Asia-Pacific Chiropractic Journal

CASEREPORTS

The contemporary role of the case report in evidence generation for the discipline of Chiropractic

Scott Cuthbert and Phillip Ebrall

Abstract: Regardless of argument to the contrary from academics ignorant of advances in evidence gathering, the *Journal* continues to place an emphasis on publishing case reports relevant to the discipline of Chiropractic.

Here we provide both our rationale and our updated guidelines which are drawn from the model of evidence-based healthcare developed by the *Joanna Briggs Institute* (JBI) of *The University of Adelaide*.

We explain the philosophical principles of 'aboutness' and 'consilience' which significantly increase the value of a case report to allow agglomeration to better inform the clinical practice of Chiropractic.

We celebrate that case reports are the fertiliser of research proposals and as such are critical to the informed development of Chiropractic as a science-based discipline.

Indexing Terms: Chiropractic; subluxation; case report; writing guide.

Introduction

Case reports are no longer considered as low-value anecdotal reports contributing little to evidence for healthcare practice. This *Journal,* along with other mature health professions, places an emphasis on this form of discourse within the Chiropractic discipline and is aligned with the *Case Report Project* of the *Australian Spinal Research Foundation* (ASRF).

> *... case reports are the fertiliser of research proposals and as such are critical to the informed development of Chiropractic as a science-based discipline ...'*

In our first four years this masthead has published nearly 80 case reports, each of which has been duly indexed by the *Chiropractic Library Collaboration* (ICL). Now, through our relationship with EBSCO these reports are available in full-text format through all universities globally to inform the planning of research into clinical aspects of the Chiropractic discipline.

Both of us are experienced with the writing and publication of case reports (1,

1. Cuthbert S. The Long and Winding Road of Whiplash Associated Disorders: An Applied Kinesiology Chiropractic Case-Report. Asia-Pac Chiropr J. 2022;2.4. URL apcj.net/papers-issue-2-5/#CuthbertWADAK

2, 3, 4, 5, 6) and one of us has contributed to discussion on the value and importance of case reports in the healthcare literature. (7, 8, 9)

The collective understanding of how evidence is reported, synthesised, and applied, continues to evolve and JBI (initially the *Joanna Briggs Institute*, *The University of Adelaide*) has emerged as a leading global organisation promoting and supporting evidence-based decisions that improve health and health service delivery. (10) Previous guidelines in Chiropractic referenced the generic medical *CARE Guidelines* (11) however this *Journal* now formally recognises and adopts the JBI circular model of evidence-based healthcare and the checklist published by them for writing case reports for inclusion as evidence in the form of expert discourse. We encourage readers to also adopt the format which we will now discuss.

The circular model of evidence-based healthcare

JBI have replaced the concept of an pyramidal evidence hierarchy with a more inclusive wheel, (12) representing a cycle of continuous quality improvement in healthcare delivery through continuous integration of evidence as it is generated. Thus the *JBI Model of Evidence-Based Healthcare* is a cycle which fosters the synthesis of evidence and then its transfer to where it is needed, and its subsequent implementation. Each of these actions is developed as a science.

Fig 1: The JBI model of evidence-based healthcare. (10) From https://jbi.global/jbi-model-of-EBHC

2. Cuthbert S, Rosner A. Applied kinesiology methods for a 10-year-old child with headaches, neck pain, asthma, and reading disabilities. J Chiropr Med. 2010;9(3):138-45. DOI 10.1016/j.jcm.2010.05.002.
3. Cuthbert SC, Barras M. Developmental delay syndromes: psychometric testing before and after chiropractic treatment of 157 children. J Manipulative Physiol Ther. 2009;32(8):660-9. DOI 10.1016/j.jmpt.2009.08.015.
4. Ebrall PS. Residual disability from delayed manipulative treatment for mechanical low-back pain: A case review. Chiropr J Aust 1993; 23:54-8.
5. Ellis WB, Ebrall PS. The resolution of chronic inversion and plantar flexion of the foot: A pediatric case study. J Chiropr Technique. 1991; 3:55-9.
6. Ebrall PS, Ellis WB. Transient syncope in chiropractic practice: A case series. Chiropr J Aust 2000; 30:82-91.
7. Ebrall PS. Was it only $1.17? The Value of Case Reports and Best Practice. [Editorial]. Chiropr J Aust 2012;42:81.
8. Ebrall PS, Murakami Y. How to write a well constructed, credible Case Report for Integrative Medicine. Jap J Int Med 2018;11(3):285-91.
9. Ebrall P, Doyle M. The value of case reports as clinical evidence. Chiropr J Aust. 2020:47:29-43. http://www.cjaonline.com.au/index.php/cja/article/download/247/107.
10. About JBI. Who are we? https://jbi.global/about-jbi
11. Doyle M, Ebrall P. Points to consider when writing to the CARE Guidelines for case reports. Asia-Pac Chiropr J. 2021;1(3):1-4. URL https://www.apcj.net/site_files/4725/upload_files/DoyleCAREchecklistforcasereports(1)(1).pdf?dl=1
12. The JBI model of evidence-based healthcare. https://jbi.global/jbi-model-of-EBHC

The *evidence generation wedge* of the JBI Model identifies discourse (or narrative), expertise, and research as legitimate means of knowledge generation. It recognises that the results of well-designed research studies grounded in any methodological position, anecdotes or personal opinion and expertise are all deemed valid methods of generating evidence to inform policy and practice. (12) It is at this point that well-structured case reports appear as pieces of evidence to be considered, and for this reason, JBI have provided a *Critical Appraisal Checklist for Case Reports*, on which this paper is based.

Understanding evidence

In philosophical terms 'science' is only 'science' because, after Popper, the knowledge found is falsifiable. Knowledge is falsifiable if it can be logically contradicted by an empirical test. In order to know if the knowledge in a case report could be true there must be a way to prove it to be false, the empirical contradiction.

For this reason all mature inquiry starts with a null hypothesis which in effect says that the finding sought to be replicated is not true and that nothing happened. In other words, for any critic of chiropractic to ignore a case report can only mean they have a way to show it is false. They then usually resort to demeaning diminutive language but as the *JBI Evidence Wedge* shows this has no value in restricting admission as discourse.

Herein lies the strength of the case report, it presents claims which are difficult to prove wrong. This point is where the small group of post-realists (13) within Chiropractic fail to understand that it is not the author of a case report who has to prove their report is true, it is they, the post-realists, who must prove it wrong. In other words, they are bound to falsify it or else accept it. Their trite arguments are that a case report is only '*n of 1*' and is '*not controlled*'. They miss the point that one case of one thing is interesting, a second needs noticing, and a third establishes a clinical effect which deserves to be more fully investigated. It is here where '*consilience*' has high evidential power. (14)

The book '*Consilience*', published in 1998 by Harvard scientist Edward O Wilson, argues that the grand quest to unite all human thought began during the post-Renaissance Enlightenment era. He argues it should continue today, being centred on the intellectual power of the scientific method. Wilson is one of the greatest naturalists of the 20th Century and says that the goal of consilience is to achieve progressive unification of all strands of knowledge in service to the indefinite betterment of the human condition. This corresponds to the JBI Model's '*Global Health outer wedge*' rationale.

As a disclaimer, a case report may most certainly be proven wrong if the exact conditions from patient to presentation, to suspected causation, to the mode of treatment, and so on, are able to be replicated which is most unlikely. Human variance in clinical practice makes replication very difficult. Within pharmaceutical studies the reality of individual patient variance is statistically lost within the large size of any cohort. These cohorts form the studies where results flow from the group to the individual, removing individual variance in their response. Chiropractic is the reverse, which is true patient-focussed care, where information from one individual case report can be applied across or upwards to another patient who is 'about' the same.

For these reasons we consider case reports are most unlikely to be proven wrong, and must therefore be accepted as a true report of a certain set of clinical circumstances. In turn this raises the responsibility of the author to present the case in a manner which allows not so much a direct replication, but more of an '*aboutness*'. One of us (PE) with a colleague (YM) has previously addressed this in detail; (15) in brief the concept of *aboutness* means a case report must have sufficient detail to allow another clinician to '*match*' it to a patient '*about*' the same. This means a report of the care of a 70 year old male is not applicable to a 5 year old female, but may have value when considering

13. Ebrall P. Changing chiropractic's subluxation rhetoric: Moving on from deniers and vitalists to realists, post-realists, and absurdists. URL Asia-Pac Chiropr J. 2022;3.3. URL apcj.net/Papers-Issue-3-3/#EbrallRhetoric

14 . EO Wilson. Consilience: The Unity of Knowledge. New York. Random House as Vintage (reprint). 1999.

15. 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

options for the care of a 68 year old male with a presentation about the same as that of the 70 year old.

Multiple case reports allow consilience

Many journals serving the Chiropractic Discipline no longer accept case reports except where a case is considered unique. The Editorial Board of this *Journal* considers this position is flawed as non-publication of case reports similar to those currently indexed is wilful interference with the agglomeration of evidence. Both positive and negative outcomes should be reported as case reports because both are equally important. To ignore or discredit a case report is to say one is not interested in any negative outcomes which may serve as a caution in other patients.

The philosophical principle at play here in addition to '*aboutness*' is '*consilience*' which allows for information to be extracted from more than 1 case report of a similar presentation. An application of the philosophical tools of aboutness and consilience is shown to allow '*agglomeration*' of multiple reports and for interpretation with hermeneutics. The ultimate expression of agglomeration is a case series.

Within the JBI model, this represents the collection of published strands of '*anecdotes, personal opinion and expertise*' which are accepted as valid methods of generating evidence to inform policy and practice.

With this in mind we now give our interpretation of the JBI Checklist for the critical appraisal of case reports with some contextual comments. JBI allows for any of these to be checked as '*Not Applicable*'; the *Journal*'s position is that each should be addressed.

Checklist for a Case Report

1: Are the patient's demographics clearly described?

Demographics are naturally the patient's gender, age, and occupation. For JBI demographics also describe the patient's race, medical history, diagnosis, prognosis, previous treatments, past medical conditions, and current diagnostic test results, and medications. They suggest the setting and context may also be described.

For Chiropractors these points are equally relevant including 'gender' and apart from one paper suggesting we can work well with transgender patients, (16) we see some evidence of differences in response to Chiropractic care based on a patient's gender. We accept, of course, clinical conditions specific to a gender, such as endometriosis for females and testicular torsion for males. We also acknowledge hormone considerations and their effects on ligaments, and differences in bony shapes most notably the pelvis, which are important clinical considerations. What we are saying is that through aboutness and consilience, Chiropractors are wise to match case reports by gender, such as a report of a 65 year old female with a patient who is a 68 year old female, but perhaps not with a patient who is a 68 year old male.

We do ask for a deeper notation of past functional and pathological conditions and whether or not the patient is a *novice to Chiropractic Care* or has a history of care. If there is a history it may be useful to note the form of that care, most importantly for determining whether the patient preference was for mechanically-assisted or manual adjusting and whether or not the prior approach had achieved outcomes the patient found satisfactory or not.

Most commonly, the Chiropractic setting will be the '*clinic of the author*' which is usually '*private practice*' although we must make provision for patients who may be co-managed, for example in a hospital setting. A valuable source of cases yet to be responsibly reported are from outreach activities in a field or '*outreach*' clinic, notwithstanding that such activities quickly turn into social media posts to promote the ego of a practitioner. (17) The literature has little reporting of the impact on the

16. Maiers MJ, Foshee WK, Henson Dunlap H. Culturally Sensitive Chiropractic Care of the Transgender Community: A Narrative Review of the Literature. J Chiropr Humanit. 2017 Aug 4;24(1):24-30. DOI 10.1016/j.echu.2017.05.001.

17. Post: Doc Martin Camara is in Quezon City, Philippines. Facebook. 12 March 2024. https://www.facebook.com/docmartincamara

health of a community made by the provision of such services. Sometimes outreach projects are subject to critical appraisal (18, 19) but mostly the academics and students involved are lax in reporting cases arising from these learning activities and we would like both academics and students to do better as it is known that outreach clinics include a wide variety of clinical presentations. (20, 21, 22)

2: Was the patient's history clearly described and presented as a timeline?

Here JBI state '*A good case report will clearly describe the history of the patient, their medical, family and psychosocial history including relevant genetic information, as well as relevant past interventions and their outcome*'. They make reference to the CARE guidelines which we now minimise in light of our revised position.

We agree with the suggestions of JBI which can only enhance the reader's ability to achieve consilience through aboutness by gathering more than one case report. This information also presents a justification for reporting historical Chiropractic intervention.

3: Was the current clinical condition of the patient on presentation clearly described?

Here JBI suggest '*The current clinical condition of the patient should be described in detail including the uniqueness of the condition/disease, symptoms, frequency and severity. The case report should also be able to present whether differential diagnoses were considered*'.

The *Journal* prefers the clinical condition to be named in the report title and given as an indexing term. We also expect the report to open with a paragraph informed by the literature which means the writing needs to be targeted and concise. We do not want a 'literature review', we prefer the top 3 to 5 papers, current and/or seminal, on the topic. See more below.

Clinical signs are valuable information

With regard to noting symptoms, we go further to request the notation of '*clinical signs*'. Our preference is for only a summative statement of prior medical attention with a more expansive, if possible, statement of prior Chiropractic management, especially noting the technique/s used and the patient's response.

For a case report to have meaning it must be anchored in current practice, and show either why and how current practice is a good idea, or not. Thus we also welcome case reports of failed care by a Chiropractor.

Replacing the literature review

Earlier case reports in the discipline of Chiropractic have included almost a thesis length review of relevant literature and we consider this now to be inappropriate. For a literature review to have value it must be undertaken with specific methodology, and this methodology is not something we reasonably expect of an active Chiropractic clinician.

Thus while not asking for a literature review, we do expect a case report to be submitted with reference to the top 3 or 5 papers that are current in the literature, and here we mean the broader medical literature and not just that of our discipline.

The top papers should include any previous occurrence in the Chiropractic literature. Here you may need to go back in time in the *Index to Chiropractic Literature* to find a paper or two which have

18. Amorin-Woods LG. Student perceptions of a clinical placement within a therapeutic community.Chiropr J Aust. 2017 ;45(4):Online access only p 269-87.
19. Amorin-Woods LG, Losco BE, Leach M. A mixed-method study of chiropractic student clinical immersion placements in nonmetropolitan Western Australia: Influence on student experience, professional attributes, and practice destination, J Chiropr Educ. 2019;33(1):30-9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6417866/
20. Morschhauser E, Long CR, Hawk C, et al. Do chiropractic colleges' off-campus clinical sites offer diverse opportunities for learning? A preliminary study. J Manipulative Physiol Ther. 2003;26(2):70-6. DOI 10.1067/mmt.2003.21.
21. Todd AJ, Carroll MT, Russell DG, et al. A prospective survey of chiropractic student experiences with pediatric care and variability of case mix while on clinical placement in Rarotonga. J Chiropr Educ. 2017;31(1):14-19. DOI: 10.7899/JCE-16-4.
22. Tavares P. Overview of conditions seen on a Canadian Memorial Chiropractic College outreach to the Dominican Republic. J Can Chiropr Assoc. 2021;65(2):164-73.

previously addressed the condition. The 'advanced' search screen can be used to allow for variants in name and spelling of the condition.

We expect the author of a case report to have some idea of what they are reporting and we do require a contextualisation of the case being reported within the contemporary literature of the discipline, and then contextualised into the broader field of health care. This means making a notation of the social burden of disease and the extent to which the condition being reported may contribute to that should it be one of the known 'burden' conditions.

4: Were diagnostic tests or assessment methods and the results clearly described?

A short summary is useful to capture findings from previous assessment; simply acknowledge previous medical tests and briefly summarising their findings. Chiropractors place a higher reliance on diagnostic imaging and here we welcome detailed reports of what imaging was performed, along with not only the findings, but especially the meaning of those findings and how they may have impacted the care that was chosen for that patient.

Diagnostic Imaging includes EMG scans along with a range of findings from other devices which are informative of the patient condition and suitable for inclusion and reproduction of the images.

5: Was the intervention or treatment procedure clearly described?

The intent is for the reported intervention to be more or less replicable by another Chiropractor. Thus you must report something more than '*subluxations were corrected at L5, T12, and C7 …*'. A subluxation occurs with a joint, so for a start it must be written as '*at L5/S1, T12/L1, and C7/T1*'.

Further, what type of subluxation was it in terms of chronicity and was it primary or compensatory? Specifically, how was it corrected? Here we want to see listings and technique, such as '*L5/S1 listed as L5 PRS corrected by Gonstead finger pull move with a side-lying position, right side down*'. This level of detail is required to allow replication by others, although we freely admit that every technique has a different 'style' which is unique to the individual practitioner and difficult to capture.

> Please remember we are fighting a battle to show clinical effectiveness of segment-specific Chiropractic over the bone-setter minority on the fringe of the discipline who consider broad-based regional spine manipulation to be a valid clinical skill representing all that a 'chiropractor' should be doing. This has been made abundantly clear by McCoy Press. (23)

Dr Matthew McCoy, publisher of four journals dedicated to research on the vertebral subluxation, noted the post-realist bone-setter sect is urging '*That spinal adjusting should be embraced as non-specific and that we need to "dial down" the "preoccupation with technique details" and any notion that specificity matters because its "of little clinical consequence"*. As ignorant as this statement may be, it is part of the agenda to remove subluxation from Chiropractic education AND practice. We must take heed of McCoy's warning and appreciate that the bone-setter group have no evidence for their claim that specificity has no clinical meaning.

It is also part of that groups's agenda to end Chiropractic being '*a vitalistic, salutogenic model focused on reducing and correcting subluxations*' by pretending it is not evidence based and is instead '*"dogma based" and that this dogma is rooted in the "art, science and philosophy" of chiropractic*'. (23)

23. This isn't some Chicken Little paranoia. Its reality. Matthew McCoy, Found and Editor, McCoy Press. April 2024. Subscriber email.

The sheer arrogance of this group is palpable in their claim that '*a case-report carries no real scientific weight*', a claim which demonstrates their ignorance of the current literature and of organisations such as JBI which have significantly advanced evidence-based health care and have done so in a manner completely compatible with *Chiropractic* science, which with this *Journal* along with McCoy's four journals align.

The least we as a Chiropractic Journal speaking '*Chiropractic*' to Chiropractors can do, is to use our language proudly to report how an experienced and successful practitioner approaches and corrects clinical problems in the hope it will serve as a mini-tutorial for others.

The more specific we can be in our clinical descriptions and our language, the better the evidence we leave for others to work with.

6: Was the post-intervention clinical condition clearly described?

For this requirement JBI state '*A good case report should clearly describe the clinical condition post-intervention in terms of the presence or lack thereof symptoms. The outcomes of management/treatment when presented as images or figures would help in conveying the information to the reader/clinician*'.

Quite clearly we require more than '*the patient felt better*', perhaps adding words like '*and was able to return to normal duties*' or whatever ADL is relevant to them. We also like to report the outcomes of quantitative tests, such as numerical or percentage changes on a pain scale, or a 'disability' index, or some other common measure used within the discipline.

However we appreciate that important outcomes within Chiropractic are so much more than just pain reduction and improved movement, and include cognitive dimensions and particularly subjective matters such as adaptability, stress response, and coping skills. The more clearly we can identify and report on these outcomes, the more useful the case report will be.

7: Were adverse events (harms) or unanticipated events identified and described?

JBI hold the view that '*It is important that adverse events are clearly documented and described, particularly when a new or unique condition is being treated or when a new drug or treatment is used. In addition, unanticipated events, if any that may yield new or useful information*'.

Chiropractors are fortunate in that our collective treatments are clinically well established and known to be extremely safe. However we ask authors to be aware of any response to care that did not show the expected response and to report it, even should it be only transitory and mild.

We would like these to be identified and clearly described along with not just the expectation held for that therapeutic intervention, but also a thoughtful comment on why a less than optimal outcome may have occurred. In particular, should there be any harm reported by the patient we would like this documented so it can be published in a 'no-blame' manner to serve as a lesson on things practitioners should be looking for and considering as early warning flags.

On course, should the outcome be an injury perceived to be related to the care, or indeed the withholding of care, we would like to report this as well and will work with the author to ensure the case is properly documented and carries sufficient information to help other Chiropractors improve their decision-making with similar patients while protecting author confidentiality.

This *Journal* will publish a case report under an alias and make note of doing so.

8: Does the case report provide takeaway lessons?

Here we agree with JBI that a meaningful case report is strengthened when there is a succinct take-away, regardless of what that take-away may be. Ideally it will be a new understanding of a common or even an infrequent presentation, with sufficient details to help others attempt to replicate the positive outcome and avoid the negative outcome should that be the case.

We do appreciate that most often there is no simple take-away other than this is what presented, this is what was done, and this is the outcome, which is perfectly acceptable documentation.

Writing the Abstract

Format

A lot of nonsense has been proposed how an Abstract should be written which essentially reduce to it being either a '*structured*' format or a 'narrative' format. This Journal accepts either.

The 'Narrative' format is straightforward; you reduce your paper to 300 words or so, as a story telling who you saw, what they presented to you with, what you thought it was and how you treated it, and then your outcomes or results. You may write this in the first person, that is '*My patient …*', '*my clinic*', and '*I used* [techniques]'.

The structured format is journal dependant as there are different things that must be mentioned depending o the topic. For example, a structured abstract in a Chemistry journal will have very different headings to a structured abstract in a Journal of Emergency Medicine.

For this Journal we ask you to use 4 headings:

- Objective: State the compelling reason for you writing this report. It could read like this '*In this report I describe my care of a young adult presenting with groin pain which had been unresponsive to medical care. The patient is a 28 year old male hurdler …*' This heading covers Item 1 of the checklist.
- Clinical features: Here you give a summary of your findings and of other information brought to the encounter to inform you. You summarise points 2, 3, and 4 of the Checklist.
- Intervention and outcomes: Here you summarise points 5, 6, and 7 of the Checklist. Be succinct with what you did, why you did it, and what happened. It helps if you can say why you know the outcomes are as reported, especially if you quantified them or followed-up.
- Conclusion: Give the reader the take-away lesson. This is often the most powerful part of your report, as you will summarise why this is an important matter and how your intervention was beneficial.

Indexing terms

For the reason this Journal speaks Chiropractic to Chiropractors, and its papers are written in the Chiropractic language by Chiropractors, the first indexing term will always be 'Chiropractic'.

If your paper is addressing the identification and correction of subluxation, then the second indexing term will be 'subluxation'. These two terms are important to build the profile in the global literature of a Chiropractor's care of subluxation.

All papers published in this Journal are also published on *Publitas*, a globally indexed platform that cuts across all disciplines. Given our papers are also listed as full text in EBSCO they are 'findable' through your keywords by any academic in any university globally.

We tend to run 5 indexing terms, so your remaining 3 should include the proper terms for the clinical condition you have cared for, and a generic indexing term such as the name of your core technique, as '*Gonstead*', or '*SOT*", or '*AK*", and so on. Where you case as shown positive outcomes for vague matters then used terms such as '*adaptability*', *'well-being*', '*women's health*' for example.

Summary

In summary, a case report is an entertaining and informative narrative from a Chiropractor's first-person perspective of a patient whose presentation is interesting and whose care may carry some ideas for the reader to consider.

The patient should be described in a way that allows demographic aboutness, and their history and presentation in a way that allows the deeper level of clinical aboutness and subsequent consilience.

Most important, the description of your therapeutic intervention is most useful when it is segment specific and technique specific. Details like frequency and duration of care are also valuable pieces of

information. A recent case report by Adam McBride (24) is noteworthy for is description of care and for achieving resolution in 2 patient-visits, due in no small reason for the thoroughness of diagnosis and appropriateness of the care provided and which is carefully documented.

Readers are very welcome to submit their own papers directly to us as editors who will assist you. Do not think that the horror stories you have heard about cruel and harsh peer-review will be your experience with us. We each have sufficient publications between us that we have both time and experience to give to you to help you achieve publication in your own name. We know what that would mean to you and your practice.

This *Journal* is also honoured to be in partnership with the *ASRF Case Report Project*, for which you only need submit clinical data, which is kept safe and confidential, and the ASRF writing team will turn your data into a wonderful paper on which you will be lead author. At any time you can go to our home page and review the *ASRF Case Reports* published to date and get some ideas. This is an outstanding contribution to the development of clinical evidence in our profession and we are grateful first to the Chiropractors who annually hold activities in their clinic to raise the funds to support this project, and second to the ASRF for providing capable writers who understand how to '*speak chiropractic*'.

All case reports are indexed for the profession and available in full text through EBSCO to the world's academic and research communities.

One final point to note is that you may elect to write in the first person, such as '*I found this .... I did that ...*' or in the third person. The choice is yours. Naturally the ASRF writers can only write in the third person.

Conclusion

Case reports are the fertiliser of research proposals. Unless the academic community is made aware of the amazing outcomes experienced daily in Chiropractic offices they will continue devising irrelevant research proposals which nobody cares about and nobody reads. Worse, they will try to dumb down our clinical art so that our clinical results do not show their own weaknesses.

As JBI make clear, the well-written case report serves as an irrefutably valuable input to the evidence-forming discourse which advances the quality of patient care.

As an Appendix we provide a set of suggested headings to guide data collection and writing.

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24. McBride AS. Resolution of Adhesive Capsulitis (Frozen Shoulder) following Chiropractic Care and Applied Kinesiology (AK): A case report. [Proceedings]. Asia-Pac Chiropr J. 2024;4.4. apcj.net/ak-Proceedings-papers/#McBrideCapsulitis

Appendix

A flow of useful headings for case reports in this Journal

Introduction

Here give the clinical condition addressed and contextualise that condition with reference to 3 to 5 current papers.

Case details

The patient

Here give the full demographics and presentation details.

History

Give the patient's history and previous care. A timeline may be informative.

Clinical findings

Give your clinical findings including imaging and tests

Management

Management plan

Give your management plan with expected progress points, reviews, and timelines for improvement

Therapeutic intervention

A clear description of what you did.

Outcomes

What happened? What measures did you use? What were the patient's subjective reports?

Include and adverse events and how you managed them.

Discussion

Show why this case is a useful contribution to Chiropractic's knowledge base.

Conclusion

Comments to summarise and wrap up the learning in this case.

Abstract

Indexing terms
