

### Imaging case reviews

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Recent surveys have shown that a perceived “lack of time” is one of the main reasons why chiropractic clinicians do not read research literature.<sup>1-3</sup> Case reports<sup>4</sup>, which are typically shorter in length (1,500 to 2,500 words) than most scholarly papers, can also be judged by busy practitioners as too long to read and or irrelevant to clinical practice. The notion of researching and writing up a case study for peer-review and publication, especially for the inexperienced author and/or busy clinician, can be even more daunting.

The purpose of this editorial is to introduce a new type of case report to the chiropractic literature, the *Imaging Case Review (ICR)*. Similar to the case studies published in the *Journal of Radiology Case Reports*<sup>5</sup>, ICRs are intended to give chiropractic radiologists and clinicians a professional forum in which to showcase interesting or

novel diagnostic imaging cases from clinical practice, written in an abbreviated format. Because of their brevity and relevance to ‘real-world’ clinical practice from where they originated, it is believed that these short articles are ideal for busy practitioners and researchers alike.

ICRs are brief, easy-to-read, descriptive case reports where the primary focus is on the visual diagnostic image(s). The images should be relevant to chiropractic clinical practice and may include, but are not limited to, radiographs, computed tomography (CT), magnetic resonance imaging (MRI), diagnostic ultrasonography, and scintigraphy (i.e. bone scan). High quality images (e.g. JPEG, TIFF, PNG, or EPS format) will be accompanied by a brief case presentation (of 500 words or less), one or two tables listing the key clinical / imaging features and differential diagnoses of the disorder, figure captions, a few key messages, and one to eight reference citations (see author template in Appendix 1).

ICRs are not intended to replace the traditional case report<sup>4</sup> or the evidence-based case report<sup>6-8</sup>, but to give prospective authors an additional format in which to present their clinical cases. To be considered for publication, ICRs should be educational and present interesting, novel, rare, or unusual imaging cases from clinical practice. Cases with clinical ‘pearls’ are also encouraged.

We hope that readers of the JCCA, and clinicians in particular, will find these short case presentations interesting and informative. Both seasoned and first-time authors including radiologists, clinicians, educators, and students are invited to compose and submit ICRs to the JCCA for publication.

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7. Emary PC. Evidence-based prognostication in a case of sciatica. *J Can Chiropr Assoc*. 2015; 59(1):24-29.
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## Appendix 1.

*Author template for Imaging Case Reviews (ICRs).***Title Page:**

- Short, informative title
- Statement about patient consent
- Brief abstract
- Key words

**Case Presentation (500 word limit):**

- Case history
- Clinical examination findings
- Diagnostic imaging findings, with reference to Figure(s)
- Intervention and outcome
- Brief discussion about the clinical disorder (supported by 1-8 reference citations)
- Long term follow-up of patient (if any)
- Table(s) listing key clinical / imaging features and or differential diagnoses
- Key message(s)
- Online reference for further reading and other case examples (e.g. Radiopaedia.org) (*optional*)
- Figure legends
- References