

[EDITORIAL]**Making the Base of Evidence Based Pyramid, Strong with CARE****Dr. Suvarna Ganvir (PT)**

Professor & HOD, Department of Neurophysiotherapy, D.V.V.P.F's College of Physiotherapy, Ahmednagar.

Providing Evidence Based Treatment has become the key mantra of today's clinical work. But where does this evidence come from? Is it always based on systematic review and RCTs which are at the top of pyramid? What is the basis for selecting the content of these RCTs? How the selection of treatment techniques decided? From where would the treatment techniques arise if there were no case reports reported in the literature?

David Sacket had rightly pointed that Case reports are the link between clinical expertise and External evidence⁽¹⁾. It is the keen observation of the clinician during routine clinical work about atypical or unique features of the case may it be clinical presentation, treatment provided, use of investigations that the researcher picks up to report and publish. This keen observation is something which is missing in the era of experimental studies where everyone is running behind strict inclusion and exclusion criteria and established, well documented treatment protocols for RCTs.

Advantages of Case reports lies in the fact that it is a fundamental scientific tool that helps detect novelty in a case or case series and can lead to hypothesis generation which can later be tested with other forms of study designs⁽³⁾. Exceptional cases which may not fit into the common description can very well be documented, reported, published and shared immediately with the larger scientific community which improves understanding about the use of evidence based Physiotherapy.

The case reports have been at the disadvantage due to the fact that the formal guidelines for reporting the case are not available. Hence there is a diversity in its reporting the same across different journals.

To support this ability of clinician to observe and report the uniqueness of a case, CARE (Case Report) guidelines have been developed in October 2012 by Editors of Global Advances in Health and Medicine and University of Michigan⁽⁴⁾. It is a 13 item check list that facilitates systematically reporting information from case reports to provide signals of cost, effectiveness and harms. So that case reports related

to the care of individual patients have meaning not only to the patient and health care providers but to the broader medical community as well.⁽⁴⁾ There is substantial empirical evidence that reporting guidelines improve the completeness of published scientific reports.⁽⁵⁾ An attempt is made to strike a balance between adequate detail and the concise writing that is one of the appealing characteristics of a case report.⁽⁶⁾

The guidelines are available on the official website <https://www.care-statement.org/checklist>.

There is a wide scope of writing good quality case reports which are not so frequently read or written in Physiotherapy literature. Physiotherapy scientific community should make use of these guidelines to create standardized case reports.

References:

1. Kidd MR, Saltman DC. Case reports at the vanguard of 21st century medicine. *J Med Case Reports* [Internet]. 2012 Dec;6(1):156, 1752-1947-6-156.
2. Rison RA, Kidd MR, Koch CA. The CARE (CASE REPORT) guidelines and the standardization of case reports. *J Med Case Reports*. 2013 Dec;7(1):261, 1752-1947-7-261.
3. Ortega-Loubon C, Culquichicón C, Correa R. The importance of writing and publishing case reports during medical training. *Cureus*. 2017 Dec 19;9(12).
4. Riley D. Case reports in the era of clinical trials. *Global Advances in Health and Medicine*. 2013 Mar;2(2):10-1.
5. Turner L, Shamseer L, Altman DG, Schulz KF, Moher D. Does use of the CONSORT Statement impact the completeness of reporting of randomised controlled trials published in medical journals? A Cochrane review. *Systematic reviews*. 2012 Dec;1(1):1-7.
6. Gagnier JJ, Kienle G, Altman DG, et al The CARE guidelines: consensus-based clinical case reporting guideline development *Case Reports*. 2013;2013:bcr2013201554.