

Clinical Case Study as a Clinical Communication Tool

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The clinical case study currently holds a very low position in the hierarchy of clinical research evidence. With this distinction, less importance is placed on writing and publishing case studies within scientific journals. For example, the progress of the *Journal of Athletic Training (JAT)* has been deliberate, with tremendous dedication, vision, and leadership. It is now a premier source of clinically and laboratory-based research in the realm of athletic training and sports medicine. Although case studies are not completely absent, lower priority within the journal is given to these clinical communications.

The *JAT* has taken large strides in the eyes of the greater health care scientific community in becoming a leading source of evidence related to the recognition, rehabilitation, and prevention of sport-related injury and illness. This is very encouraging for the athletic training researchers who contribute to this growing body of knowledge. It is equally if not more important to consider that the majority of athletic trainers are practicing clinicians who rely on the evidence within *JAT* to help them make informed clinical decisions. However, we may have lost sight of the clinician's valuable ability to provide new directions for steering the course of generated evidence.

In the quest for scientific credibility, we may have inadvertently caused clinicians to feel as though their observations and insights may not hold adequate merit. Clinicians are innovative and forward thinkers. Clinicians must “figure it out” when the scientific literature is inconsistent, initiating new ideas borne of necessity. Clinicians also recognize when the best available research evidence does not necessarily work in real life. This demonstrates the need for clinician input—the need for the best practices and clinical effectiveness to serve as directions for future clinical research.

The 3 critical components of evidence-based practice are the use of the best available research along with patient values and clinical expertise to enhance decision making. Within the scientific methods used to guide quality research, investigators look for trends and similarities of responses among research participants to describe clinical phenomena that may represent how the overall population behaves. In contrast, clinicians deal with individual patients. No matter how alike 2 athletes appear, each has unique characteristics: background, injury history, anatomy and physiology, and psychological responses to problems. In other words, researchers often focus on the average

treatment effect across a group of patients, whereas clinicians must focus on variation and individuality to optimize treatment. One method to bridge the gap between clinical research and practice is the case study.

With this effort to revitalize the case study as a clinical communication tool, we hope the voices of clinicians will provide clinical insights that will help researchers identify lines of clinical inquiry. With the transition to the professional master's degree for athletic trainers, the case study may also have renewed value as an educational tool by connecting budding clinicians to the research world, mitigating the distance and perceived differences between them. We expect students to become more comfortable in the world of research, with greater depths of understanding, as better critical consumers and contributors to the literature. As suggested in Figure 1, clinical case reports may represent the intersection of research, education, and practice.

It is in this spirit that *JAT*, in collaboration with the *International Journal of Athletic Therapy & Training*, moves to a new case study model for the practicing clinician in a way that affords the sharing of insights and



Figure 1. Clinical case reports as the intersection of research, education, and practice. Abbreviation: CASE, Contributions to the Available Sources of Evidence.

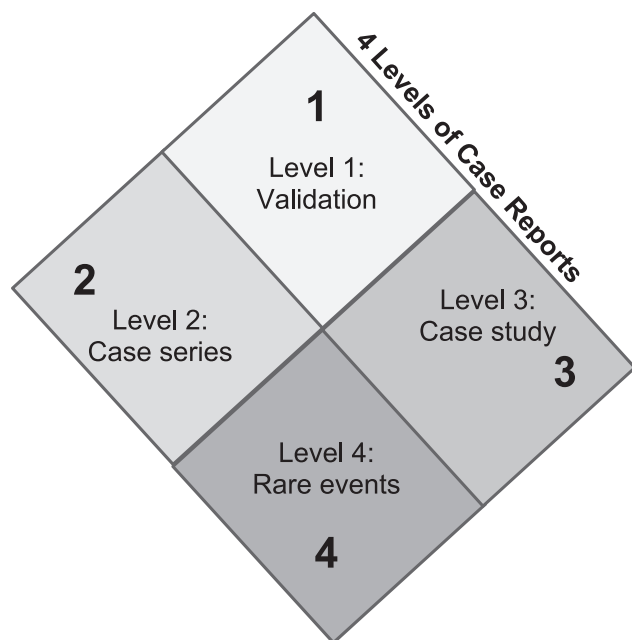


Figure 2. The 4 levels of evidence for clinical contribution to the available sources of evidence (CASE) reports.

validating the growing body of knowledge in our profession.

To recognize the importance of revitalizing the case study, several editorials have been presented in the *International Journal of Athletic Training & Therapy*.¹⁻⁶ The importance of interdependence and integration across clinical practice, scientific research, and professional education was suggested by Medina McKeon and McKeon¹ and is the foundation for the reorganization of the case study submissions. This model is termed Clinical Contributions to the Available Sources of Evidence (CASE) Reports.

As we more closely examine the intersection of research, education, and practice (Figure 1) and follow the proposed

reorganization of the case study submissions,⁶ 4 categories of case studies emerge: (1) validation CASE reports, (2) exploration CASE series, (3) exploration (unique) CASE reports, and (4) rare-event CASE reports. As a whole, these are referred to as Clinical CASE Reports. Each type of Clinical CASE Report provides a different level of evidence, allowing each to contribute to the body of literature in a unique and valuable fashion. These different reports are described in more detail in the *International Journal of Athletic Therapy & Training*^{3,4,6} and are visually summarized in Figure 2.

For the convenience of our readers, an executive summary of the Clinical CASE Reports appears in this issue. Additionally, a detailed explanation of author guidelines has been provided (<http://journals.humankinetics.com/page/authors/ijatt>).

We hope that the reorganization and expansion of the case study will serve our readers by providing a greater variety of clinically based information as well as by offering enhanced opportunities for students and clinicians to make meaningful contributions to the body of literature.

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Editor's note: Jennifer M. Medina McKeon, PhD, ATC, CSCS, and Patrick O. McKeon, PhD, ATC, CSCS, are editors-in-chief of the International Journal of Athletic Therapy & Training. Marjorie A. King, PhD, ATC, PT, is the JAT clinical applications editor; Jennifer M. Medina McKeon, PhD, ATC, CSCS, is a JAT editorial board member; and Patrick O. McKeon, PhD, ATC, CSCS, is a JAT associate editor. Address correspondence to Marjorie A. King, PhD, ATC, PT, Department of Health and Human Performance, Plymouth State University, 17 High Street, MSC #22, Plymouth, NH 03264. Address e-mail to making1@plymouth.edu.