

Points to consider when writing to the CARE Guidelines for Case Reports

Matthew Doyle and Phillip Ebrall

Indexing Terms: Case reports, CARE Guidelines, chiropractic, evidence.

Introduction

There is a significant difference between clinical evidence useful to real-world chiropractic in actual practice (as opposed to academic practice) and the utility of evidence in advertising and promotion.

The *Journal* makes no comment regarding statements that a registered chiropractor may or may not use in advertising however we strongly hold the view that it is an ethical requirement to fully inform patients of known outcomes of chiropractic care, and it is here that Case Reports excel as early indicators of potential beneficial outcomes that, as with all clinical reports, may or may not be effective in any other patient.

When a Case Report is written in accord with the CARE Guidelines it meets all requirements of evidence to guide particular individual intervention where the principle is the extrapolation of one or several specific case or cases to a patient who is about the same as the patients reported.

Therefore when writing a Case Report the prime objective is to include as much information as is reasonable to allow another practitioner to make a determination as to whether that particular evidence could form a guide for the care of a similar patient.

These matters have been addressed by the Editor and references are given in this note from Dr Matthew Doyle, a practicing chiropractor undertaking a higher degree. This guide is drawn from the CARE Guidelines, a document formed by clinicians for the purpose of raising the evidential value of Case Reports in all clinical disciplines. Dr. Doyle has extracted this list specifically for chiropractors wishing to submit to this *Journal*.

When written in accord with these guidelines the Journal classifies the Case Report as Clinical Evidence and submits all such reports to the *International Journal for Practicing Chiropractors* for their consideration to include in their global repository. The IJPC is building the largest collection of chiropractic case reports for the benefit of practitioners, educators, and students to have a single source of multiple reports on the broadest range of clinical presentations.

... Case Reports have high evidential value. The greatest evidence is where reports are written in accord with these CARE Guidelines'



Technically, the publication of a Case Report in this *Journal* and in the IJPC is 'dual publication' however both Journals support this initiative for the express purpose of raising the profile of case reports in chiropractic practice world-wide and improving access to clinical evidence for students and practitioners.

This *Journal* also publishes early reports of clinical observations that may not be structured in accord with these guidelines. We categorise these as Primary Evidence, the first level of reporting as a 'pre-case report' paper. The specific intent is to better document the many amazing things chiropractors see daily in practice and a beautiful example is published in this issue from Dr Ierano on the outcomes of chiropractic care to a small dog which presented with hind paralysis.

Our invitation to you is to write. You are living the experience of assisting those who seek your care and see the many amazing health changes through that process. You are the interface with the individuals and families who seek chiropractic care and you have the opportunity to document the amazing health changes that occur.

You help people become better reflections of themselves. You facilitate the release of energy in the restriction of their bordered chaotic potentiality.

Please talk about these things through this *Journal*. All reports are indexed and form an invaluable resource for researchers needing to get an idea on what really happens in practice, and the types of conditions that respond well to chiropractic care.

Your choice

Either write a brief report and submit it to the *Journal* for advice and guidance, or commit to writing a full evidence-based report in accord with the CARE Guidelines. Dr Doyle has prepared these specifically for chiropractors and we welcome your submissions in due course.

CARE Checklist

Your Case Report would ideally have the following structure:

1 Title: Most effective with naming the condition and type of patient.

2 Key Words: Select 5 and include the condition and the technique

3 Abstract: Structure this with succinct sentences under this subheadings:

- 3a: Introduction/Objective
- 3b: Clinical features
- 3c: Intervention and Outcomes
- 3d: Conclusion

4 Introduction: What is this about? In short, what do we already know and what is this report adding?

5 (Patient Info) Case Report: Construct this under these subheadings:

- 5a: De-identified patient specific information

- 5b: Primary concerns and symptoms of the patient
- 5c: Medical, family, and psychosocial history including relevant genetic information
- 5d: Relevant past interventions

6 Clinical Findings:

- 6a: describe significant physical examination (PE) and important clinical findings

7 Timeline: Historical and current information from this episode of care organised as a timeline

8 Diagnostic Assessment:

- 8a: Diagnostic testing (such as PE, lab tests, imaging, surveys)
- 8b: Diagnostic challenges (such as access to testing, financial, or cultural)
- 8c: Diagnosis (including other diagnosis considered)
- 8d: Prognosis (such a staging in oncology where applicable)

9 Therapeutic Intervention:

- 9a: types of therapeutic intervention (such as pharmacologic, surgical, preventative, self-care)
- 9b: Administration of therapeutic intervention (such as dosage, strength, duration)
- 9c: Changes in therapeutic intervention (with rationale)

10 Follow-up and Outcomes:

- 10a: Clinician and patient assessed outcomes (if available)
- 10b: Important follow-up diagnostic and other tests
- 10c: Intervention adherence and tolerability (how was this assessed?)

11 Discussion:

- 11a: Scientific discussion of the strengths AND limitations associated with this case report
- 11b: Discussion of the relevant literature with references
- 11c: The scientific rationale for any conclusions (including assessment of possible causes)
- 11d: The primary 'take-away' lessons of this case report (without references) in a one paragraph conclusion

12 Patient Perspective: The patient should share their perspective in one to two paragraphs on the treatments they received

Informed consent

You should be able to provide these as true statements:

Informed consent to chiropractic care, signed by the patient's parent, is held by the author.

Signed parental consent to the publication of this case is held by the author.

Images

If images are used of infants and young children and the report is written some years later, then de-identification is not necessary as long as approval is given as noted above.

Where patients are older than 3 or 4y and/or the report is written within 5y of the case occurring, then blinding is required.

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