couple of issues ago (November 2014), we discussed the roles of exploration and validation for case studies in our editorial, “Case Studies: The Alpha and Omega of Evidence-Based Practice”. In that editorial, we presented a model illustrating a continuum of exploration and validation in which we can see the circular nature of the case study. Further, we demonstrated how that model could be used to trace that continuum from the beginning (exploration) to the end (validation) of clinical evidence and to influence clinical decision-making. Further, we alluded to defining the uniqueness factor for case studies and how various cases would fit into IJATT. For this editorial, we focus on that one aspect of case studies: Uniqueness.

In the realm of evidence-based practice, the role of the case study is sometimes controversial—they simultaneously sit low on the Levels of Clinical Evidence hierarchy (as anecdotal evidence), and also atop the evidence hierarchy as the gold standard of clinical practice, the “n of 1” study, where an investigated medical process (diagnosis, prognosis, therapy) is tested systematically in a real patient. The question of “What to do with the case study?” ebbs and flows between “Get rid of them” to “These are key communications between clinician-scientists”, and with the current case study structure (or lack thereof) there is little room to tease out distinctions, or to be more nuanced with how these clinical communications are reported or used.

Too many times, case studies are only reported if some crazy diagnosis occurs and, in truth, they are almost always written on diagnoses. This is a limited scope for the utility of case studies. Further, even when case studies are published, then what? How often do we then go on to use the information from these cases in future clinical decisions? If we don’t go back to examine the value of the information that we can glean, how important are case studies to the body of evidence we draw upon to make clinical decisions? At IJATT, we believe in the educational and research value of case studies and have taken on a new approach toward developing the uniqueness factor for these types of publications. As discussed in the last case study editorial, the continuum of exploration to validation is extremely valuable. In this editorial, we have decided to further differentiate the exploration side of the continuum into two types of case studies: Exploration Case Studies and Rare Events.

For both types of manuscripts, diagnosis is not the only focus. These manuscripts can have key clinical features beyond diagnosis related to diagnostics, prognostics, therapeutics, and more, with information specific to those clinical features highlighted and reported.

**Exploration Case Studies (The Unicorns)**

The Exploration Case Study (The Unicorns, pronounced Unique-orns...haha!) fairly closely follows the model of how we traditionally think of case studies: unique findings reported to educate clinicians. For Exploration Case Studies, there is the expectation that was is being reported is truly unique. Unique as a definition can be
difficult for some—what is “new” to one person might also be considered “unique” to that person. We have opted to better define unique so that there is some standardization as to what a unique clinical exploration case should be.

Exploration Case Study manuscripts present truly unique cases, beyond what is new to the clinician. The purpose of the Exploration Case Study is to educate clinicians on alternate or irregular presentations of either common (highly prevalent) or uncommon conditions.

The hallmarks of unique cases are those which have atypical presentation of features. The type of evidence provided by Exploration Case Studies is to provide evidence of a framework for advancing the current perspectives for the key features associated with the condition of interest and warrants further investigation. These further investigations could include case series, prospective observational studies, or even clinical trials if the evidence is there.

For Exploration Case Studies, there will be a strong emphasis not only on unique diagnoses, but also unique prognoses, therapies, observations, and more are expected. The conditions themselves may not be unique or even rare, but there is an element or feature to the case that is new. Cases for which there is a unique factor, whether that is observational (risk factor, symptom prevalence), diagnostic, prognostic, therapeutic, or something else, should all be considered. An essential component of the Exploration Case Study is that the critical key feature(s) that led to clinical decision should be reported. Reporting the key features in a case allows us to explore the consistency of these key features in other patients with the same condition. This process can lead to a well-reported case series, opening up the opportunity for advancing the clinical research process.

**Exploration Case Study Example**

A collegiate track athlete experienced an inversion ankle injury. Secondary to that injury, the athlete developed subluxing peroneal tendons, which made it difficult and painful to compete successfully. In response, the athletic trainer developed a novel taping technique to stabilize the tendons, which allowed the athlete to continue to participate successfully throughout the rest of the season. Key features to the athlete’s specific case—the taping technique that allowed the athlete to fully participate symptom-free and discussion of the outcomes of this case—would be expected.

Unmistakably, inversion ankle sprains, even those with subsequently subluxing peroneal tendons are not rare or unique. This case might even be overlooked by many clinicians since we have a tendency to focus on those crazy, weird diagnoses that we would consider unique. However, the taping technique (i.e., the therapy) in this case defines the uniqueness. Potentially this may be a good solution for other clinicians and patients who are experiencing the same clinical problem. Of note, this type of manuscript would not simply report the taping technique, but would follow the structure of the traditional case study, discussing key features of the athlete, the therapy technique, specific outcomes of the treatment, a discussion of relevant evidence from the literature, and how this case contributes to a potentially important direction of the evidence.

**Rare Events (The Zebras)**

Since *IJATT* is the clinical journal for athletic training and therapy, we want to make sure that the papers we publish continue to be relevant to clinical practice. It would be short-sighted not to consider manuscripts that educate clinicians about certain rare conditions that can occur in the athletic training and therapy population. These articles will be called Rare Events. In particular, papers that describe the recognition or treatment of conditions that are both rare to the physically-active population and life- or limb-threatening are of particular interest. Two important discussion points within Rare Events case studies include (1) how the rare condition of interest presented in the athletic population and (2) the interaction amongst athletic trainers and other health care professionals in the clinical decision-making process (diagnosis, treatment, and more) of this rare event. This interprofessional interaction is critically important and should be highlighted within the case. Documentation of how, when, why, and in what capacity other health care professionals were involved and interacted with athletic trainers throughout the case for an interprofessional approach to making clinical decisions would be expected, as appropriate.

These Rare Events case studies would afford clinicians to present a condition that might be relevant to athletic trainers, but may not currently be found in our profession’s specific body of knowledge. It has, however, likely been reported in other health care literature,