Case Report Contest Guidelines

The Massage Therapy Foundation is delighted to invite you to participate in our Case Report Contest. This contest fosters an opportunity to develop and hone research skills by conducting a case report in the format of a professional research paper. Top-rated reports will receive recognition in the way of publication opportunities and cash rewards. Please see the Foundation's Mission and Goals at https://massagetherapyfoundation.org/about-us/.

CASE REPORT STRUCTURE

Students and practitioners (hereby referred to as "practitioners") must report on independent clinical interventions on one client/patient. This includes completing a literature review on the presenting condition or client/patient goal; creating and implementing a treatment plan in accordance with the literature, the needs of the client/patient, and the practitioners' expertise (based on current level of training); writing up the results; discussing the implications of the outcomes; and offering suggestions for future studies. Because a case report is on one client/patient only, we will not accept a case series on multiple client/patients.

Logistics of the Case Report

- Practitioners 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 and any other treatment, including medication, be outlined.
- Confidentiality and the security of health information must be maintained. Do not include any information that may lead to the personal identification of the patient.

Document Preparation and Submission

- The case report document must be double-spaced, using 12 pt. font size, in Times (or similar) font with 1-inch margins on all sides, written in the English language, and saved as a PDF document. Tables and figures, if included, should be in line with text and not placed at the end of the document.
- The report must be concisely and coherently written and follow the prescribed format.
- The document must be 2000-4000 words, excluding the cover page and references. The entire submitted document should not exceed 20 pages.

- The case report should include a condition and/or intervention that is of interest, pertinent to the massage therapy profession, while noting the understanding of massage's impact is not extensively documented in-peer reviewed journals.
- Use of artificial intelligence must be disclosed and align with MTF Guidelines.
- **Reports must be submitted online at www.massagetherapyfoundation.org by June 1st.**

THE CASE REPORT

A well-written case report describes the client's condition, a well thought out and documented treatment plan and assessment, and results. The treatment plan should be informed by the research. A beautifully conducted case intervention should be written in a succinct and coherent manner. Their purpose is to inform an audience about an important issue and to document the 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 on the assessment, intervention, and results of a single patient. The massage therapist will have developed a treatment protocol and ways to measure the treatment outcomes for the individual patient with the intent being to improve the health status of the patient. 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. Please note that since case reports are not considered "research," they do not need approval from an Institutional Review Board (IRB).

The following links are good sample case reports that were awarded in previous years:

- http://www.ijtmb.org/index.php/ijtmb/article/view/161/223
- http://www.ijtmb.org/index.php/ijtmb/article/view/83/140

The format is based upon new recommendations for consistency and quality in case reporting. Please see the Munk and Boulanger article "Adaptation of the CARE Guidelines for Therapeutic Massage and Bodywork Publications: Efforts to Improve the Impact of Case Reports" (http://www.ijtmb.org/index.php/ijtmb/article/view/251/303).

Cover Page

Include the title, word counts for abstract, word counts for body of the report, practitioner's name, contact information, mailing address, email address, and signature. The title should include the phase "case report."

Acknowledgements

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

Refer to the current Case Report Contest rubric, linked on page Case Report Contest – Massage Therapy Foundation. Supplemental information about each section is included below.

Abstract/Key Words

An abstract is a condensed version of the paper (300 word limit) and should be structured to include the following sections: Background/Objectives/Case/ Presentation/Results/Discussion or Introduction/Methods/Results/Discussion (IMRAD).

The abstract section is an important summary of the case. The information in the abstract should mirror the information in the body of the paper and not offer any new information.

Key Words - Citation indexes use key words (or phrases) not in the title to help people search for relevant articles. Practitioners 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/.

Introduction

The practitioner should build a case for selecting the client or intervention to observe. There should be enough background information on the condition being studied for a reader to understand the topic. Extraneous information should be excluded. 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 and should be exhaustive, relating to the topic of interest. If existing treatment-related research is limited, related articles can be used to support clinical decision making and provide evidence-based rationale for massage treatment. The practitioner should synthesize the research well and integrate it into their case for why this topic is of scientific interest and why the therapeutic interventions are being selected. The writing should flow seamlessly between published ideas and practitioner ideas. It should be evident the practitioner thoroughly understood the research and directly applied it to the case study.

No results or data from the case should be in this section. The last sentence(s) of the Introduction should state the objective of the case report. Outcomes and measurement tools can be stated here as well, which should make for 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, peer-reviewed journals

such as International Journal of Therapeutic Massage and Bodywork 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 Massage Therapy Journal (MTJ), Massage Today, and seminar or course notes, etc. should be kept to a minimum. Peer-reviewed articles can be found on various online databases such as PubMed.gov and Google Scholar. See more information in the reference section below.

Methods

This section provides all the methodological details necessary for another practitioner 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 practitioner, but don't know the specific details of the therapeutic process. An important part of writing a scientific paper is deciding which information should be condensed, and what needs to be described in detail.

Patient/Client information: This portion should contain a detailed account of the patient. The medical story should be explained comprehensively enough so the reader can utilize their own clinical decision making. This section includes a presentation of the client's demographics (i.e. age, gender, occupation), and medical history. Prior treatments should be explained clearly, specifically the patient's experience with massage for the condition. The practitioner should include massage contraindications, whether the patient has consulted/informed their doctor about receiving massage if under direct medical care, and a description of the client's desired outcomes.

Outcomes & Assessment Measures: This section will include any information from a healthcare practitioner who can perform diagnosis, e.g., information from the client/patient/patient's chiropractor or doctor about the health condition. A patient's self-assessment is not appropriate. The practitioner should verify the health condition with the diagnosing provider if possible. Assessments need to be very clearly addressed. How, when, and where the assessments were taken should be clearly stated, as well as what measurement was chosen, why it was chosen, and what was specifically measured. The use of standardized assessment measures established in the literature are preferred. The validity and reliability of scales should be discussed if applicable, including if the measurement has been used and validated in other massage studies. The assessments chosen should make sense for the presenting condition. This section should include all of the outcome measures. No new measures are introduced outside of this section. Outcomes (at least one) reflect the client/patient's goals, usually function related (i.e. total hours sewing without pain).

The practitioner should describe relevant findings from the assessment, e.g., postural analysis, visual observations, or range of motion. Subjective assessments should be kept at

a minimum. Assessments should be supported by literature, make sense for the presenting condition, and tied to the client/patient's goals. The practitioner should describe the training they received to be able to use the assessment approaches/tools. Clinical finding should be tied to the treatment plan rationale. Treatment plan described that prioritizes the client/patient's preferences and goals.

Intervention: A description of the practitioner as well as the environment in which the massage was performed should begin this section. Intervention needs to be clearly described, easy to understand and easily replicated. Description should include intervention(s), number of treatments, duration, frequency, anatomical location of massage application. Applied techniques should be evidence-based, safe for the condition, involve clinical decision making, and supported by the literature and/or clinical decision making.

A crucial component of the treatment plan is the practitioner's rationale for the 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 patient. References from other disciplines (e.g., physical therapy, occupational therapy, etc.) may also be helpful.

Report the health education messages and/or suggested patient "homework." Avoid using trademarked names of modalities. Include a summary of any changes that occurred during the course in the Treatment Plan, along with rationalization for such change.

It should be evident that informed consent was obtained. **If informed consent documents are not complete and included in the appendix, the case report will not be scored.** Clearly include information about the client's informed consent at the end of the section to meet ethical standards.

Results

This section presents the results of the intervention but should not attempt to interpret their meaning. Data should be presented in an organized and easily understandable manner and raw data should not be presented. Practitioners are encouraged to succinctly present findings in either a table or graph format. The outcomes should be presented in the same order they've been introduced, and no new outcomes should be presented here. Note that data should be presented only once. If a table or figure is presented it should be clear, organized and accurate. Graphs should have appropriate labels including a chart title and axes titles; the graph's range

should match the assessment range and numerical information should be clearly labeled. The written portion of the report must refer to any table or figure, if presented. Make sure to also include how the client/patient/patient tolerated and followed the treatment plan and how this was monitored. Additionally, report results of client/patient completion of suggested "homework." As there are most likely no statistics performed, the word "significant" in related to findings should be avoided.

It's important to include the client/patient voice and thoughts on treatment(s) and outcome(s). Comments and quotes from the client/patient in the discussion section allow them to be heard about their experience. The practitioner should state whether there were any adverse or unexpected events or any other activities that may have negatively influenced outcomes.

Discussion

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. Authors should begin narrowly by summarizing and interpreting the most relevant outcomes, restating the original objective and clearly linking the findings back to that objective without repeating raw data from the Results section. The discussion should explain how the outcomes relate to the client's or patient's goals and how they contribute to or extend what is already known in the existing literature. Interpretations should be measured—avoiding claims of "significance" or language suggesting proof—and limited strictly to outcomes previously reported. Authors may thoughtfully speculate on why the intervention may or may not have had an effect, grounding this discussion in plausible anatomical and physiological mechanisms. It is essential to clearly describe limitations, including methodological challenges, contextual factors, and any anomalies in the data, while keeping conclusions appropriately framed as observations from a single case (n = 1). The section should conclude by broadening the lens to discuss implications for clinical practice, education, and research, noting whether massage was provided alongside other interventions, and offering specific, realistic suggestions for future research that build on the case's insights.

References – cited with American Medical Association Style

The strength of a report is, in part, dependent on the citations referenced. The points are based on following the reference style as well as using primary research literature to support the background (literature review), case presentation (clinical findings, assessment measures, and therapeutic intervention), and discussion sections. 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).

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 sources:

- http://www.nlm.nih.gov/bsd/uniform_requirements.html
- http://www.nlm.nih.gov/pubs/formats/internet.pdf
- http://www.nlm.nih.gov/pubs/pubcat.html#R

The American Medical Association (AMA) style involves numbering references consecutively in the order in which they are mentioned in the text. Use superscript Arabic numerals to identify references in text, tables, and legends. We recommend using a referencing software (e.g. Zotero, Endnote, or Refworks); however, the practitioner is still responsible for correct formatting even when using a referencing software. All references in the reference section should be cited in the AMA style.

Overall Paper

Overall, a high-quality peer-reviewed case report should be clearly written, well organized, and easy for the reader to follow. The narrative or "through-line" of the case should be evident from start to finish, allowing the reader to understand the clinical reasoning and progression of events without confusion. Writing should be concise and precise, with smooth transitions between sections and minimal spelling or grammatical errors. Only information that is directly relevant to the case and its objectives should be included, avoiding unnecessary detail or tangential content. Importantly, the case should address a meaningful clinical question—either by filling a gap in the existing literature, presenting findings that differ from what has been previously reported, or examining a known topic from a novel or underexplored perspective. It should be clear to the reader how the case contributes new insight or knowledge to the field.

CASE REPORT CONTEST AWARDS

Grand Prize "Gold" Award

- $2,500.00 cash prize for the gold award winner contingent upon the winner undergoing the peer review process for the International Journal of Therapeutic Massage and Bodywork (IJTMB) or another peer reviewed scholarly journal by the appropriate deadline. *Winner will receive $1,000 upon receiving "acceptance with revisions" from the Journal, and the remaining $1,500 upon receiving notification of acceptance for publication.
- Invitation to submit a poster for the upcoming Massage Therapy Foundation Research Poster Session at American Massage Therapy Association (AMTA) National Convention.
- Up to $1,000.00 stipend for the winner to travel to AMTA National Convention and present the findings.
- Local and national press releases announcing the award.

Second Place "Silver" Award

- $2,000.00 cash prize for the silver award winner contingent upon the winner undergoing the peer review process for the *International Journal of Therapeutic Massage and Bodywork* (IJTMB) or another peer reviewed scholarly journal by the appropriate deadline. *Winner will receive $800 upon receiving "acceptance with revisions" from the Journal, and the remaining $1,200 upon receiving notification of acceptance for publication.
- Invitation to submit a poster for the upcoming AMTA National Convention Poster Session.
- Local and national press releases announcing the award.

Third Place "Bronze" Award

- $1,500.00 cash prize for the bronze award winner contingent upon the winner undergoing the peer review process for the *International Journal of Therapeutic Massage and Bodywork* (IJTMB) or another peer reviewed scholarly journal by the appropriate deadline. *Winner will receive $600 upon receiving "acceptance with revisions" from the Journal, and the remaining $900 upon receiving notification of acceptance for publication.
- Invitation to submit a poster for the upcoming AMTA National Convention Poster Session.
- Local and national press releases announcing the award.

Honorable Mention(s)

- Local and national press releases announcing the award.
- A personal keepsake certificate

*Awards will be announced within 120 days from the deadline. Winners will have one calendar year from notification to complete the peer review process with *IJTMB*. Please be aware that acceptance for publication may extend past the one year mark due to the editorial calendar but the cash prize will be awarded when acceptance for publication occurs.

Please note that there is no guarantee that all prizes will be awarded in a given contest year.

ADDITIONAL DETAILS

Case Report Submission Deadline: June 1. Reports must be submitted to the Massage Therapy Foundation's website at http://www.massagetherapyfoundation.org. The Massage Therapy Foundation is not responsible for any failures of transmission, computer hardware or software, or for any incomplete, lost, late, or damaged submissions.

Eligibility: The Massage Therapy Foundation Case Report Contest is open to massage practitioners who can legally practice in their state or province and massage therapy students who are 18 years of age or older at the time of entry and enrolled in a massage therapy program. Case Reports that have been previously published will not be considered. Case Reports that are part of a larger

research study or submitted by a non-practicing massage therapist will not be considered. Officers, directors, and employees of the Massage Therapy Foundation, its affiliates, agents, and its advertising and promotion agencies, and their respective immediate family members (spouse, children, parents and siblings) and those living in the same household of each (whether or not related), are not eligible to enter. Winners will be notified by email or U.S. mail. If a potential winner does not meet the eligibility requirements, or is otherwise disqualified, then an alternate winner will be selected. Return of any prize notification as non-deliverable will result in disqualification, and an alternate winner being selected.

Judging Criteria. Winners will be selected by a panel of independent judges qualified and chosen by the Massage Therapy Foundation in its sole discretion, using the criteria described in these guidelines and the rubric linked here Case Report Contest – Massage Therapy Foundation. The decision of the judges is final and made at their sole and absolute discretion.

Representations and Acknowledgements. By entering the contest, the practitioner represents that the Report is original and does not contain any elements that are not original work. Submission of a Report acknowledges the right of the Massage Therapy Foundation to use the Report for publication and promotion at the Massage Therapy Foundation's sole discretion. Submission of a Report further constitutes permission to use the practitioner's name, likeness, and affiliation for promotional purposes without further compensation. All taxes due on cash awards are the winner's responsibility.

Disqualification and Termination. The Massage Therapy Foundation reserves the right, at its sole discretion, to disqualify any entrant and void any entries of an entrant who has engaged in misconduct relative to this contest or otherwise acted in any manner the Massage Therapy Foundation deems to be in violation of the contest rules. If, for any reason, the contest is not capable of running as planned, the Massage Therapy Foundation reserves the right at its sole discretion to cancel, terminate, modify or suspend the contest in whole or in part.

CAUTION: ANY ATTEMPT BY AN ENTRANT OR ANY OTHER INDIVIDUAL TO DELIBERATELY DAMAGE ANY WEB SITE OR UNDERMINE THE LEGITIMATE OPERATION OF THE CONTEST IS A VIOLATION OF CRIMINAL AND CIVIL LAWS AND SHOULD SUCH AN ATTEMPT BE MADE, THE MASSAGE THERAPY FOUNDATION RESERVES THE RIGHT TO SEEK DAMAGES FROM ANY SUCH PERSON TO THE FULLEST EXTENT PERMITTED BY LAW.

Please direct any questions to:
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