European Fascial Distortion Model Association | EFDMA

2st FDM CASE REPORT CONTEST: FDM-CRC 2.0

By the European Fascial Distortion Model Association - EFDMA

After the successful 1st FDM Case Report Contest (FDM-CRC), the EFDMA will organize the new FDM-CRC 2.0. The experiences of the first round will be incorporated into the new FDM CRC 2.0 to make the contest even more successful.

The aim is to offer all FDM practitioners the possibility to describe their findings and treatment outcomes in the form of a single case report and thus present them to a broader public. On the one hand, these may serve as basis for future outcomes studies in the field of the FDM, on the other hand, they may promote a critical reflection on FDM approaches in comparison with traditional allopathic considerations and thus provide a valuable contribution to the implementation of the FDM in medical practice.

Even though case reports do not reach the evidence level of blinded clinical studies, they are a tool of scientific research and are worldwide accepted also by leading journals. However, the precondition for acceptance is that certain methodological and formal criteria are observed – these will be explained below.

The EFDMA is trying to support ways of presenting the FDM in a scientific context that is feasible for every practitioner in their daily practice. We are thus hoping this contest will raise your interest!

Guidelines for Case Reports

A case report basically describes a practitioner‘s clinical intervention delivered to a single patient. This includes:

- Literature research concerning the presenting complaints/ the patient’s condition
- Traditional allopathic approach to the condition/complaints and its outcomes
- Treatment plan (according to the FDM approach)
- Expectations of the patient
- Outcome of the treatment
- Discussion of the results and conclusions for future (follow-up) studies

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Submission Process

What is new? The reviewing process of the FDM-CR study design before starting with the study

In order to evaluate the quality of the case reports in advance, the study participants may send their final-planned study designs to the EFDMA Science Department for review. In this first reviewing process, the details of the study are discussed with the study enrollees. This process has no impact on the subsequent evaluation of the study. Its only purpose is to support the submitters and enhance the quality of the case reports that are finally submitted.

The following study details will be discussed before the study starts.

- **planned FDM intervention:**
  - Patient case history, diagnosis in the conventional medicine, FDM diagnosis, therapeutic experience with this diagnosis according to the Typaldos Method, or with an intervention within the FDM.
  - Therapy: what does the therapeutic intervention look like in practice?

- **Evaluation of the treatment:**
  - Which established valid scores for reevaluation are used? Are these scores internationally accepted for this diagnosis?
  - Are these scores reliable for this particular diagnosis?
  - Are these scores suitable for use in studies?

- **The appropriate use of valid scores:**
  - In case of numerical measuring instruments or measuring methods: type of measurement, which measuring method?
  - In case of functional scores
    - Patient status (overview of the condition of the patient, for example history of disabilities, observation period, prognosis)
    - How are the patient's subjective complaints quantified? Before / after the therapy?
  - **Example: Harris Hip Score**

- **Acquire and quantify the therapy results**
  - Results should be comparable and communicable
  - Quality check (e.g. are the therapist and the controller different people?)
  - Is the documentation part of an integrated diagnostic documentation, routine documentation, or your own design?
  - Standardization of the result evaluation / comparability

The practitioner treats the patient in at least three treatment sessions.

The intervention is limited to the application of the FDM in terms of the Typaldos method.

The follow-up period should be at least 6 weeks.

The safety of the patient and the privacy of his/her data have to be guaranteed. The case report must not contain any personal data which would facilitate the identification of the patient. Further, the patient has to be informed about the study project prior to its draft and submission. We recommend the use of the EFDMA case history sheet and to have the patient sign a written declaration of consent.

The study has to be written as cohesive text, with double line spacing, in front Arial (or similar), font size 12, and saved as Microsoft Word or PDF file. Tables and/or graphics have to be integrated in the text and not added as annex to the study.

The language of choice is either English or German.

A case report has to comprise 2000 - 4000 words, excluding the cover page and list of references.

The study subject has to have something to do with the clinical application of the FDM and the Typaldos method.

The study design can be submitted for review to the EFDMA office (office@fdm-europe.com). The feedback discussion should take place within 3 weeks after submission.

Studies can be submitted until January 30th, 2019 to the EFDMA office (office@fdm-europe.com). Among all submitted studies the best will be awarded (cf. page 6).

Single Case Study - Case Report

A well written case report describes the condition and the complaints of the patient, an elaborate and well-documented treatment plan, the applied measurement instruments and parameters, and the results of the treatment.
The text should be clear and precise as its main objective is to inform – similar to the language that is used in scientific studies.

Examples of good case reports:

http://www.ijtmb.org/index.php/ijtmb/article/view/161/223

http://www.ijtmb.org/index.php/ijtmb/article/view/83/140

"Adaptation of the CARE Guidelines for Therapeutic Massage and Bodywork Publications: Efforts to Improve the Impact of Case Reports" (http://www.ijtmb.org/index.php/ijtmb/article/view/251/303)

Structure

1. Cover page

- Title
- Name of the author
- Contact information including e-mail address
- Signature of the author

2. Acknowledgements

- of supporters and assistants
- name of patient MUST NOT be mentioned

3. Abstract/key words

- is a summary of the study with a maximum of 300 words
- important since many readers first concentrate on the abstract

- Contents:
  - Introduction, background and objectives of the study
  - Description of the patient: past medical history and diagnosis (both from an allopathic and FDM point of view)
  - Evaluation findings
  - Treatment
  - Results
  - Summary and discussion
  - 3 - 5 key words (important terms that show up in the study and that help the reader to find more scientific information on the topic)

4. Introduction (value: 10 points)

- This section comprises background information on the clinical picture and complaints of the patient

- Information on the traditional allopathic treatment approach
- Information on existing similar studies or on current scientific findings that are relevant for the case
- Information about why the present case is relevant and interesting from a medical (and FDM) perspective.
- No information on the results of the study
- Eventually, the formulation of the research question (e.g. Does the treatment of the AACD improve dorsal extension?….)
- References to ascertain the scientific status quo are:
  - books
  - medical journals
  - medical databases
  - statements that are based on personal notes and anecdotic knowledge are to be avoided

5. Presentation of the case

This section includes all methodological details which are relevant for the study's reproducibility by another practitioner.

It also comprises a detailed description of the patient and the treatment plan.

Study authors can assume that the readers will have similar basic knowledge. The descriptions of the diagnostic procedures and therapeutic interventions are supposed to be mere descriptions and not instructions like the recipes in a cookbook. Please, bear in mind that not every single piece of information is equally relevant, thus some things may be briefly described while others have to be presented in comprehensive detail.

Information about the patient:

- Comprehensive medical history of the patient including allopathic diagnosis and examination procedures on which the diagnosis is based
- Previous treatments
- Contraindications

- Aim/expectations of the patient

Diagnostics: FDM diagnosis & clinical diagnostics:

- FDM diagnosis based on the 3 diagnostic columns of the FDM (body language/gestures, case history and formation mechanism, examination)
- Clinical diagnostics (articular, muscular, neurological and functional status quo, functional and condition-specific tests and scores, questionnaires)
- Instrument-based diagnostics (if available: images, blood count...)

Measurements:

- How, when and where have the measurements been carried out (test scales & scores)
- Why was the specific way of measurement used?
- Validity and reliability of the measurement instruments

Intervention:

- Description of the practitioner and treatment setting
- Detailed treatment plan with details about the techniques used, the localization of their application, duration, repetition, etc.
- An intervention has to be well-founded and recorded (references from books). If there is no reference, authors have to thoroughly describe their reasoning that led them to choose a certain intervention.
- "Home exercises" or other measures that the patient has to carry out himself have to be documented
- Changes in the treatment plan and the reasons for them also have to be documented

Patient information:

- FDM patient information sheet
- FDM case history sheet
- Declaration of consent regarding the use of the patient's data for the case report

6. Outcomes

- Presentation of the treatment results without interpretation.
- Results should be presented in a clear and simple way, corresponding to the measurements with the respective measurement instrument.
- In case diagrams or charts are used, they should be easy to read and related to the running text.
- If "home exercises" where part of the intervention, this section will include information about the compliance of the patient.
- Patient's perspective: subjective description regarding the intervention and the result by the patient

7. Discussion

- Summarizes the study
- Results and efficiency of the intervention
- Correlates the aims of the study with the outcomes
- Correlates the outcomes with the current state of knowledge presented in the literature
- Explains why the outcomes of the study possibly differ from those of other studies
- Statement regarding the efficiency (or non-efficiency) of the intervention

8. Conclusions

Conclusions with regard to work in practice or training as well as regarding future study/research projects – to make follow-up studies more relevant.

9. References

- are an important element of every scientific paper.
- support the medical-scientific background of the study, the case presentation, the measurement methods, and the therapeutic intervention.
- We recommend the use of primary literature.

- References should be listed in a consistent way: author, year of publication, title, subtitle, publisher, place of publishing.

Awards:

All submitted case reports will be considered with regard to the above listed criteria. If they meet the requirements they will be admitted to the contest. The studies will then be evaluated by a jury consisting of FDM instructors and researchers.

All contestants that meet the criteria will have free access to the FDM Symposium 2019 (March 29-30, 2019).

The best case report will be honored at the FDM Symposium 2019 (on March 30, 2019). The winner will also receive an award of 500 Euros and free access to the FDM Symposium 2019.

Should you have any questions, please, do not hesitate to contact us by e-mail: office@fdm-europe.com . Questions concerning the content of an individual project will be forwarded to the scientific committee.

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