

## Checklist for Case Reports Focusing on Innovative Intervention

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Emphasis is on the innovative intervention aspect of patient care. May cover the development of a new intervention or a modification to an existing intervention to deal with a clinical problem. Concentrate detail in the rationale for the new or modified intervention, the development process, the direct application to the patient, and the setting in which it is used. Remember that the patient history and examination should indicate why the patient is appropriate for the new or modified intervention. Include the outcome, but less detail is needed there.

### I. Title

- States that the manuscript is a case report.
- Maximum length = 150 characters (including punctuation and spaces)

### II. Abstract

- Word limit = 300 words or fewer
- Structure: Background and Purpose, Case Description, Outcomes, Discussion

### III. Body of Manuscript

#### A. Background and Purpose

- Provide an underlying theoretical basis for the development of a new intervention or for the modification of an existing intervention.
- Provide a scholarly discussion on the gaps in the literature and in practice for treating the target problem, based on biological, physiological, biomechanical, psychosocial, or any other knowledge and theory.
- End with a purpose statement that clearly indicates the focus of the case as it relates to the intervention (eg, "The purpose of this case report is to describe the development and demonstrate the use of a new intervention for ...").

#### B. Case Description: Patient History and Systems Review

- Provide detailed demographic characteristics, history, and summary of systems review (eg, chief complaints, other relevant medical history, prior or current services related to the current episode, co morbidities) in sufficient detail to demonstrate that the patient is appropriate for the intervention.
- Use relative dates (eg, years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (ie, calendar dates). Reader will more easily grasp the

chronology of events when the amount of time since the event or start of treatment is reported (don't force the reader to calculate the amount of time).

- Explain patient/family goals for physical therapy.

#### C. Clinical Impression #1

- Explain why you believe that the patient is a good candidate for the intervention, based on the data collected thus far.
- Describe the plan for examination for further determining whether the patient is appropriate for this type of intervention (ruling in or ruling out relevant differential diagnoses, prognostic factors that suggest appropriateness for the intervention approach).

#### D. Examination

- Describe any tests needed to confirm that the patient is appropriate for the intervention as stated in the first clinical impression.
- Clearly explain all examination data.

#### E. Clinical Impression #2

- Discuss why the patient is appropriate for use of the target intervention, based on the examination data.
- Describe the plan for examination to determine the outcome of the intervention (measures to be used, follow-up time points), offering hypotheses about what should be observed if the intervention were to be successful.

#### F. Intervention

- Describe the intervention, including how the intervention was developed and how it was applied to the patient, in sufficient detail that others can replicate the procedure.
- May use tables, figures, and appendixes to enhance the detailed description.
- Provide the parameters of the intervention (ie, intensity, frequency, and duration) and rules for progression.
- State changes in treatment over time, along with the rationale for the changes.
- List any co-interventions that the patient may have received but that are not directly related to the purpose of the case; detailed descriptions may not be necessary.

#### G. Outcome

- If not already in the examination section, provide operational definitions of the outcome measures and their purpose, and cite evidence for reliability and validity. Priority is given to validated outcome measures. If reliability and validity have not been estimated for a measure, acknowledge this, and make presumptive arguments that the measurements would be reasonably reliable and valid for the purpose of the case.
- Present the outcomes over the time points indicated in the follow-up plan.
- Compare follow-up outcomes to baseline and any known outcomes for similar patients or similar interventions.
- Use tables and figures to enhance the description.

#### H. Discussion

- Reflect back on how the intervention may have assisted in addressing the target problem. This should be done in the context of other co-interventions that may have been provided. The key points of development and application should be tied back to the rationale for the treatment and literature on previous treatment approaches for a similar problem.
- Offer suggestions for further research.

#### IV. References

- Cite references as needed.

#### V. Tables and Figures

- Tables and figures are used as needed to supplement the case report.
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