A New Year, a New Set of Guidelines for Making Clinical Contributions to the Available Sources of Evidence

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As discussed in previous editorials,1–6 a great deal of work was needed to improve the legitimacy and evidence that could be generated and disseminated through clinical communications, in particular, the case study. Through collaboration between the Journal of Athletic Training and the International Journal of Athletic Therapy & Training, an endeavor to revitalize clinical case studies was undertaken. The resulting model vastly improves the utility and meaningfulness of the case study by creating an overall two-part functional division: the Exploration Case and the Validation Case.2,4,6 Throughout 2015, we have developed the following author guidelines for these Clinical CASE Reports (Clinical Contribution to the Available Sources of Evidence [CASE] Reports). Beginning January 2016, IJATT will be implementing these Clinical CASE Report guidelines and the expectation is that all newly-submitted Clinical CASE Reports will conform to these guidelines. On a quick side note: Throughout this first year, there may still be some manuscripts that are published following the old case format; these papers have already been worked through the review process and are still “in the hopper” for publication. Keep an eye out for the executive summary on the new Clinical CASE Report guidelines and the joint effort of the International Journal of Athletic Therapy & Training and the Journal of Athletic Training to revitalize the role of practice-based evidence and evidence-based practice. For now, we want to ensure that our readers and authors are aware of these guidelines. Please check online at http://journals.humankinetics.com/manuscript-guidelines-for-ijatt for complete Clinical CASE Report manuscript format types, also described in a previous IJATT editorial,6 and guidelines for these manuscripts.

There are four evidence levels for clinical cases based on the evidence generated and the case design. Please read the following guidelines carefully to determine the most appropriate format for cases to be submitted.

Clinical CASE Report Guidelines

Title Page

The title page should include the title of the report and three or four “key points” (12 words or less per point). Further, the title page should also include three to four key words that do not appear in the manuscript title.

Abstract

For Clinical CASE Reports, IJATT uses an unstructured abstract of approximately 100 words in length. The abstract should follow the PICO (Patient characteristics, Intervention, and Comparative Outcome) format for the information that is included. Included information should be:
The introduction should build the argument for the importance of the case study. Authors are encouraged to use available sources of evidence to support the presentation of the case report. For level 1 Validation Case studies, this should be a focused review of the literature in which the interventions/assessments/exposures and outcomes used in the presented case were consulted in guiding clinical decisions. The introduction must highlight the following:

- An overview of the condition of interest using available epidemiological or etiological evidence, where appropriate. How prevalent is the condition? What are the major factors that contribute to its development?
- Background in regard to what is known about the condition of interest. Consider reporting characteristics related to diagnosis, prognosis, etiology, and/or therapy. What are the most important key features for the recognition of this condition? What is known about the natural history of the condition? Are there any intervention strategies that have shown promise in altering the natural prognosis?

Specific Guidelines for the Level 1 Validation Clinical CASE Report Introductions.

- The authors should provide a clear description of the previously reported comparison study (well-conducted systematic review, meta-analysis, individual study) and highlight the most important findings. Included in this section should be a brief description of the relevant outcome measures used in the study.

- Using the previously reported comparison study, authors should develop a very clear clinical question based on the PICO format in which the external evidence was used to make a clinical decision on an actual case. An assessment of evidence quality for the previous study should be included in this paragraph in order to make a determination of the internal and external validity for that study.

Specific Guidelines for the Level 2 and Level 3 Exploration Clinical CASE Report Introductions. The purpose of the Exploratory Case series/study is to clearly describe alternate or irregular presentations of either common (highly prevalent) or uncommon conditions when compared to the available evidence. A clear description about how the case series/study will potentially make a meaningful contribution to the literature should be the focus of the last paragraph of the introduction.

Specific Guidelines for the Level 4 Rare Events Clinical CASE Report Introductions. The purpose of the Rare Events Case study is to clearly describe a typical case presentation that is not commonly found in the athletic training or sports medicine literature, and to present evidence generated in other health care professions. A clear description about how the case study will potentially make a meaningful contribution to the athletic training and sports medicine literature should be the highlighted in the introduction.

Case Presentation

Use PICO as a guide to the case presentation:

Patient (P).

- Provide a description of the patient, including the following where relevant: The patient’s characteristics (sex, age, sport, etc.). For level 2 Exploration CASE Series, a description of the case similarities should be included.
- The chief complaint and relevant clinical events that led the patient to seek out the care.
- The process that led to the diagnosis of the condition. This should include relevant findings from the clinical examination, any diagnostic imaging, and other relevant tests that were used to form the basis of the differential diagnosis and, ultimately, the diagnosis.