evidence the case report is an extremely valuable manner for doctors in clinical practice or '*in the trenches*' to communicate what is taking place in their practices. Until the doctors in clinical practice publish their case reports, researchers in a college setting can only attempt to guess what is taking place out there in the field.

There are significant limitations to case reports, such as no control subjects, the doctor and subjects are not blinded to the study, and the doctor's bias may cloud the study. So while the case report is an important tool for communication, the doctor authoring these studies needs to exercise caution to not over-interpret his or her findings. Robert Ward of *Southern University of Health Sciences* and past editor of the *Journal of Chiropractic Education* answers the question '*Why it is important to write a case report*?'

He wrote '*Most persons believe that the case report is used to describe unique, or at least highly rare, clinical presentations or diagnostic entities (e.g., "prostatic hypertrophy mimicking as ingrown toenail"). This is the most common use of the case report. However, equally important is the use of the case report to describe novel management approaches to more ordinary conditions.*

'Another aspect of why case reports are written involves the audience. Case reports are generally considered as a communication from clinicians to scientists. The pointy-headed ivory tower population doesn't get to see the interesting things that happen in clinical practice. They often rely on case reports from the field in deciding what sorts of pilot studies to run, and those often lead to real full-scale clinical trials (the sort of research that field clinicians generally don't have the time, resource or interest to undertake).

'*Case reports are a vital aspect of our literature base, and more of our practitioners need to write them. Until you write up that wonderful method that works in your office, the rest of the world cannot share in its benefits. Without publication, when you die or retire, your discoveries die with you*'. (7)

There are *now ample papers* in the Chiropractic literature promoting *the value of the case report* with suggestions on *how best to prepare them*. We call for every chiropractor to prepare a case report of something unique to their practice at least once over the next 2 years. When this occurs, the indexed case reports in Chiropractic will increase ten-fold, from about 5,000 to about 50,000.

This *Journal* welcomes and promotes Case Reports and in association with the *Australian Spinal Research Foundation* and their *Case Report Project* are making a significant contribution to the Chiropractic case report literature. Each of us are more than happy to guide and support to as you write for first case report, and the ASRF can assign you a writing team to produce your paper.

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1. DeJarnette MB. Cornerstone. The American Chiropractor. Jul/Aug 1982; 82: 22,23,28,34.
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Resources to assist you yo prepare your Case Report

We provide two resources to assist you prepare your case report:

- Patient Consent for Publication and Presentation
- Case Report Check List

Consent is a requirement only when there is a reasonable probability that the patient can be identified. They may be prominent in the entertainment industry, (1) or politics, (2) or, as is increasingly common, sports. (3) There may be other cases where its characteristics could result in identification of the patient, especially in small communities. This is not to say that the public in such a community could read the report, but more to suggest that privacy must be maintained if the practitioner chose to reproduce the report and distribute in their waiting room to demonstrate the types of patients they are helping. Given that most chiropractic conferences require case report consent forms and some journals also, it is best to always get a consent form signed.

The requirements of some journals may mandate that patient consent is required for any use of patient data. There are two clear matters to consider in this case:

- all patient-intake forms should carry a generic clause to the effect the patient consents to their anonymised data being used in a way which does not identify them for the purposes of education and research;
- some journals, and this masthead is one, do not require specific, overt consent for the use of anonymised data in a case report.

One of us (PSE) has elsewhere (4) addressed more completely the ethics of publication.

Some research meetings may require evidence of patient consent and to assist you with this we provide a form appropriate for recording *Patient Consent for Publication and Presentation*. (5)

One of us (CLB) has also created a handy '*check list*' to guide you through the process of preparing your first draft. (6)

Over the past decade medicine has tried to impose a format called the CARE guidelines for case reports. (7) The application of this format to chiropractic has been considered for this journal (8) however it is reasonable to now propose that the CARE approach could be seen as paradoxically both overly prescriptive and incomplete for optimally informed the advanced of chiropractic approaches to patient care.

Whilst there are papers specifically outlining what a Case Report should contain (9, 10) we both feel the attached guidance from Blum is both practical and complete. We recommend its use.

1. Rome PL. Chiropractic patients prominent in the entertainment industry. Chiropr Hist. 2020;39(1):7-11.
2. Rome PL. Prominent Chiropractic patients in Royalty, Politics, Medicine and Industry. 1997;36(1):87-98.
3. Rome PL. Chiropractic patients prominent in sports. Chiropr Hist. 2020;39(2):48-55.
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10. Ebrall PS, Murakami Y. Constructing a credible case report: Assembling your evidence. J Contemp Chiropr 2018;1:40-53 https://journal.parker.edu/index.php/jcc/article/download/29/11.

Patient Consent for Publication and Presentation

Title of case study/series:

Author(s) names:

As the patient in this case study/series, I hereby give my consent for clinical information relating to my case to be reported at a scientific conference, in a conference proceedings, and/or published in a scientific journal.

I understand that my name, initials, or any protected health information such as my identification number, billing information, address, etc. will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be published in a journal, a website of a journal and in products derived from the journal. As a result, I understand that the material may be seen by the general public.

Name of patient (print) _____

Date_____

Signature of patient (or signature of the person giving consent on behalf of the patient, if the patient is a minor or deceased)

_____

If you are not the patient, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.)

Why is the patient not able to give consent? (e.g., is the patient a minor, incapacitated, or deceased?)

If images of the patient's face or distinctive body markings are to be published, the following section should be signed in addition to the first section:

As the patient stated above, I give permission for images of my face or distinctive body markings to be published where they are relevant to the case and recognize that I might therefore be identifiable even though my name and initials will not be published.

Sign and date: _____ _____

Please keep a copy of this completed form for your records.

Case Report Check List

Charles L. Blum, DC

Based on the article by Green BN, Johnson CD. Writing A Better Case Report, J Sports Chiropr & Rehabil. 2000 Jun;14(2):46-47. (Was adapted from: Keating JC. Towards a Philosophy of the Science of Chiropractic: A Primer for Clinicians. Stockton, CA: Stockton Foundation for Chiropractic Research; 1992:419-20.) Permission was given to Dr. Blum by Drs. Green and Johnson to share their information in this format.

See case report patient consent form (after check list) and have patient sign consent form before submitting this case report for publication.

INTRODUCTION

1. What specific health problem is associated with this case report and its significance (e.g., prevalence, incidence, morbidity, financial and social costs)?

2. What literature has been reviewed on this problem in relation to any diagnosis and treatment? We recommend you cite only the Top Five most recent papers on the topic, and any seminal paper.

3. How is this case report important and contribute to further understanding in health care?

4. Please state your paper's purpose or thesis clearly.

CASE REPORT

The Assessment:

1. Describe the patient's characteristics.

2. Define and describe the patient's health history clearly.

3. Clearly describe the patient's examination in terms of positive results and significant negative results.

4. What outcome assessment measures were utilized for clinical measurements?

5. Fully describe any novel diagnostic or assessment strategies that were utilized.

6. What does the literature say about the validity or reliability of the procedure used?

7. What is the patient's diagnosis?

Treatment/Intervention:

1. In a clear manner describe the treatment or intervention.

2. Clearly describe the treatment so it could be replicated by anyone reading this paper.

RESULTS

1. Any outcome assessment measures mentioned in the case report should have its data reported here.

2. What may be any possible side effects or risks associated with the treatment rendered?

3. Attempt to distinguish between short versus long-term outcomes associated with the treatment rendered?

DISCUSSION

1. Clearly describe your interpretation of the results.

2. Can you propose a mechanism for the observed changes?

3. What flaws might there be with your study and how could it be improved in the future?

4. Is there any differential diagnosis associated with this case report?

5. Why might some question your conclusion that the treatment was responsible for the observed changes?

6. What are the limitations associated with applying this study to other patients?

CONCLUSION

1. Clearly address the purpose of this case report as presented in the introduction.

2. Suggest what future research could be performed based on the findings of this case report.

Here, try to be specific and instead of a motherhood statement such as 'more research is needed', give your view on what specific questions should be answered based on the case you have presented.

REFERENCES

Each journal commonly has their own recommended format for references but one of the most common is the Vancouver Style, while it would be good to check the journal directly, Scribbr give all styles at *https://www.scribbr.com/citing-sources/citation-styles/*

This journal accepts all citation formats including footnotes, endnotes, (Name, Year) in text. We place the reference within parentheses ( ) outside punctuation. When numbers are used they are set to the baseline as are in-text (Name, Year). We give every citation number and do not hyphenate a range.

Most chiropractic journals and conference formats accept the Vancouver style which takes this format:

> 1. Bute M. A backstage sociologist: Autoethnography and a populist vision. Am Soc. 2016 Mar 23; 47(4):499–515. Available from: https://link.springer.com/article/10.1007/s12108-016-9307-z DOI 10.1007/s12108-016-9307-z

Please note the current format for the doi: is to capitalise without the colon, thus DOI .

STRUCTURED ABSTRACT

The case report should have a structured abstract, a summary of the article usually around 150 - 250 words. There are specific formats for an abstract and each journal has their particular preference. Information for what is needed to write "Structured Abstracts for Case Reports" is located at: [http://www.soto- usa.org/Newsletter/DCInternetEdition/dc_internet_ed_vol_3_no3Abstrak/StructuredAbst racts.htm (last accessed 11-01-07)]

INDEXING TERMS or KEYWORDS

Keywords are usually key words or phrases that an indexer can use to cross-index your paper. It is best to use *Index Medicus Medical Subject Headings* (MeSH). To find the MeSH terms you may want to contact a chiropractic librarian or explore on-line at http://www.nlm.nih.gov/mesh/meshhome.html.

This Journal prefers the key words from the Chiropractic Subject Headings (ChiroSH) 2006 edition: http://www.chiroindex.org/htmls/ChiroSH2006.pdf. This is specifically to allow the indexing of techniques.

PATIENT CONSENT FORM

While historically patient consent forms were not needed for case reports, in the effort to protect patient's confidential information and prevent unwanted information from being released, journals will likely be requesting' patient consent forms'. We have addressed this matter.

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