



2021 Case Report Contest

Information and Guidelines

Information

Purpose

Included among the objectives of Massage New Zealand (MNZ) are the aims to:

- Encourage high standards of knowledge and competency amongst members; and to
- Encourage the dissemination of research in massage therapy.

To help meet these aims, MNZ is offering an inaugural Case Report Contest.

The purpose of the MNZ Case Report Contest is to increase the emphasis massage therapists in New Zealand place on writing case reports. By creating a climate of critical thinking and evidence-informed practice among New Zealand massage therapists, case reports have the potential to have a positive influence in advancing the profession by helping to gain acceptance of massage therapy within the mainstream health sector, increasing awareness in the government sector (e.g. ACC, WINZ), and promoting the benefits of treatment and outcomes to the public.

Case reports play an important part in helping massage therapists to develop and apply critical thinking skills, cultivate research and academic writing skills, and gain a greater understanding and appreciation of evidence-informed practice as it applies to clinical work with clients. Case reports can contribute to growing the range of scientific literature in the field of massage therapy by providing data which may be the foundation for higher level research.

The Contest is an opportunity for New Zealand massage therapists to showcase their clinical work, analytical thought processes and to actively participate in the profession, helping to increase awareness of the profession's value in modern, evidence-based health care.

Description

The case report requires the contestant to report on independent clinical interventions on a single client.

This includes:

- Formulating a research question/hypothesis;
- Carrying out a literature search on the presenting condition or client goal and gathering relevant information from relevant journal articles;
- Conducting appropriate and relevant assessment and tests;
- Creating and implementing a treatment plan to test the research question in accordance with the literature, the needs of the client, and the contestants' expertise and scope of practice;
- Measuring and describing outcomes;
- Assessing and analysing the results and writing up findings;
- Discussing the implications of the outcomes;
- Reflecting on limitations and weaknesses of the case report;
- Offering suggestions for future study.

There is to be one entry per contestant.

Entry criteria

The contest is open to:

- Current MNZ RMT, new graduate and student members;
- Non-MNZ member massage therapists;
- Non-MNZ student members studying massage therapy at one of the NZQA accredited providers.

Contestants must meet the following criteria:

- Be a massage therapist working in New Zealand with either New Zealand citizenship, residency or a current valid work visa; AND
- Hold a NZQA accredited qualification in Massage Therapy (Level 5-7), or equivalent (must have proof of recognised prior learning (RPL) from MNZ if the qualification was gained overseas); OR
- Be actively enrolled and attending a massage therapy program (Level 5-7) at one of the NZQA accredited providers in New Zealand, as listed on the MNZ website
<https://www.massagenewzealand.org.nz/Site/become-a-therapist/NZQA-accredited-providers.aspx>

The Contest is **not** open to:

- MNZ Executive Committee members, sub-committee members or regional representatives;
- MNZ non-committee post holders, i.e. Magazine Editor, Magazine Co-editor, Iwi Liaison, Allied Health Liaison;
- MNZ employees and contractors;
- Anyone with a business relationship with MNZ.

Prizes

There will be three prize placings available for the contest. The winning case reports will be awarded the following:

1st Prize winner

Gold sponsor - Bizcover

- Receive a voucher to the value of \$600 from sponsor, equating to two years premium for the MNZ professional liability scheme;
- Awarded a one year RMT Membership, valued at \$195;
- Receive a certificate as proof of the award;
- Have their achievement announced via MNZ social media, website and MNZ Magazine;
- Have their case report published in MNZ Magazine and on the MNZ website.

2nd Prize winner

Silver sponsor – Performance Linen

- Receive a voucher to the value of \$200 from sponsor, redeemable for Performance Linen products;
- Awarded a 75% discount on a one year RMT Membership, valued at \$146.25;
- Receive a certificate as proof of the award;
- Have their achievement announced via MNZ social media, website and MNZ Magazine;
- Have their case report published in MNZ Magazine and on the MNZ website.

3rd Prize winner

Bronze sponsor – Tui Balms

- Receive a voucher to the value of \$100 from sponsor, redeemable for Tui Balm products;
- Awarded a 50% discount on a one year RMT Membership, valued at \$97.50;
- Receive a certificate as proof of the award;
- Have their achievement announced via MNZ social media, website and MNZ Magazine;
- Have their case report published in MNZ Magazine and on the MNZ website.

The judging panel reserves the right to not award all placings. If the standard of submitted case reports does not meet the required level, the panel may decide that a particular placing or placings will not be awarded.

Requirements of winning entries

MNZ may require the winning contestants to:

- Present their case reports at the next MNZ National Conference (flight/accommodation expenses may be paid or subsidised by MNZ);
- Submit their case report to an academic peer reviewed journal, such as the International Journal of Therapeutic Massage & Bodywork (IJTMB);

Notification

The winner will be notified by (date) via phone and confirmed via email, with public announcement being made via MNZ Magazine, website and social media.

Selection criteria and submission requirements

Entries will be evaluated and based on:

- Practical significance;
- Originality;
- Clinical applicability to the massage profession;
- Working within scope of practice and in accordance with the professional and ethical standards of the MNZ (this also applies to contestants who are not MNZ members);
- Clear, succinct and appropriate language and correct use of grammar;
- Inclusion and fulfilment of the case report submission requirements:
 1. Create a research question for a single client
 2. Abstract
 3. Introduction
 4. Description
 5. Methods
 6. Results
 7. Discussion
 8. Appropriate referencing (APA 6th or 7th edition format)
 9. Academic writing style
 10. Avoiding plagiarism
 11. Appropriate format (refer to Case Report Guidelines further on in this document)
 12. Within word count – 3000-6000 words, excluding cover sheet, tables, charts and references;
 13. Inclusion of all associated documents – Case Report Declaration Form, Client Consent Form for Publication of Case Report.

All entries must be complete. It is the responsibility of the contestant to ensure all required information is included. Any entries not meeting the above criteria and requirements will not be accepted. Contestants are responsible for spelling, grammar checking and proof reading.

Topic

It is the responsibility of the contestant to formulate an appropriate topic for their case report. This may be based on an area of interest, a particular condition or treatment approach, or a specific population. It is best to choose a topic that you will enjoy researching and writing about.

Judging

Winners will be selected by a panel of three independent and suitably qualified judges chosen by MNZ. To ensure independence of the panel, it has been determined that none of the judges are current tutors, or have monetary or other affiliations with any the training institutions teaching Massage Therapy in New Zealand. A process of blinding will also be used, so that the judging panel are not aware of the training institution that any student contestants are training at. Because the massage therapy profession in New Zealand is small and many therapists know each other, it may be impossible to ensure that none of the judges do not know any of the contestants. To ensure full transparency and impartiality, the judges are required to disclose any associations with contestants. Where a judge does disclose an association to a contestant, the judge would be required to recuse themselves from scoring an entry.

Judges are not permitted to discuss, give advice or assistance to any contestant.

All judging by the panel will be carried out in accordance with a set marking criteria (refer to Case Report Guidelines and Marking Rubric). The panel's decision will be final and made at their sole and absolute discretion.

Case Report Supervisors

Contestants who are students will likely have a tutor or clinical supervisor guiding them through their case report work. The tutor/clinical supervisor may act in the role of Case Report Supervisor (CRS), providing guidance, support and direction while the student researches and writes their case report. Other contestants may also choose to have a CRS to provide guidance and support, this may be a work colleague, peer or mentor. The CRS must not unduly influence the contestant's work or do any of the work for the contestant. The contestant must declare their use of a CRS and identify them on the Case Report Declaration Form. The CRS must sign off on the final report and attest to it being the contestant's own work.

Representations and Acknowledgements

By entering the contest, each contestant represents that their case report is original and does not contain any elements that are not their original work. Submission of a case report acknowledges the right of the MNZ to use the case report for publication and promotion at MNZ's sole discretion. Submission of a case report further constitutes permission to use the contestant's name, likeness, and affiliation for promotional purposes without further compensation.

Submission deadline and details

It is the responsibility of the contestant to ensure that their case report is submitted by the required deadline.

The deadline for submission is 5pm 17 December 2021. Case reports must be submitted via email. MNZ is not responsible for any failures of transmission, computer hardware or software, or for incomplete, lost, late or damaged submissions.

All case reports should be emailed to:

Executive Administrator

admin@massagenewzealand.org.nz

Massage New Zealand

A confirmation email will be sent once MNZ has received the case report.

Disqualification and Termination

MNZ reserves the right, at its sole discretion, to disqualify any contestant and/or void any entry by any contestant who has engaged in misconduct relative to this contest or otherwise acted in any manner which MNZ deems to be in violation of the contest rules or the MNZ Code of Ethics, this includes working outside one's scope of practice, failing to obtain informed consent, falsifying clinical results and/or treatment outcomes.

Any attempt by a contestant or other individual on behalf of a contestant to undermine the legitimate operation of the contest will result in immediate disqualification of the contestant and the contestant will be informed of this as soon as possible.

If, for any reason, the contest is not capable of running as planned, MNZ reserves the right at its sole discretion to cancel, terminate, modify or suspend the contest in whole or in part.

Additional information

The following information will be of value in planning and writing a case report.

- For information on writing a case report on Massage Therapy, including a case report template: [Adaptation of the CARE Guidelines for Therapeutic Massage and Bodywork Publications: Efforts to Improve the Impact of Case Reports](#)
- Where to start on writing your case report: [Case Report - Where to Start](#)
- Tips on writing a massage therapy case report [Writing a Massage Therapy Case Report document](#)
- Free five part case report writing webinar series: [Writing Case Reports Webinar](#)

Acknowledgement

MNZ acknowledges the assistance and support of the Massage Therapy Foundation (MTF) by sharing their Student Case Report Guidelines with us. These guidelines have formed the basis of the guidelines used in this contest.

MNZ Case Report Contest Guidelines

Sessions

The contestant must conduct a minimum of three (3) massage therapy sessions with the participating client. The massage therapy must be the only new intervention in the client's treatment plan, i.e. the client should not be engaging in other forms of body work (e.g. osteopathy, chiropractic, physiotherapy, rolfing, acupuncture etc) whilst taking part in the treatment as part of the case report. The client must declare any new medications they may be prescribed during the massage therapy intervention treatment period.

Format

The case report document must be in the following format:

- Double-spaced, using 12 pt. font size, in Arial, Calibri or Helvetica font;
- 2.54cm margins on all sides;
- Written in English;
- Tables, charts, graphs and figures, if included, should be in-line with text and not placed at the end of the document;
- Referencing must be in APA (preferably 7th edition but 6th edition will be accepted) citation style;
- Word length must be 3000-6000 words, excluding cover page, abstract, charts, tables, graphs and references;
- Saved as a PDF document.

Components

The following components are essential within a case report. The information below gives details of each component, what it includes and the maximum score achievable for each section and sub-section. The more these components are included, the greater the potential for a higher overall score.

1. Cover Page (no score but this is essential)

Include the title, word count for abstract, word count for body of the report, author's name, contact information, mailing address, email address, and signature.

Include any acknowledgements to non-authors, such as supervisors.

2. Abstract and key words (Maximum score: 10 points)

An **abstract** is a condensed version of the paper (300 word limit, separate to overall limit) and should be structured to include the following sections:

- Background includes what is unique to this case;
- Main description of the client including health history, diagnosis, the author's assessments;
- Main methods for intervention;
- Main results;
- Conclusion including the key message.

Frequently, readers of a scientific journal will only read the abstract, choosing to read the full text of only those papers that are most relevant to them. For this reason, and because abstracts are frequently made available by various internet abstracting services, this section is an important summary of the case.

An abstract may be done in a descriptive or informative format. You can find out about these two types here:

<https://www.adelaide.edu.au/writingcentre/sites/default/files/docs/learningguide-writinganabstract.pdf>

Key Words - Citation indexes use key words (or phrases) to help people search for relevant articles. Authors should list 3-5 Keywords with reliance on the Medical Subject Headings (MeSH) of the National Library of Medicine. For more information go to www.nlm.nih.gov/mesh/.

3. Introduction (Maximum score: 10 points)

In this section, the author should build a case for selecting the client or intervention to observe. There should be enough background information on the condition being studied for a reader to understand the topic. Findings of previously published studies must be presented to help explain why the current case is of scientific interest. No results or data from the case should be in this section.

The last sentence(s) of the Introduction should state the objective and states the hypothesis/research question. This should make a smooth transition from the Introduction section to the Methods section.

Appropriate use of citations from the literature review will be emphasised in the scoring process. References must include at least some of the following: academic books, peer-reviewed journals such as International Journal of Therapeutic Massage and Bodywork or Journal of Bodywork & Movement Therapies. Students are expected to utilise reputable biomedical and massage therapy databases as part of their literature search strategy. Use of non-peer reviewed sources such as MNZ Magazine, Massage Therapy Journal (MTJ), Massage Today, seminar or course notes, etc. should be kept to a minimum.

4. Methods (Maximum score: 30 points)

This section provides all the methodological details necessary for another practitioner to duplicate the work. It includes the client profile, assessments, treatment plan, practitioner descriptor, client education given and informed consent. It is safe to assume that readers have the same basic skills as the author, but don't know the specific details of the therapeutic process. This section should be a narrative of the steps in the assessment and treatment, but not a list of instructions one might find in a cookbook. An important part of writing a scientific paper is deciding which information should be condensed, and what needs to be described in detail. It should also link to the available academic literature related to the topic.

a. Client profile: (Maximum score: 10 points)

This portion should contain a detailed account of the patient/client. This may include a presentation of the client's medical history, diagnosis, where this has been given, including details of the health professional who has arrived at the diagnosis, (e.g. information from the client/patient's GP, specialist, physiotherapist etc about the health condition). A client's self-assessment is not appropriate. The massage practitioner should verify the health condition with the diagnosing provider. This section should also include prior treatments, findings from other health care providers and any contraindications to the use of massage. The client should have a condition that is modifiable or palliated by massage. The author should include a description of the client's desired outcomes/goals.

b. Assessment measures and findings: (Maximum score: 10 points)

Assessments need to be very clearly addressed. How, when, and where the assessments were taken should be clearly stated, as well as what measurements were chosen, why they were chosen, and what was specifically measured. This includes ROM, strength and length measures as well as any outcome measures e.g. VAS, NRS, QoL, Oswestry Disability Index. The validity and reliability of measures should be discussed if applicable including if the measurement has been used and validated in other massage studies.

The massage practitioner may also perform an assessment of the client/patient and should include any relevant findings, e.g., postural analysis, visual observations, or range of motion.

c. Therapeutic intervention: (Maximum score: 10 points)

The treatment plan portion should describe the massage/bodywork procedures and how client progress was monitored. The author should provide specific details regarding the massage/bodywork techniques used, including duration of treatment, type of stroke, body regions worked, number of treatments, etc.

A crucial component of the treatment plan is the author's rationale for the particular massage/bodywork technique(s) used. Treatment choices must be supported with reference to the available current academic literature, massage texts/instructional handbooks, and safe practice guidelines. If there are no direct references to massage therapy for the condition, the author should indicate why the treatment approach was chosen based on an understanding of how the condition typically presents and how it presents in the

client. References from other disciplines (e.g., physical therapy, occupational therapy, etc.) may also be helpful.

Avoid using trademarked names of modalities and traditional French names for strokes; instead, simply provide a description of the work: “longitudinal stroking” is more appropriate than “effleurage”, for example.

Include a summary of any methodological changes that occur during the course in the treatment plan, along with rationalisation for such change, for example, where treatment approach or area was changed.

A description of the practitioner as well as the environment in which the massage was performed should be included.

A description of any health promotion/education and/or client “homework” given to the client. The discussion should include how education was provided to the client to help them be a partner in the decision making process and the rationale for such health promotion/education given.

Clearly include information about the client’s informed consent at the end of the section to meet ethical standards. This section should be clearly described and should relate to “patient/client centred” care. If informed consent documents are not complete and/or included in the appendix, the case report will not be scored.

5. Results (Maximum score: 10 points)

This section presents the results of the intervention but should not attempt to interpret their meaning. Data should be presented in an organised and easily understandable manner; typically raw data should not be presented. Authors are encouraged to succinctly present findings in either a table or graph format. However, data should be presented only once. If a table or figure is presented, it should be titled as such and have a caption and legend, if necessary so the reader can quickly understand what is being presented. The written portion of the report must refer to any tables charts or figures, if presented.

Make sure to also include information about how the client/patient tolerated and followed the treatment plan and how this was monitored. Additionally, if any client education or “homework” is given, information about client compliance should be reported.

6. Discussion (Maximum score: 20 points)

The Discussion section provides an opportunity to summarise and evaluate the outcomes of the treatment process. It is also important to integrate the findings from the case into the body of literature that currently exists on the topic. Therefore, this section should:

- Summarise the outcomes and effectiveness of the intervention;
- Relate the findings back to the hypothesis;
- Place the results in context of published findings (using sources previously cited as well as other sources);
- Explain why the obtained results may differ from what others have found;
- Speculate on why the treatment had an effect or not;
- Implications for future practice, education and research.

The author should also note problems with the methods, explain any anomalies in the data, outline any limitations of the case report and suggest future research directions that are based on the results of this case.

Including the patient/client’s voice and thoughts on treatment(s) and outcome(s) can strengthen the report. Comments and quotes from the patient/client in the discussion section allow them to be heard about their experience.

7. References (Maximum score: 8 points)

The strength of a report is, in part, dependent on the citations referenced. Using primary research literature to support the background (literature review), case presentation (clinical findings, assessment measures, and therapeutic intervention), and discussion sections is required. Therefore, it is strongly encouraged that citations used in preparing the report are from the primary research literature (e.g. peer-reviewed journal articles) rather than secondary sources (e.g. internet websites). There should be a minimum of three (3) primary sources and they should be from the last 8 years, except where a reference is a seminal piece of work.

Referencing should be cited using the American Psychological Association (APA), 7th edition, however 6th edition will still be accepted this year. You should include both in-text referencing and a complete list of references at the end. Examples of APA can be found at:

<http://owll.massey.ac.nz/referencing/apa-interactive.php>

<http://www.citationmachine.net/apa/cite-a-book>

<https://www.citefast.com/?s=APA>

<http://citationproducer.com/apa-citation/>

We recommend using referencing software e.g. Mendeley, Zotero or Endnote. It is important to manually check all referencing even if using referencing software.

8. Overall (Maximum score: 12 points)

This section relates to the case report as a whole. There should be a “story” and logical progression through the case report. Correct academic writing style is used with little or no spelling or grammar errors. All information included should be relevant to the case and the report should not drift off topic. All required documents (cover sheet, consent form, declaration form) are included and complete.