Case Reports

A case report describes the clinical course of a single patient (or in some cases up to 3 patients with different responses to the same intervention) and provides insights that may not be readily available through study designs that focus on groups. The author should show evidence of critical thinking in relation to examination and treatment decisions. The case report must have direct application to the practice of hand therapy.

The rationale for the case should be justified. This can be accomplished by indicating how the report of the case accomplishes one of more of the following:

1. Points out a rare condition, complication or circumstance.
2. Exemplifies complex decision making considering comorbidities, complications or conflicting findings.
3. Introduces novel treatments or modifications made to a treatment due to a unique feature of the case.
4. Presents a unique challenge in implementation e.g. ethical or personal factors that require customization of usual practice to personalize intervention for patients in ways not described by randomized controlled trials (RCTs).

There should be a discussion of how the clinician applies current evidence and clinical decision-making to their particular case. If there is a higher quality study(s) that has investigated the presented technique in a group of patients, substantiate how your case has unique features that extend what is known from the current evidence. A case report, by definition is neither experimental nor generalizable, therefore avoid statements that definitively state that the treatment is responsible for the change in patient status or that the described approach should be adopted by others. Case studies may provide options for clinicians to consider for practice and help with clinical decision-making or implementation issues that arise in practice.

Components of a case report will include:

1. Symptoms, examination findings, diagnosis, treatment, and outcome Language consistent with the ICF Model (limits in body function and structure, activities and participation)
   
   If a diagnosis has been made please use ICD-10 to name the diagnosis and if appropriate the more common diagnostic term in common usage.
   
   The ICD-10 can be found at [http://apps.who.int/classifications/icd10/browse/2016/en](http://apps.who.int/classifications/icd10/browse/2016/en)

   Common ICD codes used for hand conditions can be found at: [https://www.assh.org/LinkClick.aspx?fileticket=4z_VmpCzXRs%3D&portalid=2](https://www.assh.org/LinkClick.aspx?fileticket=4z_VmpCzXRs%3D&portalid=2)

   Disability and Function reporting is important for upper extremity rehabilitation. Therefore, cases must include ICF terms and codes for the impairments and disabilities that are mentioned in the presented case. Authors may use ICF terms alone or use common terms with ICF terms/codes placed in brackets.

   Cases should present the patient's problem(s) with an ICF framework. What has been altered about body structure/function? Activity? Participation?

   ICF Browser: [http://apps.who.int/classifications/icfbrowser/](http://apps.who.int/classifications/icfbrowser/)


2. Figures or images (photos or video) to illustrate examination, treatment technique are required.

3. The author should suggest “take home messages” from the case and may suggest how this treatment or examination technique can be further studied.

4. If applicable, what are the unique co-morbidities or circumstances that make this case interesting or worthy of reporting? Specifics of technique(s). (Note: Many cases reports are submitted where the author used multiple treatment strategies. In these instances, the authors should highlight the one to showcase)
**Suggested Format for Case Report:**

- Introduction to the reason for presenting the case (including a brief synopsis of current knowledge about the case, and if relevant knowledge gap)
- Condition being treated or diagnosed
- ICD-10 diagnostic codes that apply to the patient
- What is unique about the case?
- How was the patient assessed/diagnosed? (assessments should be referenced where possible)
  - What are the body structure and function impairments, activity limitations and participation restrictions? (ICF names and associated codes)
- Treatment(s) including techniques, dosages and progression as relevant to allow others to replicate (should include a brief description in text with supplemental video/pictures and/or detailed descriptions)
- Take home messages for future considerations
- Are there other measures or technique modifications that could have been used or would be used in the future? (Reflection on the case)

Authors should consult the CARE standards for reporting cases when writing their case and must submit a copy of the checklist with their submission.


Please note that given variation in cases, not all criteria need to be met for a case to be deemed acceptable for publication. However, this guide can help you organize and present your case report.

Each case report shall have an abstract (up to 200 words), body of text (up to 2500 words), references (up to 20) and figures (up to 4). A video is often useful for explaining techniques or results. Format for figures and videos should be submitted and authors can consult Elsevier general author instructions.

Case studies may not require ethics/consent as do research studies, particularly if the information was collection retrospectively from routinely collected clinical information and no patient identifiers are used. Case studies may require ethical consent if they are prospective or if special tests/interventions were used for research purposes. Authors are responsible for insuring they know the ethical requirements at their local institutions and insure that both ethical and privacy standards are met when preparing and publishing their case study.