

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, PATNA-800014



SOP FOR SUBMISSION OF PUBLICATION

Guidelines to the writing of case studies:

Introduction:

Case studies are an invaluable record of the clinical practices of a profession. While case studies cannot provide specific guidance for the management of successive patients, they are a record of clinical interactions which help us to frame questions for more rigorously designed clinical studies. Case studies also provide valuable teaching material, demonstrating both classical and unusual presentations which may confront the practitioner. Quite obviously, since the overwhelming majority of clinical interactions occur in the field, not in teaching or research facilities, it falls to the field practitioner to record and pass on their experiences. However, field practitioners generally are not well-practiced in writing for publication, and so may hesitate to embark on the task of carrying a case study to publication. These guidelines are intended to assist the relatively novice writer – practitioner or student – in efficiently navigating the relatively easy course to publication of a quality case study. Guidelines are not intended to be proscriptive, and so throughout this document we advise what authors “may” or “should” do, rather than what they “must” do. Authors may decide that the particular circumstances of their case study justify digression from our recommendations.

Template

Title:

Running Header:

Authors:

- a. Name, academic degrees and affiliation
- b. Name, academic degrees and affiliation
- c. ...

Name, address and telephone number of corresponding author

Disclaimers

Statement that patient consent was obtained

Sources of financial support, if any

Key words: (limit of five)

Abstract: (maximum of 150 words)

- Introduction
- Case Presentation
- Management and Outcome
- Discussion

Introduction:

Provide a context for the case and describe any similar cases previously reported.

Case Presentation:

- a. Introductory sentence: e.g. This 25 year old female office worker presented for the treatment of recurrent headaches.
- b. Describe the essential nature of the complaint, including location, intensity and associated symptoms: e.g. Her headaches are primarily in the suboccipital region, bilaterally but worse on the right. Sometimes there is radiation towards the right temple. She describes the pain as having an intensity of up to 5 out of ten, accompanied by a feeling of tension in the back of the head. When the pain is particularly bad, she feels that her vision is blurred.
- c. Further development of history including details of time and circumstances of onset, and the evolution of the complaint: e.g. This problem began to develop three years ago when she commenced work as a data entry clerk. Her headaches have increased in frequency in the past year, now occurring three to four days per week.
- d. Describe relieving and aggravating factors, including responses to other treatment: e.g. The pain seems to be worse towards the end of the work day and is aggravated by stress. Aspirin provides some relieve. She has not sought any other treatment.
- e. Include other health history, if relevant: e.g. Otherwise the patient reports that she is in good health.
- f. Include family history, if relevant: e.g. There is no family history of headaches.
- g. Summarize the results of examination, which might include general observation and postural analysis, orthopedic exam, neurological exam and chiropractic examination (static and motion palpation): e.g. Examination revealed an otherwise fit-looking young woman with slight anterior carriage of the head. Cervical active ranges of motion were full and painless except for some slight restriction of left lateral bending and rotation of the head to the left. These motions were accompanied by discomfort in the right side of the neck. Cervical compression of the neck in the

neutral position did not create discomfort. However, compression of the neck in right rotation and extension produced some right suboccipital pain. Cranial nerve examination was normal. Upper limb motor, sensory and reflex functions were normal. With the patient in the supine position, static palpation revealed tender trigger points bilaterally in the cervical musculature and right trapezius. Motion palpation revealed restrictions of right and left rotation in the upper cervical spine, and restriction of left lateral bending in the mid to lower cervical spine. Blood pressure was 110/70. Houle's test (holding the neck in extension and rotation for 30 seconds) did not produce nystagmus or dizziness. There were no carotid bruits.

- h. The patient was diagnosed with cervicogenic headache due to chronic postural strain.

Management and Outcome:

- a. Describe as specifically as possible the treatment provided, including the nature of the treatment, and the frequency and duration of care: e.g. The patient undertook a course of treatment consisting of cervical and upper thoracic spinal manipulation three times per week for two weeks. Manipulation was accompanied by trigger point therapy to the paraspinal muscles and stretching of the upper trapezius. Additionally, advice was provided concerning maintenance of proper posture at work. The patient was also instructed in the use of a cervical pillow.
- b. If possible, refer to objective measures of the patient's progress: e.g. The patient maintained a headache diary indicating that she had two headaches during the first week of care, and one headache the following week. Furthermore the intensity of her headaches declined throughout the course of treatment.
- c. Describe the resolution of care: e.g. Based on the patient's reported progress during the first two weeks of care, she received an additional two treatments in each of the subsequent two weeks. During the last week of care she experienced no headaches and reported feeling generally more energetic than before commencing care. Following a total of four weeks of care (10 treatments) she was discharged.

Discussion:

Synthesize foregoing sections: e.g. The distinction between migraine and cervicogenic headache is not always clear. However, this case demonstrates several features ...

Summarize the case and any lessons learned: e.g. This case demonstrates a classical presentation of cervicogenic headache which resolved quickly with a course of spinal manipulation, supportive soft-tissue therapy and postural advice.

References: (using Vancouver style) e.g.

1 Terret AGJ. Vertebrogenic hearing deficit, the spine and spinal manipulation therapy: a search to validate the DD Palmer/Harvey Lillard experience. *Chiropr J Aust* 2002; 32:14–26.

2

3

Legends: (tables, figures or images are numbered according to the order in which they appear in the text.) e.g.

Figure 1: Intensity of headaches as recorded on a visual analogue scale (vertical axis) versus time (horizontal axis) during the four weeks that the patient was under care. Treatment was given on days 1, 3, 5, 8, 10, 12, 15, 18, 22 and 25. Headache frequency and intensity is seen to fall over time.

File formats:

Microsoft word (DOC, DOCX)
