

Evidence-based case reports

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Evidence-based practice (EBP) has become a standard in all health care professions. Its purpose is to improve clinical practice by incorporating the best scientific evidence available into the process of patient care, in which the patient's welfare, values and preferences and the clinician's judgment are *equally important components* of EBP.

However, one big challenge in our profession is a frequent lack of sufficient evidence to provide any practical help to the clinician. Although the evidence base for chiropractic care has grown exponentially since the first brick was laid in 1975, we are still far from possessing a wealth of detailed evidence for many aspects of chiropractic practice. This is especially true for chiropractic care of children, because most high-quality research has been carried out among adult populations, and most often for spine-related musculoskeletal pain-related complaints.

I teach "Principles of Evidence-Based Practice" to chiropractic students in their last year of training (8th trimester). Part of the course is to present a case, emphasizing a clinical question student doctors had about case management, and how they used it to direct a literature search, analyze the articles they found, and explain how they applied them to their case. What we find is that when they have questions about specific management plans, there are no randomized controlled trials or systematic reviews—but there often are case reports.

Case reports, especially for unusual conditions, specific treatment protocols, and/or special populations like children, continue to be our richest source of detailed clinical information. Although case reports cannot prove cause and effect, they can give capable clinicians a "recipe" for a management plan that appeared to have clinical benefit for a similar patient, treatment protocol, or condition.

The *British Medical Journal* introduced the concept of the evidence-based case report (EBCR) in 1998, to provide clinicians with both the opportunity to share their experience and with readers to find the clinical detail often lacking in large controlled studies.¹

EBCRs have been advocated in chiropractic education and practice as well.^{2,3}

JCCP is introducing this streamlined approach to the case report in this issue. As our readers and authors know, a traditional case report can be quite a burden for a busy clinician to write and follow through to publication. But we need more case reports to help provide the rich clinical detail our evidence base currently lacks! The EBCR has the advantage of being *short* (750-1500 words).

However, it is very different from a traditional case report in that it focuses on the *literature* rather than the *patient*. This does not mean we are discouraging a patient-centered approach! What the EBCR does is help the reader understand how the literature can be used to find the best way to help the patient. Thus it serves the double purpose of providing a quick summary of evidence on the specific topic of the report, while also providing a practical tutorial for the reader in how to use the literature.

References

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3. Jones-Harris AR. The evidence-based case report: a resource pack for chiropractors. *Clin Chiropr* 2003;6:73-84.