

The case history report



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**AUSTRALASIAN
INSTITUTE OF
CHIROPRACTIC
EDUCATION**

Chiropractic Journal of Australia

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www.cjaonline.com.au

www.aice.org.au



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Acknowledgment

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Why Case Reports?

- **Patients** –
 - Reviewing and comparing therapeutic options.
- **Clinicians** –
 - Engaging peer-to-peer communication and education.
- **Researchers** –
 - Developing testable hypotheses from clinical settings.
- **Educators** –
 - Reports from "real-world" clinical practice support case-based learning.
- **Profession** –
 - Creates evidence
- **Authors** –
 - CARE guidelines provide tools to inform and simplify the process of writing accurate and transparent case reports.



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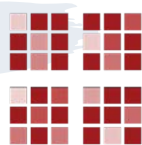
13 steps in writing a paper

1. Find a case
2. Read a recent review paper
3. Formulate a temporary thesis & outline
4. Search the literature
5. Take notes from relevant sources
6. Revise thesis & outline
7. Build the reference list
8. Use CARE guidelines to write up the case
9. Write 1st draft
10. Revise text, write intro & conclusion
11. Fill in references
12. Put paper in final form
13. Get a friend to review paper



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CARE

case report guidelines

<https://www.care-statement.org>

<https://www.care-statement.org/checklist>



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3 parts

- Intro, review & thesis statement
- Case
- Discussion & conclusion



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The Case Report: Part 1

- Intro
- Brief review of literature
 - Definitions
 - Epidemiology
 - The problem(s)
- The thesis statement



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The Case Report: Part 2

- Use the



<https://www.care-statement.org>

<https://www.care-statement.org/checklist>



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The Case Report: Part 3

- Discussion
 - What you found (briefly)
 - Pros and cons of your argument
 - Limitations of the literature
 - Limitations of your argument
- Conclusion



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Find a case

- You need not be familiar with the topic
- You should have an interest in it
- Good for building "scope of practice"
- Interesting / unusual cases are a good start
 - Diagnosis
 - Management
 - Diagnosis & Management
- You need PROMs
 - Baseline & regular intervals thru management



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Find a case

- What not to choose
 - Cases that are too trivial, merely factual or obviously routine
- What to consider
 - Cases that are:
 - Unique presentation
 - Describe UNCONVENTIONAL successful management
 - Describes conventional UNSUCCESSFUL management
 - A specific population
 - Sport, Neurorehab, Paeds, Wellbeing etc



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Do I need Human Ethics (IRB) Approval?

- Do I always need to obtain written informed consent from the patient?

• Yes

- Do case reports require ethics / IRB approval?

- No
- Ethical review is **required** if you are **unable** to obtain consent for whatever reason,
- or if the case report contains sensitive information,
- or is otherwise a potential risk to patient privacy.



- Journal editors require

- A signed consent form, before agreeing to publish case reports.
- A clear justification usually needs to be provided if a case report is submitted for publication without formal and specific written consent from the patient or guardian or in the case of a death, from the next of kin

- Ahmoudzadeh S. Do Case Reports Require Ethical Approvals? Case Rep Clin Pract 2016; 1(3): 67.

• <http://www.ahmoudzadeh.com/wordpress/wp-content/uploads/2016/03/Do-Case-Reports-Require-Ethical-Approvals.pdf>



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De-identify all content incl. photos Use consent



<https://am.csaci.ca/wp-content/uploads/2018/05/BMC-consent-form.pdf>



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Consent

- Required for ALL cases

<https://am.csaci.ca/wp-content/uploads/2018/05/BMC-consent-form.pdf>

Consent form

I, _____ (Name) give my consent for information about my/our child or writing relative (article or appropriate) to be published in _____ (Name of journal, manuscript number and corresponding author).

I understand that the information will be published without my/our child or my/our relative's name or appropriate name included, but that full manuscript content be guaranteed.

I understand that the text and any pictures or video published in the article will be freely available on the internet and may be seen by the general public. The pictures, video and text may also appear on other websites or in print, may be modified into other languages or used for commercial purposes.

I have been offered the opportunity to read the manuscript.

Signing this consent form does not remove my rights to privacy.

Name: _____
 Date: _____
 Signed: _____
 Author name: _____
 Date: _____
 Signed: _____

Please keep this consent form in the patient's case file. The manuscript regarding this patient's details should only show "written informed consent for publication of their clinical details and/or clinical images were obtained from the patient/guardian or next of kin of the patient. A copy of the consent form is available for review by the Editor of this journal."



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PROMs: Patient related Outcome Measures

- Patient reported outcome measures
 - Objective
 - Repeatable
 - Relevant
- Need to document outcomes at
 - Baseline and at regular intervals
 - 0,1, 2, 3, 6,12 months



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Use outcome measures

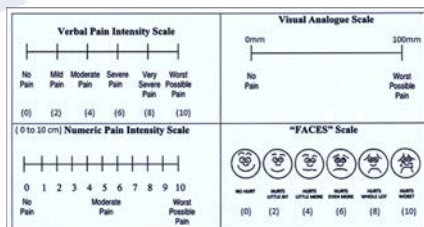
- PROMs
 - Patient reported outcome measures
- Questionnaires
 - Pain
 - Disability
 - Psychosocial
 - Functional
 - Health/wellbeing
- Pictures
 - ROM, Swelling, bruising, scars
- Videos



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Pain Scales



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Pain diagram

Indicate any area of pain, pins & needles, numbness, weakness etc

Are you LEFT or RIGHT handed?

Please indicate the severity of the pain NOW

0 _____ 10

No pain _____ Worst pain you have ever had _____

Please indicate the severity of the pain WHEN IT STARTED

0 _____ 10

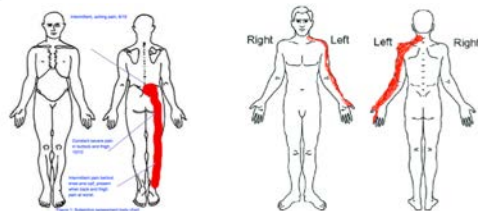
No pain _____ Worst pain you have ever had _____



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What's this ?



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Neck disability index

Neck Disability Index

The questionnaire has been designed to give an indication as to how your neck pain has affected your ability to carry out your daily activities. The questionnaire is to be completed by the patient and the results are to be used as a guide to the severity of the neck pain and its effect on the patient's life.

Circle the best answer for each question.

Section 1: Pain Intensity

- ☐ No pain at all
- ☐ The pain is mild and does not interfere with my work
- ☐ The pain is moderate and does interfere with my work
- ☐ The pain is severe and does interfere with my work
- ☐ The pain is very severe and does interfere with my work
- ☐ The pain is unbearable and does interfere with my work

Section 2: Personal Care (Dressing, Grooming, etc.)

- ☐ No difficulty at all
- ☐ Slight difficulty
- ☐ Moderate difficulty
- ☐ Severe difficulty
- ☐ Unable to perform

Section 3: Lifting

- ☐ No difficulty at all
- ☐ Slight difficulty
- ☐ Moderate difficulty
- ☐ Severe difficulty
- ☐ Unable to perform

Section 4: Headling

- ☐ No difficulty at all
- ☐ Slight difficulty
- ☐ Moderate difficulty
- ☐ Severe difficulty
- ☐ Unable to perform

Section 5: Headaches

- ☐ No difficulty at all
- ☐ Slight difficulty
- ☐ Moderate difficulty
- ☐ Severe difficulty
- ☐ Unable to perform

Section 6: Concentration

- ☐ No difficulty at all
- ☐ Slight difficulty
- ☐ Moderate difficulty
- ☐ Severe difficulty
- ☐ Unable to perform

Office Use Only

Name _____

Date _____



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Oswestry disability questionnaire

OSWESTRY DISABILITY QUESTIONNAIRE

Name: _____ Date: _____

The questionnaire has been designed to give an indication as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer the questions **YES/NO/NOT SURE** relating to the questions that have appeared on page 1. The higher the score, the greater the level of your disability. A high score means that your back or leg pain has seriously affected the way you live and may indicate the need for further investigation or treatment.

Section 1: Pain Frequency

1. How often is your pain at its worst?

☐ 1 The pain is only mild at the moment
☐ 2 The pain is moderate at the moment
☐ 3 The pain is fairly severe at the moment
☐ 4 The pain is very severe at the moment

Section 2: Personal Care (Washing, Dressing, etc.)

2. Can you still perform normally in the following areas?

☐ 1 You can still perform normally in the following areas
☐ 2 You can still perform normally in the following areas, but you have to make extra effort
☐ 3 You are unable to perform normally in the following areas
☐ 4 You are unable to perform normally in the following areas

Section 3: Lifting

3. Can you lift heavy weights without extra pain?

☐ 1 Yes, I can lift heavy weights without extra pain
☐ 2 Yes, I can lift heavy weights but I get extra pain
☐ 3 No, I cannot lift heavy weights without extra pain
☐ 4 I cannot lift heavy weights without extra pain

Section 4: Walking

4. Can you walk for long distances without extra pain?

☐ 1 Yes, I can walk for long distances without extra pain
☐ 2 Yes, I can walk for long distances but I get extra pain
☐ 3 No, I cannot walk for long distances without extra pain
☐ 4 I cannot walk for long distances without extra pain

Section 5: Standing

5. Can you stand for long periods without extra pain?

☐ 1 Yes, I can stand for long periods without extra pain
☐ 2 Yes, I can stand for long periods but I get extra pain
☐ 3 No, I cannot stand for long periods without extra pain
☐ 4 I cannot stand for long periods without extra pain

Section 6: Sitting

6. Can you sit for long periods without extra pain?

☐ 1 Yes, I can sit for long periods without extra pain
☐ 2 Yes, I can sit for long periods but I get extra pain
☐ 3 No, I cannot sit for long periods without extra pain
☐ 4 I cannot sit for long periods without extra pain

Section 7: Sleeping

7. Can you sleep for long periods without extra pain?

☐ 1 Yes, I can sleep for long periods without extra pain
☐ 2 Yes, I can sleep for long periods but I get extra pain
☐ 3 No, I cannot sleep for long periods without extra pain
☐ 4 I cannot sleep for long periods without extra pain



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Functional

The Upper Extremity Functional Index (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your back/neck/shoulder/arm/hand/wrist problems. Please indicate your level of difficulty.

Today, do you or would you have any difficulty at all with:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

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59. _____

60. _____

61. _____

62. _____

63. _____

64. _____

65. _____

66. _____

67. _____

68. _____

69. _____

70. _____

71. _____

72. _____

73. _____

74. _____

75. _____

The Patient Specific Functional Scale

This questionnaire is designed to assess your level of difficulty in performing the activities listed below because of your back/neck/shoulder/arm/hand/wrist problems. Please indicate your level of difficulty.

Today, do you or would you have any difficulty at all with:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

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17. _____

18. _____

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20. _____

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37. _____

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40. _____

41. _____

42. _____

43. _____

44. _____

45. _____

46. _____

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55. _____

56. _____

57. _____

58. _____

59. _____

60. _____

61. _____

62. _____

63. _____

64. _____

65. _____

66. _____

67. _____

68. _____

69. _____

70. _____

71. _____

72. _____

73. _____

74. _____

75. _____



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Psychosocial

FABQ
Fear Avoidance Beliefs Questionnaire

OMPQ
Orebro Musculoskeletal Pain Questionnaire

dass
Depression Anxiety Stress Scale



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Orebro Musculoskeletal Pain Questionnaire

- Interpreting the results
- The OMPQ score is used as a predictor of risk of long term disability and failed return to work
- a higher score indicating higher risk.
- It is a predictor only and there is the possibility of a false positive or negative.
- ≤105 = low risk
- 105-130 = moderate risk
- ≥ 130 = high risk

The image shows a screenshot of the OMPQ (Orebro Musculoskeletal Pain Questionnaire) form. It includes a header with the FICS logo and the title 'Orebro Musculoskeletal Pain Questionnaire (OMPQ)'. Below the header, there are sections for 'Patient information', 'Manual Therapy', and 'Results'. The 'Manual Therapy' section includes a table for recording manual therapy sessions, with columns for 'Date', 'Time', 'Therapist', 'Type of therapy', and 'Duration'. The 'Results' section includes a table for recording the OMPQ score, with columns for 'Score', 'Risk level', and 'Interpretation'.



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Psychometric Assessment Tools - DRAM

- Distress and Risk Assessment Method DRAM
- Modified Somatic Perception Questionnaire (MSPQ)
- Modified Zung Depression Index
 - (Feuerstein 1987)

Classification	Scores
Normal	Zung <17
At risk	Zung 17-33, MSPQ <12
Distressed depressive	Zung >33
Distressed somatic	Zung 17-33, MSPQ >12

The image shows a screenshot of the DRAM (Distress and Risk Assessment Method) questionnaire form. It includes a header with the FICS logo and the title 'DRAM'. Below the header, there are sections for 'Patient information', 'MSPQ', and 'Zung Depression Index'. The 'MSPQ' section includes a table for recording the MSPQ score, with columns for 'Score', 'Risk level', and 'Interpretation'. The 'Zung Depression Index' section includes a table for recording the Zung score, with columns for 'Score', 'Risk level', and 'Interpretation'.



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GAD-7

- General depression questionnaire

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 - 4	None/minimal	None
5 - 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 - 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 - 19	Modorarily Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 - 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

* From Kroenke K, Spitzer RL. Psychiatric Annals 2002;52:606-611

The image shows a screenshot of the GAD-7 (General Anxiety Disorder-7) questionnaire form. It includes a header with the FICS logo and the title 'GAD-7'. Below the header, there are sections for 'Patient information', 'GAD-7', and 'Total Score'. The 'GAD-7' section includes a table for recording the GAD-7 score, with columns for 'Score', 'Risk level', and 'Interpretation'. The 'Total Score' section includes a table for recording the total score, with columns for 'Score', 'Risk level', and 'Interpretation'.



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General Health



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General Health status: EQ-5D

EQ-5D-5 dimension	
Mobility	No problems Some problems A lot of problems
Looking After Myself	No problems Some problems A lot of problems
Doing Usual Activities	No problems Some problems A lot of problems
Having Pain or Discomfort	No problems Some problems A lot of problems
Feeling Worried, Sad or Unhappy	Not worried, sad or unhappy A bit worried, sad or unhappy Very worried, sad or unhappy



<https://euroqol.org/publications/user-guides/>

Please mark 'worst' (worst) and 'best' (best) that best describes your health TODAY:	
WALKING (walking about)	
I have no problems walking about	✓
I have some problems walking about	11
I have a lot of problems walking about	12
CLIMBING (climbing stairs)	
I have no problems climbing stairs	11
I have some problems climbing stairs	12
I have a lot of problems climbing stairs	12
GOING OUT (going out for exercise, going to school, work, shopping, etc.)	
I have no problems going out	11
I have some problems going out	12
I have a lot of problems going out	12
USUAL ACTIVITIES (usual activities)	
I have no problems doing my usual activities	11
I have some problems doing my usual activities	12
I have a lot of problems doing my usual activities	12
PAIN OR DISCOMFORT	
I have no pain or discomfort	11
I have some pain or discomfort	12
I have a lot of pain or discomfort	12
FEELING WORRIED, SAD OR UNHAPPY	
I am not worried, sad or unhappy	11
I am a bit worried, sad or unhappy	12
I am very worried, sad or unhappy	12



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Red Flag Questionnaire

- "Red Flags" should be sought early.
- Patient management focuses on de-medicalizing the problem by:
 - Reassuring the patient that there is nothing seriously wrong
 - That "hurt" does not necessarily equal "harm"
 - Increasing activities as soon as possible.



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- Cancer
- Infection
- Spinal Fracture
- Cauda Equina

Red Flags of Back Pain

History

- Malignancy
- Unexplained weight loss or loss of appetite
- Recent fever and chills or infection
- Immunosuppression
- Pain at rest or during the night
- Trauma
- Recent onset of bowel or bladder dysfunction

Physical Exam

- Progressive neurologic deficit in the lower extremity
- Saddle anesthesia
- Anal sphincter weakness
- Fever

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Red flag questions

Please complete the following. Do you have:

	Yes	No
1. A change of weight of more than three kilos in the last year.	1. ()	1. ()
2. Does the pain wake you at night.	2. ()	2. ()
3. Constipation	3. ()	3. ()
4. Shortness of breath or chest or arm pain on exercise.	4. ()	4. ()
5. A frequent or persistent cough.	5. ()	5. ()
6. If YES, is there a lot of phlegm.	6. ()	6. ()
7. Comp like pain or stiffness on walking.	7. ()	7. ()
8. If YES, is it relieved by walking.	8. ()	8. ()
9. Pain, burning or difficulty passing water.	9. ()	9. ()
10. Has there been a change in the colour of your urine lately.	10. ()	10. ()
11. Have you recently had a fever, night sweats or felt sick.	11. ()	11. ()
12. Blackout, dizzy spells or fainting fits.	12. ()	12. ()
13. Pain in any of your joints.	13. ()	13. ()
14. If YES, do they become hot and swollen.	14. ()	14. ()
15. Headaches?	15. ()	15. ()
16. If YES, do they make you sick.	16. ()	16. ()
17. Depression, anxiety, stress.	17. ()	17. ()
18. Stomach pain. If YES, is it relieved by 18. () eating () drinking milk.		
19. A persistent change in appetite.	19. () same () increased () decreased	
20. A change in the frequency of passing water.	20. () same () increased () decreased	
21. Have you used steroid medications (eg. asthma, anti-inflammatory, other)? 21. ()		
22. Are you or have you been an IV drug user?	22. ()	22. ()
23. Have you had a change burning, numbness or pins and needles in the region of your private parts?	23. ()	23. ()

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PROMs

Electronic versions of PROMs

Email me !

hpollard@optushome.com.au

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Questionnaires

Region	Name	Region	Name
LBP	ODQ	Patient determined function	PSFS
Neck pain	NDI	General Health	SF-12, SF-36*
Arm	DASH	Anxiety & Depression	DRAM
Shoulder	SPADI	Depression	Beck
Hip	HOOS	Arthritis	AIMS
Knee	KOOS	Knee arthritis	WOMAC
Foot / ankle	FAOQ	Pain	QVAS
Wrist (PRW)	Patient Rated Wrist	Psychosocial	OMPQ
Elbow	Oxford (OES)	Kinesiophobia	Tampa
Upper limb function	UEFS	Chronic Pain	Brief Pain Index
Lower limb Function	LEFS	Fear Avoidance	FABQ

Electronic Outcome Measures: Calculators

- <https://orthotoolkit.com> (FREE)
- <http://www.orthopaedicscores.com> (FREE)
- <https://www.mdapp.co> (Medical conditions) (FREE)
- <https://erepsonline.com/support/category/outcome-measures/>



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Read a review paper

- A recent review paper will:
 - Determine if the topic is too broad or too narrow
 - Orientate your thinking
 - Familiarise yourself with the literature & its direction
 - Indicate where to de-limit your topic
 - Suggest possible theses for your case presentation
- Thesis
 - "a proposition stated or put forward for consideration, especially one to be discussed and proved or to be maintained against objections"



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Read a review paper

- The key words
- Use different concepts within the text
 - Use them for a subsequent search
- The reference list
 - Go to other review papers cited
 - Then go to key papers on relevant concepts
 - Search those with abstracts
 - Search their key words & topics
 - Search by: author, topic, condition, treatment, type of study
 - MeSH & non MeSH key words
- First goal: familiarise & expand lit search



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Example: Headache

CASE REPORT

Open Access

An unusual postural headache: a case report

Henry Polard¹ and Rachel Polard²



<https://chiropr.biomedcentral.com/articles/10.1186/s12998-020-00347-0>



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Example

- Key words
 - Spontaneous Intracranial Hypotension (SIH)
 - Postural Headache
 - Chiropractic
 - Diagnosis
 - Telemedicine
 - Adverse Event



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Key words

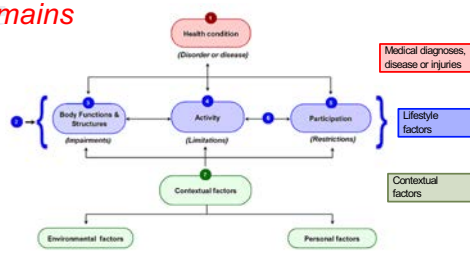
- MeSH (Medical Subject Headings)
 - <https://www.nlm.nih.gov/bsd/disted/meshtutorial/introduction/index.html>
- Non MeSH
- Synonyms
- Lay terms
- ICF terms
 - Diagnosis / injury / disease,
 - Lifestyle factors,
 - Contextual factors



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ICF domains



World Health Organization: International Classification of Functioning, Disability and Health (ICF) – Geneva, 2001. <http://www.who.int/classifications/icf/>



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ICF domains

World Health Organization: International Classification of Functioning, Disability and Health (ICF) – Geneva, 2001. <http://www.who.int/classifications/icf/>

The ICF Model (Figure 1.3) Explained

1. This box describes the medical diagnoses, diseases or injuries that a person can experience. For a person living with HIV, this could be any combination of:
 - HIV (e.g., the virus directly targeting the immune or neurological systems)
 - HIV-related conditions (e.g., TB, pneumocystis carinii pneumonia, Kaposi's sarcoma)
 - Diagnoses related to ART (e.g., peripheral neuropathy)
 - Diagnoses unrelated to HIV (e.g., multiple sclerosis, trauma resulting from a motor vehicle accident)
2. This row describes the life-related impacts that result from health conditions. Rehabilitation addresses these impacts.
3. Impairments are problems in body function (physiological or psychological functions of body systems) or structure (anatomical body parts), e.g., weak abdominal muscles, memory loss, right-sided hyperreflexia, congested lungs.
4. Activity limitations are problems executing a task or action (e.g., getting dressed, walking to a clinic, carrying one's child, communicating with a neighbor).
5. Participation restrictions are problems an individual may experience with involvement in life situations (e.g., being excluded from school, difficulty participating with one's church, being marginalized at work, challenges with parenting).
6. Note the arrows are bi-directional. This means that a challenge at one level can affect any other level. For example:
 - Peripheral neuropathy (health condition) causing bilateral leg pain (impairment) can limit one's ability to walk to one's bank (activity limitation) which in turn can limit one's ability to manage her/his household finances (participation restriction).
 - Stigmatization for being HIV-positive can result in being excluded from one's football team (participation restriction) which results in less physical activity (activity limitation) which results in decreased endurance and strength (impairments).
7. Contextual factors influence or shape people's experiences with these life-related impacts of health conditions.
 - Environmental factors are the physical, social and attitudinal environment in which people live and conduct their lives (e.g., stigmatizing attitudes about HIV, clinics vs. using outside a health clinic, laws that criminalize certain HIV-related behaviors). These contextual factors include the social determinants of health (e.g., housing, food security, access to employment).
 - Personal factors are internal to each individual (e.g., gender, age, coping styles, education, past medical history).

The introduction

- *Catch* the attention of your reader
- *Provide* relevant context for your topic
- *Convey* the structure of your argument
- *Conclude* with a thesis statement
 - a statement of your position.

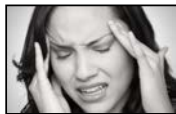


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Example

- Intense headaches are relatively uncommon and potentially dangerous diagnostic challenges.



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Purpose statement

- A purpose statement announces the purpose, scope, and direction of the paper.
 - It tells the reader what to expect in a paper and what the specific focus will be.
- A purpose statement makes a promise to the reader about the development of the argument but does not preview the particular conclusions that the writer has drawn.
 - A purpose statement is generally located near the end of the introduction.



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Example

• This paper presents an example of an intense headache that was both new and intense. Importantly it presented with a key additional feature that it was aggravated and relieved by a change in posture.

• Specifically, this case highlights an example of Spontaneous Intracranial Hypotension (SIH) causing an intense headache in a young active male of tall stature who presented remotely to a chiropractor and was referred to the emergency room initially for management with caffeine and later with autologous blood injection into the epidural space.



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What is a "thesis statement"?

• A thesis statement:

- makes an assertion about a topic and predicts how the topic will be developed.
- It does not simply announce a topic: it says something about the topic.
- makes a promise to the reader about the scope, purpose, & direction of the paper.
- It summarises the conclusions that the writer has reached about the topic.
- Is generally located near the end of the introduction.

• A thesis statement is focused and specific enough to be proven within the boundaries of the paper.

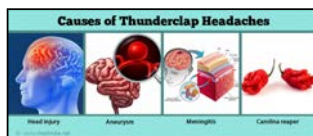


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Example

• This paper presents a case of an evolving unusual thunderclap headache that presented to a chiropractor.



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Formulate the thesis statement

- A successful working thesis has 3 characteristics:
 - It should be interesting to your audience.
 - The language should be as specific as possible.
 - It must limit and focus a topic enough to make it manageable.



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Example

- Inadequate working thesis:
 - The "biomechanical model" of low back pain is being debated around the globe.
- Adequate working thesis:
 - Scientists from several countries have challenged the "biomechanical model" of low back pain and claimed that it is more dated science and philosophy than current evidence based practice.



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Argumentative thesis statement

- An arguable statement should have 3 characteristics:
 - It should attempt to convince readers of something, change their mind of something, or urge them to do something.
 - It should address a problem for which no easy solution exists or ask a question to which no absolute answer(s) exists.
 - It should present a position that readers could disagree with realistically.



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Example

• Examples of argumentative propositions:

- Van Gogh's paintings are the work of a madman.
- The Blues Brothers was the best movie of the 1980's.
- Bed rest has no place in the management of low back pain.



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Thesis statement

• A thesis statement is an assertion, not a statement of fact or an observation.

• *Fact or observation:*

- People use many lawn chemicals.

• *Thesis:*

- People are poisoning the environment with chemicals merely to keep their lawns clean.



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Thesis statement

• A thesis takes a stand rather than announces a subject.

• *Announcement:*

- The thesis of this paper is the difficulty of defining the subluxation.

• *Thesis:*

- Creating a well accepted definition of "the manipulable lesion" is more difficult than many chiropractors and osteopaths believe.



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Thesis statement

- A thesis is the main idea, not the title. It must be a complete sentence that explains in some detail what you expect to write about.

- **Title:**

- The Pension and Old Age.

- **Thesis:**

- Continuing changes in the Pension System makes it almost impossible to plan intelligently for one's retirement.



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Thesis statement

- A thesis statement is narrow, rather than broad. If the thesis statement is sufficiently narrow, it can be fully supported.

- **Broad:**

- The Australian steel industry has many problems.

- **Narrow:**

- The primary problem of the Australian steel industry is the lack of funds to renovate outdated plant and equipment.



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Examples

- It is important to take a thorough history and examination and how if not recognised and subsequently treated with manual therapy, a spontaneous dural tear could be attributed to the treatment of the chiropractor.

- Discussion is provided of the implications of a missed diagnosis and possible subsequent chiropractic management with the evolving SIH being attributed to the chiropractic intervention rather than its true "spontaneous" nature.



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Thesis Statement Exercise

- Write out the main idea from your paper in 25 or fewer words (the point you want the reader to get)
 - Print and use this later!
- Now answer these questions:
 - What question is my paper / review asking?
 - How can I answer that question AND focus on a small area of investigation?



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Authoring



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Thesis Statement Exercise

- Can I sum up the main idea of my paper in a sentence?
 - Can reduce what you just wrote into a sentence or two
- What "code words" (such as "setting the disc" or "subluxation") does the draft of my thesis statement contain?
 - Are these words adequately explained?
- As I read my paper, have I supported the thesis, or digressed? Where? How?
 - Do I need to change the thesis?



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The Temporary Outline

- After determining the thesis outline you should construct an outline of your paper.
- Ask the questions that will help you (and the reader) answer the questions posed by the thesis statement.
- These points must be logically answered to help the reader conclude that the temporary thesis can be stated as a valid conclusion and become your final thesis.



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The Temporary Outline

- By setting up the thesis statement and the outline you can:
 - Provide steps which will allow you to logically reach the thesis statement
 - Reach this point with a minimum of wasted time
 - Choose references and information which will help you achieve the desired conclusion



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The Temporary Outline

- Is a deductive process
 - You temporarily set up a general statement
 - You investigate the evidence for the statement
 - Then either accept the statement or modify it to reflect the evidence
- Therefore, the thesis statement & intro is meaningless unless supported by the facts
 - Quality of evidence (references) is important !



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Finding quality references

- 1° versus 2° references
- Opinion or fact
- Prospective or retrospective
- Review or experimental data
- Randomised, placebo controlled?
- Recent



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Levels of evidence for COVID-19 data

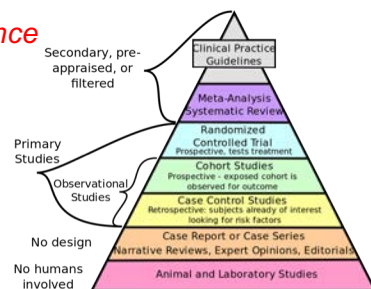
Not this!



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Levels of evidence



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The Reference list

- Ensures adequate info on the topic without bias
- Allow time to get publications
 - Library searches (self or other)
 - Abstracts, full text
 - Paper ordering services
 - Connect with a student
- Familiarise yourself with the type of research on your topic
- Will help with the broadening or narrowing of the thesis statement & outline



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Preparing the reference list



•Where to find references:

- Library catalogues
- Periodical indexes

•Databases

- INTERNET (search engines)
- Medline (PubMed)
- CINAHL, OVID, EBSCO
- Index to chiropractic literature
- Sports Discus

CINAHL

Wolters Kluwer | Ovid

PubMed



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The reference list

- Provides clues:
 - Titles, subjects & authors.
- Critically evaluate source of information:
 - Peer-reviewed source?
 - Date of publication
- Where is it published?
 - Is author an authority?
 - Are the author's references in OTHER publications?
 - Impact factor
 - Published in last 2 yrs



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Vancouver style

- How do I put a journal citation together?

- <https://libguides.murdoch.edu.au/Vancouver/sample>



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Vancouver referencing style

- The sources that you refer to in your text should be numbered (in the text) and then listed in number order.

• Red flags in the headache history are of concern and should be screened. Red flags include: (1) systemic symptoms including fever; (2) meninges history; (3) neurologic deficit (including decreased consciousness); (4) sudden or abrupt onset; (5) older age (onset after 65 years); (6) pattern change or recent onset of new headache; (7) positional headache; (8) precipitated by sneezing, coughing, or exercise; (9) papilloedema; (10) progressive headache and atypical presentations; (11) pregnancy or puerperium; (12) painful eye with autonomic features; (13) posttraumatic onset of headache; (14) pathology of the immune system such as HIV; (15) painkiller overuse or new drug at onset of headache [2].

1. Hainer BL, Mathewson EM. Approach to acute headache in adults. *Ann Fam Physician*. 2013;27(10):682-7.
2. Du TP, Bettens A, Sato H, Schwab C, Nelson SE, Charnson M, Hainer JM, Dinkel AJ, Gendreau SD, Schuman GS. Red and Orange Flags for secondary headaches in clinical practice. *Neurology*. 2015;95(3):154-164.
3. Dill E. Thunderclap headache. *Curr Neurol Neurosci Rep*. 2014;14(4):437.
4. Schwab W. Spontaneous spinal cerebrospinal fluid leaks and intracranial hypotension. *JAMA*. 2006;295(15):2288-95.



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How to start your search

- Goto: PubMed

- <https://pubmed.ncbi.nlm.nih.gov>

- PubMed User guide

- <https://pubmed.ncbi.nlm.nih.gov/help/#finding-full-text>

- How do I find full text articles

- <https://pubmed.ncbi.nlm.nih.gov/help/#finding-full-text>

- When full text is available in PubMed Central (PMC), the "Free in PMC" icon will appear

FREE full
text from



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Let's do a search



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HTTP://FICS.SPORT

User Guide

<https://pubmed.ncbi.nlm.nih.gov/help/>



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Headache



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Search "Headache"

99,695 !!!!

104,027

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Boolean Operators

- Headache AND Neck
- Headache AND Neck AND Diagnosis
- Headache NOT Surgery

<https://utas.libguides.com/SystematicReviews/Boolean>

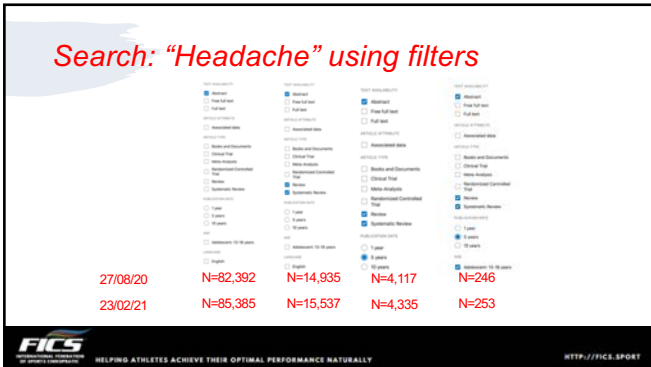
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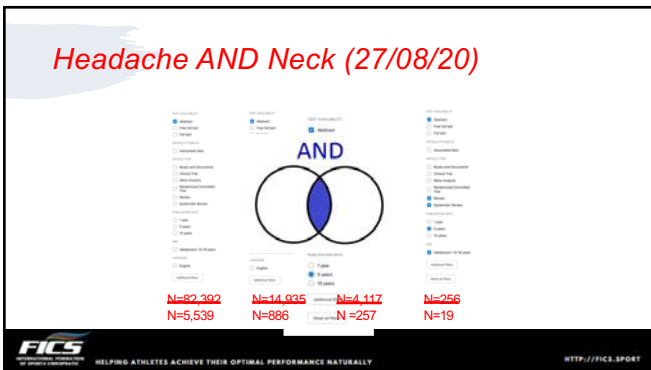
HTTP://FICS.SPORT

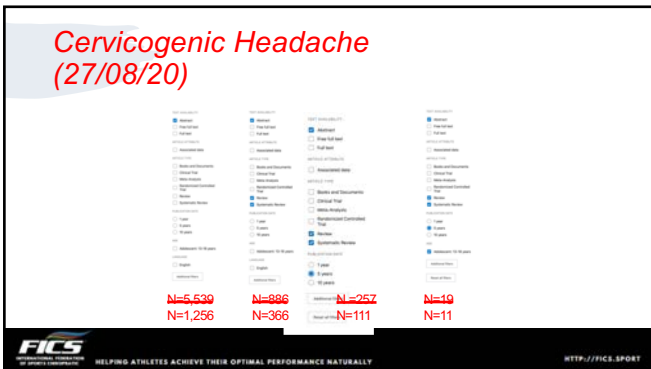
Filters

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Search: Key words

- Postural Headache
- Spontaneous Intracranial Hypotension
- Diagnosis
- Chiropractic
- Telemedicine
- Adverse Event



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Search: Synonyms

- Headache
 - "Thunderclap" headache
 - Migraine-like
 - "Postural" Headache
 - Spontaneous intracranial pressure (SIH)
 - "Worst" headache



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Structure of a Case Report

- **Title page**
 - Present "a description of what the article reports followed by ".....; a case report".
- **Abstract**
 - Not exceed 250 words.
 - Must include the following separate sections:
 - **Background:** why the case should be reported and its novelty
 - **Case presentation:** a brief description of the patient's clinical and demographic details, the diagnosis, any interventions and the outcomes
 - **Conclusions:** a brief summary of the clinical impact or potential implications of the case report



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Example: Abstract

Abstract: Background: This paper presents a case of an evolving unusual thunderclap headache that presented to a chiropractor.

Case presentation: The intense "migraine-like" headache was aggravated by standing up and relieved substantially when lying down. This low pressure, orthostatic headache was diagnosed as a spontaneous intracranial hypotension (SIH) secondary to a spontaneous tear of the dura. It was referred to the local hospital for management with autologous blood injection to form an epidural blood patch of the defect. It resolved substantially within 3 days.

Conclusions: The significance of key features in the history and examination and how if not recognised and subsequently treated with manual therapy, the dura tear could be attributed to the treatment of the chiropractor, a treatment that would typically involve cervical manipulation. Discussion is provided of the implications of a missed diagnosis and possible subsequent chiropractic management with the evolving SIH being attributed to the chiropractic intervention rather than its true "spontaneous" nature.

Keywords: Spontaneous intracranial hypotension (SIH), Chiropractic, Postural headache, Telemedicine, Diagnosis, Adverse event



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Structure of a Case Report 2

- **Keywords**
 - Three to ten keywords
- **Background**
 - Should explain the background to the case report, its aims, a summary of the existing literature.
- **Case presentation**
 - This section should include a description of the patient's relevant demographic details, medical history, symptoms and signs, treatment or intervention, outcomes and any other significant details.
 - **Follow CARE guidelines**
- **Discussion and Conclusions**
 - This should discuss the relevant existing literature and should state clearly the main conclusions, including an explanation of their relevance or importance to the field.



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Writing the case report


CARE CARE Checklist (2015) of information to include when writing a case report			
Item	Checklist Item Description	Reported on Page	
1	1. Title		
2	2. Authors		
3	3. Abstract		
4	4. Introduction		
5	5. Case presentation		
6	6. Discussion		
7	7. Conclusions		
8	8. References		
9	9. Acknowledgements		
10	10. Funding		
11	11. Conflicts of interest		
12	12. Patient consent		
13	13. Ethics approval		
14	14. Data availability		
15	15. Supplementary material		
16	16. Correspondence		
17	17. Copyright		
18	18. Disclaimer		
19	19. Acknowledgements		
20	20. Funding		
21	21. Conflicts of interest		
22	22. Patient consent		
23	23. Ethics approval		
24	24. Data availability		
25	25. Supplementary material		
26	26. Correspondence		
27	27. Copyright		
28	28. Disclaimer		
29	29. Acknowledgements		
30	30. Funding		
31	31. Conflicts of interest		
32	32. Patient consent		
33	33. Ethics approval		
34	34. Data availability		
35	35. Supplementary material		
36	36. Correspondence		
37	37. Copyright		
38	38. Disclaimer		
39	39. Acknowledgements		
40	40. Funding		
41	41. Conflicts of interest		
42	42. Patient consent		
43	43. Ethics approval		
44	44. Data availability		
45	45. Supplementary material		
46	46. Correspondence		
47	47. Copyright		
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86	86. Correspondence		
87	87. Copyright		
88	88. Disclaimer		
89	89. Acknowledgements		
90	90. Funding		
91	91. Conflicts of interest		
92	92. Patient consent		
93	93. Ethics approval		
94	94. Data availability		
95	95. Supplementary material		
96	96. Correspondence		
97	97. Copyright		
98	98. Disclaimer		
99	99. Acknowledgements		
100	100. Funding		



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<https://care-writer.com>



The CARE guidelines help increase the completeness, accuracy, and transparency of published case reports.

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CJA Instructions for authors

Submission Preparation Checklist:
As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

<input checked="" type="checkbox"/>	The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).
<input checked="" type="checkbox"/>	The submission file is in OpenOffice, Microsoft Word, or PDF document file format.
<input checked="" type="checkbox"/>	Where available, URLs for the references have been provided.
<input checked="" type="checkbox"/>	The text is single-spaced; uses a 12 point font; employs full, rather than underlining, except with URLs, addresses and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end.
<input checked="" type="checkbox"/>	The text adheres to the stylistic and bibliographic requirements outlined in the Instructions for Manuscripts, which is found in About the Journal.
<input checked="" type="checkbox"/>	If submitting to a peer-reviewed section of the journal, the instructions in Ensuring a Blind Review have been followed.

www.cjaonline.com.au/index.php/cja/about/submissions

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Preparing supporting information

- Author information
- Cover letter
- Suggested peer reviewers
- Excluding peer reviewers
- Consent forms

<https://chiromt.biomedcentral.com/submission-guidelines/prepare-supporting-information>

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Cover letter

1. An explanation of why your manuscript should be published
2. An explanation of any issues relating to journal policies
3. A declaration of any potential competing interests
4. Confirmation that all authors have approved the manuscript for submission
5. Confirmation that the content of the manuscript has not been published, or submitted for publication elsewhere
6. If you are submitting a manuscript to a particular special issue, please refer to its specific name in your covering letter

Chiropractic Journal of Australia



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Thank you!



Cronulla, NSW, Australia



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