



INTRODUCTION

I should explain who I am and why I'm writing this. I'm Rosemary Chunco. I work as a massage therapist in a private practice in Texas and (once upon a time) I wrote a case report on the effects of massage therapy on Ankylosing Spondylitis. It wasn't a spectacular case report, and in hindsight there are things that I would do differently if it were possible to go back in time and do it again. But the effort did win the Gold Award for the Massage Therapy Foundation's Case Report Contest in 2010, so it probably wasn't all that bad either. This little eBook isn't meant to be a "This is how you do a case report" instruction manual for massage practitioners as there are plenty of great resources available to help you with that if you're interested, some of which I will point you to later in the book. No, this is more like a "here's what I went through" story. And it may not be an exciting story, but my hope is that maybe it will pique your interest in some way – perhaps you might consider taking a research literacy class and start reading and learning about research. Perhaps you might consider getting involved in a journal club and maybe, just maybe, some of you will put yourself through similar experiences I had. If you decide to do a case report, I predict that you will learn more than you thought you would – not just about "the process of doing a case report" and massage for a particular condition, but about your practice and how it could be improved, the state of research within the massage therapy profession and most of all, you'll probably learn a lot about yourself. I hope some of you will take on that challenge. I guarantee you will be better off for it.

THE SEEDS OF MOTIVATION

Before diving into the story, I think I should give a bit of background information on what inspired me to do a case report. There were a number of things that happened over about a year or so that lead up to it. I don't want to bore anyone with the details but basically the first one was just being aware of this whole side of massage therapy on which I was pretty ignorant and that was in the area of massage therapy research in general. I fell in with a couple of people online that directed me on what books to read and they got me started on a research self-education road. One therapist in Canada (thanks, Lee) and a couple of researchers made me aware that there was a lot going on that I didn't know about (thanks, Chris and Kim). So I just started reading and looking at information online. At the beginning it all seemed a wee bit like reading a foreign language, but I found some good sites that helped "put it into English" and I knew that if I just kept plodding on at it, that I would at least get the gist of some of it. I had a gut feeling that if I kept at it then it would be to my benefit in some way. At the beginning of this process I read a couple of scholarly articles and I had a great deal of difficulty understanding most of what was written. But six months later, after just taking one thing at a time and doing a little most days, I read the same articles and understood all of it –that meant progress to me. I have a "Researching Research Rhetoric" notebook (I have a fondness for alliterations) in which I added references and notes on research methods, concepts and basic statistics and I still add to that notebook as time goes on. I call the language of research "Researchese" and I'm still learning it. As I got better at understanding Researchese I found that the information that I was getting from reading such articles was useful in my practice and there was a lot to gain from garnishing information from research that could be applied to my work. I liked the format of it. It is "snappy and to the point" when I am looking for a quick synopsis on something. Very often I'm not really looking at it as a way to "see if massage worked for a particular

condition” (you’ll probably be surprised at how little there is available on that subject), but there is a whole range of things that I dig into, for example, etiology of diseases and how measurements are done for a variety of conditions. I learned (and I still am learning) a lot about the design of different types of research. The written style of published research is something that I was drawn to, although some people might find it a little boring or technical, I like the “non-fluffiness” of it – its level of objectivity and lack of metaphors appeal to me! One of the things that I often found when I was reading was that I was most interested in “why did they do that?” especially with case studies and case reports. Most people might find the results as being the most important part of the report, but I found that understanding the clinical reasoning behind “why they chose to do that for that particular client” as the coolest aspect of these types of reports. You will rarely find that level of detail in a class or in any book. Once you start looking, you will also find that you will probably have to look at other disciplines for information because there are currently so few case studies/reports published in massage therapy, so you may find yourself looking at physical therapy case studies or other types of therapy.

As time went on I also realized that there is a lot to be gained from having the ability to “go to the source” of information on massage research. There is something empowering about being able to find and then critique research rather than waiting on someone to interpret it for me. And I believe that the more interpretations that information passes through, the less accurate that information becomes.

One of the sites that I kept coming back to was the Massage Therapy Foundation website. The layout and format of the site has changed a lot since then, but even so, at that time there was a lot of information on it that was very helpful in getting me started. There was information on the case report contests for both practitioners and students and the first time I became aware of these I thought “That’s cool – maybe one day I’ll do one”. Then the MTF conference in May of 2010 came about. One of my researcher

online buddies (who I now consider a research mentor) advised me to go to the conference and it really was a great experience. As part of the conference I spent an afternoon listening to presentations of case reports. Another researcher with whom I had communicated with online was one of the presenters. It was a long session, but time seemed to fly because all of them were interesting in different ways, so it never got boring. The presenters were all therapists or students of massage therapy, which was much different from the other sessions at the conference and the “I can relate to these” aspect of their cases appealed to me. I heard one on massage for bulimia nervosa, and I was impressed on how the therapist had come up with how to measure body image self-perception. She also described how she had to slowly bring the client into her trust. That one really stuck with me because I could sense that she was a caring therapist. I also heard others on breast cancer, the Rood Technique for spinal cord injuries (which was completely new to me), massage effects on anxiety and changes in height (which was really interesting), and the effects of massage on a prosthetic user with fibular hemimelia (something else I’d never heard of). The last one was a gold award winner and the presenter, Erika Larson, had previously been given an honorable mention in the competition, but it seemed to me like she had made her mind up that she was going to give the gold award another shot and won it the subsequent year. I’m not sure that’s what she was thinking, but I presumed it, and I thought it was a good attitude. I bet she doesn’t know, but after the conference I had pretty much decided that I was going to do a case report every year until I won it. My mentor also said “I think you should do a case report” at the conference when we were eating some awesome donuts at a coffee shop near the conference. I agreed, and that was the seed.

When I got back from the conference I had a look through my client cases and decided to have a rethink and an overhaul. There was an issue. Although I had what I had thought were pretty good session notes, none of them were good enough for a case

report in my opinion. Although I had a few interesting cases, they were too general, with little to no measurements and not enough information on the assessments and although I had been looking more at research, I realized that my notes could be much better. So I changed my intake and session note forms and started changing the questions I asked along how I was tracking and measuring. I realized that no one was going to take me by the hand with this task (as is the case with many things when we work for ourselves), but after consulting a few books and tweaking a couple of drafts both were improved significantly. For those cases where pain levels or something similar could be measured by a visual analog scale (VAS) I began using an erasable 100 mm VAS, where I write the endpoints on a laminated card with an erasable pen, for example one end of the line could be "no pain" and the other end "extreme pain", and I get the client to mark their perceived pain levels on it. If I want to measure something else, I write the lowest and highest levels at both ends of the scale. When they are getting on the table I had a handy little ruler to measure the marking, then I write those in my notes. Other things that I changed were the type of questions I asked. For example, I find it more useful to ask about the number of hours sleep and number of times they wake up with pain rather than "do you sleep well?" I also became very aware that I had to get more training on assessments. These small changes help me track progress more effectively and helped to add to the qualitative questions (e.g. "How are you sleeping?") to get a better overall picture. I also think that by adding a couple of quantitative questions (*How many* hours of restful sleep did you get last night?) to my communications it makes it easier for the clients to identify where healthful changes could be made in their lifestyle without mentioning it. Working 70 hours per week with 5 hours sleep per night? Sometimes coming up with a number helps people identify where changes could be made.

STICKY NOTES ROCK

Another thing that I did which I thought was a help was put a sticky note with "CR" (for case report) written on it in my appointment diary that I kept moving from week to week. This was just a little reminder to me that if I did come across an interesting case, then a CR might be a possibility.



MEETING THE SUBJECT

I came across the lady that I did the case report on just by going about my regular business activities. She works in the building where my practice is located and I had noticed she had what I call a "sore-back walk". I know that walk and in fact, I've had it because I had serious back issues in my past. So I approached her, business card in hand and asked her how she was feeling and if her back hurt. That was when she told me about her condition. I knew that ankylosing spondylitis (AS) was an inflammatory condition of the spine (remember learning all those Greek terms back in school - turned out to be pretty handy, aren't they?) but I didn't know enough about whether massage

would help relieve symptoms of it, and even though I “kinda sorta” knew that there was some fusion involved, I was not familiar with details of the disease. So I did some investigation later that day. The funny thing was that at that stage I wasn’t really thinking of a case report. I got into my usual information-gathering mode by looking at pathology books and a couple of other massage books to see what they said about the condition and whether there were contraindications, but since I had found this new source of information (looking at research articles), I had started looking in Google scholar as well. It was only after finding that there was very little to no information on massage and AS, sitting looking at my diary and the sticky note that the light bulb went off.....but there was a bit of an issue. I didn’t know what I was doing. I didn’t even know where to start.

CONVERSATIONS WITH MYSELF

You don’t know what you’re doing, do you?

No, but from this first search there’s very little on AS and massage. I know that much. I’m not quite sure whether this would be a candidate for a case report yet though.

“Very little”. How much?

Well, virtually nothing on massage and this condition in the google scholar and pubmed searches. It looks like there might have been a poster on it at one of the AMTA conferences. Yep – here is it. I’ve found the abstract on the AMTA site, but it doesn’t seem to be found in google scholar or pubmed.

Is it possible to communicate with the author of the study described in the poster?

Oh yes, I can email the main author and see if he can give me more information. It looks like they had a male client and the AS was pretty far advanced and they worked on him for months, but it helped with pain levels. It was a very specific type of massage.

This is a different type of scenario. See if you can find any other studies on massage and AS in the online databases.

It doesn't look like there is very much. There's lots on physical therapy and general information on the disease.

Maybe you should just start reading about background information on it and saving off the references to the studies that are good at providing general information – if you decide to do this, you'll need an extensive literature search and good overall understanding of what the disease is about. Notebook time.

Let's see. I'll get a general idea of the pathophysiology of AS, characteristics of it, general numbers, and what they generally do in the medical world. That would be a start.

Maybe you should have the client fill in your regular intake form before the first session next week, have a talk with her and see what her goals are - remember it's about her first. You will also need to see if she wants to be involved in a case report and if so, you'll need a release signed by her. You may be presuming too much at this stage, but even if she is not interested, this is still all good information to know. See if you can find anything on the instruments they use for disease measurement. Even if you don't do a case report, you still may be able to incorporate some of that information into your session notes.

The above "conversation with myself" (brain storming sessions with myself are common because I'm a little odd, but who isn't?) is just an example of the issues that I had at the beginning. I needed to read and learn, and I also had to keep in mind that the client and their goals were still the most important aspect of this, not data collection or any other aspect of doing a case report. After the initial consultation, I decided on the "plan" that would address the client's goals, but also incorporate the new knowledge that I was learning about the condition, such as how they use the BATH indices in medical practice. I decided to use a subset of those tools for measurements, and I also had to make sure that I was going to do the finger to floor measurements correctly. I found good instructions on how to do them in a consistent way. The other instruments we're mostly visual analog scales, which were straight forward enough, but I also was pleased that these were instruments that didn't require training. As an example, if a goniometer was used as one of the main instruments for measurement of flexibility in medical practice for AS, then I could not have used it since I was not trained on how to use it and there would have been a question of scope of practice. At that time I also got the OK from the client on being involved in a case report and she was very willing to fill in a daily journal, which I created for her and discussed with her before we began. In fact, the client seemed very pleased that I was taking extra interest in her case and in her condition.

OBSTACLES AND CHANGES AND OTHER THINGS UNFORESEEN



As with most things in (my) life, things don't always go according to plan. Changes in the schedule for the sessions were one thing to deal with, and the last session was not possible. The other things that changed were that my plans for the work at each session changed according to the client feedback, which is the normal "case" for most clients, right? The nice thing about case reports is that these types of things happen and they are OK, as long as they're noted in the write up. This is the "real world" and things happen!

I didn't let the setbacks annoy me though. And I didn't get upset at the last appointment not being possible.

As time went on through the month that I worked on the client, I knew that the client was feeling better. Her mood was improving and the finger to floor measurements were also showing improvement in flexibility. There was one thing that I also became very aware of and that was that I had to be careful about communications and my expressions. I had to make sure that she was reflecting what she was really feeling and not providing data that would "please me." I had to refrain from showing her that I was

very pleased with the progress that was apparent from her verbal feedback and I reminded her a few times in various ways that I interested in getting the data from her to see if massage might help with some aspects of her condition and to be truthful in the reporting. However, the [Hawthorne effect](#) came to my mind quite a few times and that was because I had the view that the therapeutic relationship was changed a little. This was mainly because of the involvement of the client, the extra time spent on recording measurements by her, the fact that I was investigating her condition more than other therapists had done previously and that I had a high interest in it. Would that in itself have an impact on the outcome? I thought about these things quite a bit, which was interesting because I then started to think about how it might come into play in other types of research.

GETTING THE DATA



It was like Christmas morning. Getting the folder back, measuring the visual analog scales with the ruler and plugging the numbers into Excel was exciting. (I wondered if this was a sign that I didn't have a life - for a second, and then I got excited again!). The great thing about using Excel was that I really didn't have to do anything –the program

generated the graphs that I wanted. I just had to decide which data to put in which graph. And seeing it presented in the graph was cool. Because most of the data was collected using visual analog scales, deciding what went on what graphs and the types of graphs to use was pretty straight forward. I also put my finger to floor measurements into Excel from my session notes and the tool did all the rest.

THE WRITE UP

Looking back on the write up, I can say that by the end of the process, I was a little fed up with looking at the case report. There was a reason for that - it took hours of work over a period of days, but there were things that I learned from it that were valuable lessons for future case reports (yes, I was not put off doing another one).

I started with a template, with headings embedded within it. Within those headings I had bullet points in which I stated exactly what had to be communicated. My notes that I had made just on the condition before I even started working on the client were very useful, as were my session notes and intake form. I used the MTF guidelines and added questions after each heading. I also put the number of marks that would be allocated for that section. These guideline questions would be extracted from the report eventually (obviously), but having them there as a reference to make sure I'd covered the relevant information and to see how one area is given more attention than another was also helpful.

At the time of the write up I was also fortunate enough to be asked be a reviewer [of a book](#) which had a chapter written by Michael Hamm (the first winner of the Student Case Report Contest) on case reports, which proved to be useful. I highlighted points

within it that I thought were important and also transposed those points to the case report.

The main reason for doing this was as a "have you covered this?" guide and it turned out to be helpful to me. This worked as a good "skeleton" and the "meat" was added piece by piece (an example of this is in the resources section). I found that the literature review and background information was the easiest to write, as was the client profile. The "why did I do what I did" part was a little more challenging because really there was very little material to back up my reasoning, so I depended heavily on pathology books, paying attention to contraindications, and more or less letting the reader know that I adapted to the clients needs. For example, trigger point therapy around the hips seemed to be helping the client, so that was why I carried on using it. Communicating what I did was another challenge and I decided to use a body diagram that provided approximate times and the techniques used, even though they changed slightly from session to session. The reason why I did that was because I like diagrams and I find them useful in my work to communicate to myself on what is going on with clients. I thought other therapists would like it too. Also, when I was at the MTF conference I had seen a diagram of a protocol used for the prosthetic limb CR that impressed me. It was easy to follow and communicated what the therapist had done very well.

The other part that was a challenge was the "discussion" part and describing limitations of the work. I wanted to list a lot of limitations, mainly because I am the sort of person that values someone being critical in a constructive way and I wanted to let people know that there is a lot more to be studied in relation to massage and this disease. Also, there was a lot of "I shoulda done this and I shoulda done that" in my head during the period of work. I wrote those down, and even until this day I can still come up with more things that I could have done to make the case report better. For example, I could have had another person check the measurements in my visual analog scales for

verification that I had measured them correctly or I could have had another person measure the finger to floor measurements. I also think that I should have spent more times addressing instrument validity. I sometimes wondered if having the client do the finger to floor measurements actually would make the positioning for the measurement easier for them, to the extent that just doing the move had an impact on the measurements. And so from that I thought that I should have had baseline measurements before beginning work on the client and to carry out some of those measurements a few times beforehand. They say that hindsight is 20/20, and I doubt that anyone doing a report would not have similar types of thoughts. Giving a "here is what could be improved" list would cover those, and possibly also help with the designs of any further studies.

I wrote the abstract last. It was the synopsis of the whole report.

MORE CONVERSATIONS

How many more hours are you going spend on re-doing the abstract?

Until I'm happy with it

It's a bit boring. Doesn't make you out to be a massage therapist, really. It's totally devoid of any feeling or humanity.

It's not supposed to be. In fact, it's probably the most objective part of the whole case report. I think.

Because the abstract is supposed to encapsulate the main points of the study, maybe you should create headings and then creating bullet points of the main things within those headings, then filling those out to sentences? Seems logical. Also, remember that

there is a maximum word limit for the abstract in the guidelines. You will need to check that. It's still a bit boring.

I think I might think its boring because I've read it and re- read it over and over and over. I better check the format of these references to make sure they're right. It's a good idea to have the skeleton-to-meat idea, for sure. It worked for the main body well, so it should work here too.

The next thing I'd to do was to think of descriptive MeSH terms (Medical Subject Headings which are used for searching and database indexing). I made a list and then broke it down to the top ones that I thought were relevant to this case.

After that I erased my guideline notes from the main paper, read it multiple times for any corrections and then sent it to my mentor. Although he knew I was doing a case report, I had not consulted him on the methods or the outcomes, but I did want him to read it over before submitting it because I liked how he edited papers. He was fast at getting the report back to me with advice on tweaks to polish up the writing here and there. I was pleased with the fact that he thought it was a good report. He wouldn't allow me to say he was my study advisor, because I didn't consult him on what I was up to. He was the person who encouraged me to do a case report and I wish I had consulted him before I even started the study. I have a feeling that the methods would have been better planned if I had done so.

THE SUBMISSION TO THE MTF COMPETITION

I read over the re-edited version twice before submitting. Does that mean it was clear of spelling mistakes and grammatical errors? NO, but I made the mistake of leaving it until the deadline, so I didn't read over it with "fresh eyes" (sometimes it's good to look at something after a good night's rest) and submitted it anyway. Note to self: RUN SPELL CHECK and get a good copy editor to go through all written work before submission.

I actually messed up the first submission so badly, I had to ask the administrator in charge of it to help out so that I could erase the first submission and do another one, while at the same time wonder if the administrator thought I was a bumbling idiot.

The problem arose from the fact that I was confused on what was to be submitted regarding insurance, licenses, the release from the client, plus the graphs and figures had to be submitted in a specific way. Note to self: always read the submission guidelines well ahead of time and make sure you understand the requirements exactly. In fact, read them multiple times before you even begin writing.

After that, I sat back and was rather pleased with my self. Even if I didn't get any prize, I was pretty well satisfied with the work and effort I had put into it. I learned a lot and there was always next year – which would be better because I learned so much from that first case report.



A few months later I got the call from Ruth Werner, the President of the Massage Therapy Foundation. She informed me that I'd won the gold award. I smiled non-stop for a week. My clients must have thought I was on an illegal substance during that time.

The next thing was submitting the article to a journal for peer review, but before doing that, I had to decide on a journal. I picked the International Journal of Therapeutic Massage and Bodywork (IJTMB), which is an open access journal available online. It's a relatively new one, but I like the fact that it has free access and I wanted to inspire other therapists to use it to share their case reports. I could list a number of reasons why I think that's important, and you will see those referred to in magazine articles on why we should be doing case reports, but for me there is one very simple reason why I want other therapists to get case reports published (I have also listed other reasons in the Appendix). Doing a case report is the best way for us to share information from our practices and to learn from each others experiences. It's better than any other avenue of communication on the subject and it's also a great way to learn about something FAST. If you can find a good case report for a condition, the author will have already done a good literature search on the subject so that you don't have to. They will also have done the research into massage and that condition. Now, they may have missed something and you will still have to view it with a critical eye, but having a portion of that research already done is very useful. Be aware of the timing of the work, however. Information that you get from a study done 5 years ago may now be outdated,

especially if it is a subject on which there are still a lot of questions to be answered (such as the etiology of a condition).

So I submitted the work to the IJTM and waited. It was accepted, but I had to make some changes.

PEER REVIEW

No one likes criticism. Some of us can handle it better than others, and I have to admit that peer review wasn't exactly something I was looking forward to, but I had a slight advantage when it came time for it. I had some experience with it because I had a short editorial peer-reviewed previous to submitting the case report and I had learned a couple of things about it (and myself) from that. For example, on a personal level I had learned not to take criticisms "to heart" or dwell on them. If the journal had given an "accepted with revision" response then that meant that it needed some work. The other thing that I learned was that it was the write up that was being critiqued – not me personally, and if the write up covered the limitations of the work, then that was less work for the reviewers. When writing a case report, you have been submerged in it, you've been a part of the experience and there will be some things that you will have not mentioned that the reader wants to know. For the most part all that the reviewers were requiring was clarity and more explanations more than anything. So I had learned that reviews are a good thing, and a good reviewer will have a lot of good feedback to give authors.

One reviewer (they are anonymous, so I have no idea who it was) gave very good general comments and an edited version of the case report containing comments. That was a good reviewer. They had obviously spent a lot of time and effort on providing it.

A problem came up with the descriptions of my changes, so I called my mentor and got that issue straightened out. The problem was that I had given a % change in VAS values in my discussions, which was misleading. A percentage change could mean multiple things – from highest value to lowest value throughout the time period or from the starting value to the last value. After a discussion with my mentor, I decided to take out the percentage change reference completely and just refer to the starting and end values.

EPILOGUE

Since doing the case report a few things have happened. I got to present my findings at the 2011 AMTA conference in Portland, which was a little nerve-wrecking, but it was also great to be able to attend it and the MTF provided me with the funds to do so. I also created my first poster on the case report, which was another situation where I didn't know exactly what I was doing, but I had seen posters at the MTF conference, so I was familiar with the format. Using an online resource (details are given in the resource section) was very handy - not only did they provide the template; they also proof read it and printed it for me. My mentor also read over it and gave me feedback before I got it printed.

After getting a very nice check from the MTF as prize money following the publication of the case report, my husband and I went on a nice vacation!

I am still using that big conduit of information coming out of the massage research world in my practice to be better informed. I am a big believer in the fact that it makes me better at what I do, which means better outcomes for my clients. I think that doing a case report has helped me increase my level of analytical thinking in my work, which helps make me make better decisions. Sometimes I come across information where I have no clue on how to interpret it, but I can usually glean something from reading about it anyway and I continue to learn Researchese.

ADVICE TO A THERAPIST



Here are some tips and tools that may aid you with developing or writing a case report:

- Read published case reports in massage and write notes about what you think is good and what could be improved. Use the resources section to find them.
- [If you haven't taken a basic research literacy course, take one.](#)
- [Read the CR guide that the MTF has provided](#)— multiple times. Print it out, highlight important parts and refer to it often.

- Read as much information as you can on doing case reports in books on massage therapy. [The book, Hands Heal, has a chapter devoted to researching and writing Case Reports](#) that is a great resource. I didn't have the latest edition of this book available at that the time I did my case report and it really is a fabulous book for polishing communications and session notes.
- Which leads me topolish up your session notes and intake forms! Remember that "this case could be turned into a case report" if you ever come across a candidate for one in your practice.
- [If you can afford to sign up for a subscription to JBMT, do it, and keep copies of it](#) (note: ABMP members get a discount). The contents of each are on the back cover for easy reference and even though you may be overwhelmed with the "Researchese" to begin with, it's still a good resource. Tag articles related to massage and common conditions that you see in your practice [Also, sign up to the IJTMB to get notified on when new \(free\)](#) online editions are published.
- Play with Google scholar to become familiar with it. The advanced search tool and the options can make life a lot easier
- If you don't have multiple pathology books, get more! Cross referencing is important. Also include Google books in your research.
- Making the case report about the client and what methods you used, rather than basing the case report on a "modality" is preferable. I have heard therapists say that they want to do a CR on a specific modality. Well, that modality isn't what we work on and we don't try to fit the client to a specific modality. A case report is really a "human-that-we-work-on report", with a "here's what we did, why we did it, what happened and what might be made better".
- A mentor can be a great help. Not only can a mentor give you encouragement, but having someone to throw ideas at and answer questions will build your confidence and keep you on the right track. I stumbled across my research

mentor online, and at the time I didn't know he would end up being a mentor. The Internet is one way of finding one, but you might also consider talking to potential mentors at research conferences, calling massage schools to see if someone there teaches research, contacting editors of online journals, contacting teachers from research conferences held in past years or contacting authors of published case reports.

- Don't get too "fancy smancy" in the subject matter. Case reports reflect the real world scenario, so do not try to be too "researchy" in your goals. Remember that although we're contributing to the research world, we're not scientists and we're not trained researchers, so don't go overboard in trying to come up with unusual "never done in practice" techniques that you think might have a high level of internal validity. If you are interested in such work, get in contact with someone that is fully trained and is a working scientist.
- If you have any ethical questions regarding doing a case report, get advice from someone involved in research. There may be ethical considerations that crop up that are not covered in our ethics courses, so be sure to get clarification on any grey areas that there may be.

When writing the CR:

- Never, ever under any circumstances use the first person ("I did..."). Never.
- Refrain from using metaphors
- Try to provide good reasoning behind "why you did what you did", with references if possible.
- Imagine another therapist reading your paper and what they would want to learn from it, remembering that they probably want to learn facts about the condition and the case and understand your clinical reasoning as well as the

results of that reasoning. Think of the case report as a "Vulcan mind meld" with another therapist, so that they understand why you did what you did.

- Stay away from absolutes and very definite statements. For example, "this shows that massage is a critical need...", or "massage works for condition x". Remember that this is just one case, so be careful with over-generalizations.
- A clear overall picture of the client is important. Provide some information on their lifestyle when you worked on them. The reader should be able to clearly visualize the person you are working with.
- Spend a lot of time on the limitations section and describing how the work could have been made better. Providing a critical appraisal of your own work shows that you have the correct mindset for writing a case report.
- Try to make your case report balanced. Doing a great job on the literature search, but giving inadequate information on the client profile or the clinical reasoning behind why you did what you did is incomplete and unsatisfactory.
- References should be in the correct format and cite published research as much as you can. Add references as you write and get used to using the References (Citations and Bibliography) tab on Word. Play with this feature if you are not familiar with it.
- Play with the other organizational tools I have given in the "Resources" section before you begin. They may save you time and energy.
- After you have proofread the final product (multiple times), get someone else (a mentor or someone that is familiar with research) to proofread it and give feedback. Don't leave this until the last minute (as I did - procrastinating on this is inadvisable!).
- Read the guidelines again from the MTF after you've finished and ask yourself for each point "have I done this?", even if you are not entering the competition, the

guidelines are a good resource. If you are submitting to a journal, go by the journal's guidelines.

- If you are entering the competition, be sure to have all your paperwork ready for entry and follow the instructions carefully - check word counts and formatting. Check them multiple times. Incorrect formatting immediately throws a bad light on the entry and shows that you do not pay attention to details. As an example, not using the correct line spacing is immediately apparent.
- Be careful with using the word “significant”. In the research world this word usually refers to “statistical significance”, meaning that the result is unlikely to have occurred by chance. It may be best to avoid using the word– unless you are really running a statistical test of significance.
- My last piece of advice is not to be too hard on yourself, have fun with it and if you need help with anything, ask someone for advice!

RESOURCES

FINDING PUBLISHED ARTICLES

Google scholar is very handy for finding full texts. I advise playing with the advanced search options:

<http://scholar.google.com/>

If you are unfamiliar with using PubMed, here is their tutorial:

<http://www.nlm.nih.gov/bsd/disted/pubmedtutorial/>

A couple of online journals that everyone should be aware of:

International Journal of Therapeutic Massage and Bodywork:

<http://www.ijtmb.org/index.php/ijtmb>

Journal of Bodywork and Movement Therapies. Please note the free trial issue. Also, if you belong to ABMP you can get a discount on the subscription.

<http://www.bodyworkmovementtherapies.com/>

FROM THE MTF WEBSITE (BOOK MARK IT AND REFER TO IT OFTEN!)

A toolbar that you can use to help get you started (Note: the toolbar can be disabled when you are not using it):

<http://www.massagetherapyfoundation.org/education/student-and-facultyresources/education-toolbar/>

The guidelines document for the practitioner contest. This is useful, even if you are not entering the competition:

<http://www.massagetherapyfoundation.org/wp-content/uploads/2012/03/2012-PCRCGuidelines.pdf>

Information on the case report contests:

<http://www.massagetherapyfoundation.org/grants-contests/case-report-contests/>

Information on the research literacy course, the contents of which also has another list of great resources that you can use to find and evaluate research:

<http://www.massagetherapyfoundation.org/education/research-literacy-courses/basics-ofresearch-literacy/>

Michael Hamm's blog post on case reports:

<http://www.massagetherapyfoundation.org/blog/case-reports-wheres-your-first-draft/>

OTHER ONLINE RESOURCES ON WRITING A CASE REPORT

The following is a great resource for information and so reading it multiple times would be advised. There is also a short online course provided within this document. This also includes information on how to create graphs in Excel. Please note that the massage education system in British Columbia is quite a bit different from most systems in the USA:

<https://massagetherapy.bc.ca/sites/default/files/files/WriteClinicalCaseReport.pdf>

And also, from the same site, these are examples of student case reports (Note: they may not be published, but you can still get an idea of the format)

<https://massagetherapy.bc.ca/students/clinical-case-report-awards>

This is a published article on writing a Case Report which has a very complete list of reasons on why we should submit case reports for publication:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647062/pdf/main.pdf>

The Project for Open Education in Massage is owned by Dr. Ravensara Travillian, a researcher, educator and a massage therapist who set up the site as a resource for learning. The site has a journal club and a place for discussions on case reports. You can also ask any questions you have about research. Ravensara is always very helpful when it comes to answering questions.

<http://www.poem-massage.org>

If you've never used the references tab in Word, play with it!

http://www.iuk.edu/admin-services/it/assets/pdf/CSER_Howto_Use_Word-CitationsBibliography-Tool.pdf

This taxonomy of terms for massage therapy is a useful resource for communication of techniques <http://www.biomedcentral.com/1472-6882/6/24>

ORGANIZATIONAL TOOLS

Zotero is a great free software tool for organizing research that you've found online. You can also add book and website references in organized folders which you can manage according to how you want to (I use it to organize research according to conditions). Bibliographies from this tool can be integrated into word processing tools, saving you a lot of time on the write up. I recommend downloading it and installing it on one of your browser types and then playing with it to see how you like it.

www.zotero.org

https://www.zotero.org/support/creating_bibliographies

Mendeley is a similar tool for organizing research: <http://www.mendeley.com/>

My little "skeleton" document for writing a case report (remember to rip out the "red writing" afterwards!):

http://www.txmassageforum.com/sites/default/files/massage_therapy_case_report_/CRskeleton.docx

Evernote is an organizational tool that I use for many tasks – not just research. In fact, I used it to help with the writing of this book. The nice thing about it is that I can access notes and lists from my iPad or iPhone and through my desktop computer. So you can work on one thing while you wait on your next client. I even use it to create shopping

lists, while looking at recipes online at my desk and then look refer to the list my phone at the grocery store. It's great for use in all projects that require any sort of organization of online information or goal setting.

<http://www.evernote.com>

Dedicate one Pomodoro a day to research and you'll be better off (this is just a favorite little tool of mine): <http://www.pomodorotechnique.com>

CREATING POSTERS:

Note: research does not have to be published in a journal prior to creating a poster.

Here is published article on creating research posters that is pretty useful: Preparing and Presenting Effective Research Posters

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955747/>

And here is some down-home advice that has some great "dos and don'ts":

<http://colinpurrington.com/tips/academic/posterdesign>

The site that I used for the template and printing:

www.posterpresentations.com

Note: I advise an online search for other companies and call local printers for pricing.

MAGAZINE ARTICLES:

Here are some interesting magazine articles on case reports for you to peruse:

[Writing a Case Report: Where to Start by Jerrilyn Cambron](#)

[How to Write a Case Report: The Introduction Section by Jerrilyn Cambron](#)

Writing a Massage Therapy Case Report

BOOKS

I highly recommend these books:

[Hands Heal by Diana Thompson](#)

[Making Sense of Research by Martha Brown Menard](#)

[Massage Therapy: Integrating Research and Practice by Trish Dryden and Christopher A. Moyer](#)

[Medical Conditions and Massage Therapy: A Decision Tree Approach by Tracy Walton](#)

[The Science and Practice of Manual Therapy by Eyal Lederman](#)

RESEARCH METHODS SITES

These sites are handy for the Researchese:

[Experiment Resources: http://www.experiment-resources.com/](http://www.experiment-resources.com/)

Making Sense of Statistics in Research. Click on the links, taking it one step at a time and you'll soon be amazed at how much you learn:

<http://nichcy.org/research/basics/makingsense#top>

Appendix:

NOTE: these are some points that I had ready for a presentation The Benefits of Writing up a Case Report:

- It is a way of giving back to the profession. Massage Therapists in general are “givers”. Writing up a case report is a different way of giving back from other avenues (such as volunteering at an association or mentoring new therapists). By “giving” information from our practices to other therapists and researchers we are helping the whole profession.

- It is a great way of sharing information from our practices. It could be argued that it is the best way of sharing information because it is done in a clear, objective way that is open to further analysis. We now have the IJTMB as an open resource for the sharing of that information; we should reap the full benefits of it.
- The information provided can help guide and refine further research and it is also an integral part of the circular information flow within the model of translational research – in which the research world receives information from clinical practice and clinicians continually receive information back from the research world. The therapist also has a better understanding of this model after completing a case report and can appreciate how important it is for therapists to be providing information from their practices.
- Completing a case report forces the therapist to dig a little deeper into one (or more) particular subject – in a way they become a mini-expert (as well as they can be), which has many positive repercussions. For example, the therapist may become well known and build a good reputation through word of mouth within a particular population.
- Because completing a case report involves a high level of objectivity, the therapist will find that their level of analytical thinking will permeate all areas of their practice, which affects every client. For example, they may incorporate more concise information gathering through the use of instruments and measures and a greater refinement of interview skills and clinical note taking. As an example, they may use a laminated visual analog scale for measurement that is customized according to the client’s condition.
- Completion of a CR aids in the recognition of the therapist’s work by colleagues and clients.
- Therapists will become aware of how much more there is to be done in massage therapy research by completing a case report and once that awareness is heightened, they will be encouraging other therapists to do so.
- The therapist will become aware of how integrating research into practice is an iterative process and not just a “once shot deal”, because they have a heightened sense of timing of timing of information gathering and how knowledge construction is a continual endeavor.
- Levels of efficiency in finding research are increased – this also has an impact in how the therapist finds research for other clients and assimilates that information. For example, the therapist might use such tools as Zotero (a free software tool, available online) for the case report and then continue to use it for other conditions/modalities/clients.

- Doing a case report can be fun – although it may be presumptuous to say that all therapists would find doing one as being fun, but a certain personality type will find it to be so (those that like to be proactive in their own learning).
- It is highly satisfying to complete a case report and to see the work published. It is a different type of satisfaction from the feeling that we get from our work, but it is a good feeling anyway– and if we feel good, then our client’s feel good too!