ONE CASE AT A TIME

If you pick up and read any issue of *The Lancet*, one thing becomes quickly apparent: clinical casework is described. By contrast, physiotherapy literature shows a distinct lack of case reports. Why is this?

Clinical cases are the bread-and-butter work of any practice profession, yet physiotherapists seem reluctant to write about their work with patients. We seem to have a paucity of literature which archives the richness and diversity of physiotherapy practice. This seems an odd state of affairs when, weekly, physiotherapists carry out a variety of treatments, talk about their cases, contribute to case conferences, and communicate with other health professionals about their work with individual patients. However, these descriptions of cases do not seem to extend to a wider professional audience through written clinical case reports to journals.

Perhaps some of the reluctance is the perception that case reports are not 'objective' enough. Perhaps there is a fear that they will be criticised as being 'anecdotal', and this is the perceived weakness of case reports. Essentially, that does not matter, as case reports do not pretend to be anything other than descriptive reports of clinical work with real patients. A good case report does, however, need to be an interesting and systematic description of a clinical process. It also needs to communicate that there is a rationale to each part of the clinical process, and that clinical decisions can be justified.

By reporting cases, physiotherapists can express the high level of diverse clinical skills which are brought to focus on the needs of an
evaluation are all mobilised when physiotherapy is provided. Case reports highlight the fact that there is no therapy 'recipe', and that treatment takes place through a series of clinical judgements which are formed and informed by interaction with individual patients. This is clinical reality, yet the content of these interactions seems so elusive that it defies description.

Nonetheless, others have contributed immensely to knowledge in their field by reporting clinical cases. One example, which may serve as a model for therapy case reports, has been the work of the neurologist Oliver Sacks with his patients with 'locked in' syndrome (Sacks, 1990). Sacks meticulously describes each patient in a way that not only paints a comprehensive clinical picture, but also allows the human qualities of the individual to become evident. His clinical actions, and each patient's reactions, are systematically recorded until each story has been told. Perhaps the most interesting aspect of Sacks' narratives is how he, as a clinician, reflects on and is challenged by the clinical reality of each patient's condition.

These types of personal and professional challenges, expressed through case reports, can help to inform research questions which reflect practice. They can also help us to define physiotherapy as a clinical practice profession operating at the junctions of theory, evidence and skill. These are the issues which influence how an individual physiotherapist decides how to treat an individual patient, and the exposition of their use in the clinical processes which make up physiotherapy forms the basis of a case report. The advantage here is that the systematic analysis and description are founded upon real life events involving the interactions of one therapist and one patient.

Physiotherapy needs to build a body of literature which documents how practitioners meet the challenges of the many clinical realities presented by their patients. By describing these processes, one case at a time, we will be able to build a resource which documents the rich tapestry of our professional practice. Clinical practice is the lifeblood of the physiotherapy profession, and we must resolve to describe our work using 'real life' case reports. Until physiotherapists have comprehensively described their clinical practice, we can neither teach it nor research it effectively.

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