



RMTBC CASE REPORT SUBMISSION GUIDELINES

(ADOPTED FROM THE MASSAGE THERAPY FOUNDATION GUIDELINES)

INTRODUCTION

The Registered Massage Therapists' Association of British Columbia holds an ongoing contest for students twice a year. This contest is an opportunity for students to develop research skills by conducting their own research case report in which they will summarize their results in the format of a professional research paper. The top three case reports are posted in our RMT Matters magazine, CeseRe3.com, and will receive a cash prize.

[Please consult our webpage for submission and awards details.](https://www.rmtbc.ca/students/clinical-case-report-awards)
<https://www.rmtbc.ca/students/clinical-case-report-awards>

CASE REPORT GUIDELINES

CASE REPORT STRUCTURE

Students must report on independent clinical interventions on one client with guidance from a Case Report Supervisor and/or a Clinic Supervisor. This includes doing a literature review on the presenting condition or client goal; creating and implementing a treatment plan in accordance with the literature, the needs of the client, and the students' expertise; writing up the results; discussing the implications of the outcomes; and offering suggestions for future study. Because a case report is on one client only we will not accept a case series on multiple clients.

Logistics of the case report

- Students must conduct a minimum of five (5) massage therapy sessions with the participating client.
- It is highly recommended that massage therapy be the only new intervention in the client's treatment plan.
- Patient confidentiality and the security of health information must be maintained. No personal identification of the student or client may be included in the report.

Document Preparation and Submission

- The case report document must be double-spaced, using 12 pt. font size, in Times (or similar) font with 1.5 inch margins on all sides, written in the English language, and saved as a Microsoft Word document.
 - The report must be concisely and coherently written (**value: 6 points**)
 - The document must be 2000-4000 words, excluding the cover page and references.
 - The case report should have a research question that is interesting and pertinent to the massage therapy profession (**value: 8 points**)
 - Reports must be submitted via email at casestudies@rmtbc.ca

THE CASE REPORT

A well-written scientific report explains the scientist's goal for doing an experiment, the experimental design and execution, and the meaning of the results. A beautifully conducted study will lose much of its value if it is not presented in a succinct and coherent manner. Therefore, scientific papers are written in a style that is intended to be clear and concise. Their purpose is to inform an audience about an important issue and to document the particular approach they used to investigate that issue.

Case reports are written in the same manner as research reports. However, case reports are not research. They are a report of the treatment results of a single client. The student therapist will have developed a treatment protocol and ways to measure the treatment outcomes for the individual client with the intent being to improve the health status of the client. Research studies, on the other hand, are developed with the intent of assessing the therapy and frequently focus on the proper and consistent administration of the therapy rather than modification of the therapy to improve the effects on the client. The following links are good sample case reports.

<http://www.ijtmb.org/index.php/ijtmb/article/view/161/223>

<http://www.ijtmb.org/index.php/ijtmb/article/view/83/140>

Please include the following 8 sections in the report.

1. Cover Page

Include the title, author's name, contact information, home mailing address and email address.

2. Acknowledgements

Please recognize any non-authors who made substantial contribution to the work including any mentors or contributors and a brief description of how they contributed. Do not include the client's name.

3. Abstract/Key Words (value: 6 points)

An **abstract** is a condensed version of the paper (300 word limit) and should be structured to include the following sections:

- Background and objectives for the case report.
- Methods used for any interventions as well as evaluation techniques and measurement tools.
- Results that were obtained.
- Conclusion from the case report.

Frequently, readers of a scientific journal will only read the abstract, choosing to read the full text of only those papers that are most relevant to them. For this reason, and because abstracts are frequently made available by various internet abstracting services, this section is an important summary of the case.

Key Words - Citation indexes use key words (or phrases) to help people search for relevant articles. Authors should list 3-5 Keywords with reliance on the Medical Subject Headings (MeSH) of the National Library of Medicine. For more information go to www.nlm.nih.gov/mesh/.

4. Introduction (value: 25 points)

In this section the author should build a case for publication of the case report. There should be enough background information on the condition being studied for a reader to understand the topic. Findings of previously published studies must be presented to help explain why the current case is of scientific interest. This is called a literature review. No results or data from the case should be in this section. The last sentence(s) of the Introduction should state the objective and/or hypothesis: the research question. This should make a smooth transition from the Introduction section to the Methods section.

Appropriate use of citations from the literature review will be emphasized in the scoring process. References must include at least some of the following: academic books, professional journals, and peer-reviewed journals such as IJTMB.org or Journal of Bodywork & Movement Therapies. Students are expected to utilize reputable biomedical and massage therapy databases as part of their literature search strategy. Use of non-peer reviewed sources such as MTJ, Massage Today, and seminar or course notes, etc. should be kept to a minimum.

5. Methods (value: Profile of Client 10 points, Treatment Plan 15 points)

These sections provide all the methodological details necessary for another scientist to duplicate the work. It includes the client profile and the treatment plan. It is safe to assume that readers have the same basic skills as the author, but don't know the specific details of the therapeutic process. This section should be a narrative of the steps in the assessment and treatment, but not a list of instructions one might find in a cookbook. An important part of writing a scientific paper is deciding which information should be condensed, and what needs to be described in detail.

The **Profile of Client** portion should contain a detailed account of the subject. This may include a presentation of the subject's medical history and diagnosis (including what kind of professional arrived at the diagnosis), prior treatments, findings from a massage assessment, findings from other health care providers, and any contraindications to the use of massage. The client should have a condition that is modifiable by massage. The student should include a description of the client's desired outcomes.

The **Treatment Plan** portion should describe the massage/bodywork procedures and how subject progress was monitored. The author should provide specific details regarding the massage/bodywork techniques used, including duration of treatment, type of stroke, body regions worked, number of treatments, etc.

A crucial component of the treatment plan is the author's rationale for the particular massage/bodywork technique(s) used. Treatment choices must be supported with reference to the available literature, massage texts/instructional handbooks, and safe practice guidelines. If there are no direct references to massage therapy for the condition, the student should indicate why the treatment approach was chosen based on an understanding of how the condition typically presents and how it presents in the client. References from other disciplines (i.e., physical therapy, occupational therapy, etc.) may also be helpful.

Avoid using trademarked names of modalities and traditional French names for strokes; instead, simply provide a description of the work: “longitudinal stroking” is more appropriate than “effleurage”, for example.

A description of the plan for assessing progress should also be presented in the Treatment Plan. Any instrument (questionnaire, Visual Analog Scale, ergometer, goniometer, etc.) used to assess progress should be presented and its use described in moderate detail. Also, the frequency of assessment, the number of trials (if appropriate), and the time tested (in relation to treatment) are also important factors. A reader of this section should be able to visualize how subject progress was assessed.

Include a summary of any methodological changes that occur during the course in the Treatment Plan, along with rationalization for such change.

6. Results (value: 10 points)

This section presents the results of the experiment but should not attempt to interpret their meaning. Data should be presented in an organized and easily understandable manner; typically raw data should not be presented. Authors are encouraged to succinctly present findings in either a table or graph format. However, data should be presented only once. If a table or figure is presented, it should be titled as such and have a caption (and legend, if necessary) so the reader can quickly understand what is being presented. The written portion of the report must refer to any table or figure, if presented.

7. Discussion (value: 20 points)

The Discussion section provides an opportunity to summarize and evaluate the outcomes of the treatment process. It is also important to integrate the findings from the case into the body of literature that currently exists on the topic.

Therefore, this section should:

- Summarize the outcomes and effectiveness of treatment.
- Relate the findings back to the objective.
- Place the results in context of published findings (using sources previously cited as well as other sources).
- Explain why the obtained results may differ from what others have found.
- Speculate on why the treatment had an effect or not.

The author should also note problems with the methods, explain any anomalies in the data and suggest future research directions that are based on the results of this case.

8. References

While no specific point value is awarded for the References section, the strength of a report is, in part, dependent on the citations referenced. Therefore, it is strongly encouraged that citations used in preparing the report are from the primary research literature (e.g. peer-reviewed journal articles) rather than secondary sources (e.g. internet websites).

This part of the report provides the bibliographic information for each and every source cited. The *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* is the stylistic standard we require for referencing. This *Uniform Requirements* style is based to a large extent on a standard adapted by the National Library of Medicine for its databases. Sample references for citation formats of the most prevalent types of material cited are available at the following source:

http://www.nlm.nih.gov/bsd/uniform_requirements.html

References should be numbered consecutively in the order in which they are first mentioned in the text. Arabic numerals in parentheses serve to identify references in text, tables, and legends.

Here is a sample reference for a Journal article:

Moyer CA, Rounds J, Hannum JW. A meta-analysis of massage therapy research. *Psychol Bull.* 2004; 130(1): 3-18.