

Abstract Writing and Submission Guideline: Case Report Category

Section I: Abstract Writing

Overview

Use the following guidelines to write an abstract in the category of “case report” (i.e. the presentation of a specific client from your clinical practice.)

A good abstract provides a well-organized, detailed, and transparent summary of your work. Writing a quality abstract is an important step in having your work accepted for presentation at the Symposium or any academic conference. Accepted abstracts will be published on the MUIH website prior to the Symposium and, if done well, will help generate interest in your work.

Guidelines (All fields must be included in your abstract)

Note: All fields must be included in your abstract and your completed abstract must be 400 words or less (not including title and author information).

Title: Approximately 10–12 words identifying key components of your case report. When applicable, include components such as client’s primary reason for seeking care, clinical assessment, and/or main treatment. The title should make it clear that the poster is a case report. Capitalize the first word of the title, all “major” words, and all words of four letters or more.

Author Information: List initial(s) and last name of all authors in descending order of contribution. If a senior researcher is involved in the project, they can be listed last. Include academic affiliation for each of the authors (e.g. Nutrition Department, MUIH).

Background: Briefly describe the background for the case. Introduce the issue that the case addresses. Explain why this case is noteworthy and what it adds to current knowledge. This section helps answer the question, “why should we care?” You may want to end the introduction with a sentence that states explicitly why the case is being reported.

Case Description: This section should be the longest and most detailed part of the abstract. Relevant information may include basic demographics, client's main symptoms or other reasons for seeking care, clinical findings, clinical assessment, treatment plan, and health outcomes. Given the space limitations, include only the information relevant to your reason for presenting the case.

Conclusion: This section should state the main "take-home" lesson(s) from the case. If reporting on outcomes, remember that case reports do not typically demonstrate cause and effect. Be careful not to overstate the conclusions but instead describe the strengths and limitations of the case. You may want to add a sentence or two about the implications of the case for practice or future research.

Examples: Here are two sample abstracts for case reports submitted to the 2016 Research Symposium.

Acupuncture as an Alternative Treatment for Cystic Acne: A Case Study

Homan C

BACKGROUND: Severe acne presents as pustules or pus-filled lesions and nodules or cysts. The side effects of commonly prescribed medications suggest the need for alternative therapies. This case demonstrates that acupuncture channel physiology may provide an explanatory model and therapeutic approach.

CASE PRESENTATION: A 37-year old male professional presented to his physician with cystic acne of sudden onset one month after receiving dental work. He had a history of cysts in his sinuses and gallbladder, but no prior history of acne. Lesions were distributed over 60% of his back and on the soft skin of the anterior surface of his elbows, axilla, and inguinal areas. He received antibiotic and nutrition therapies for two years with no improvement. He received several months of acupuncture treatment, also with no improvement. He did not want to take isotretinoin due to common severe side effects, which include eye irritation, joint pain, nosebleed, rash, skin infection and bone tenderness and was referred by his physician for a different acupuncture approach.

The sudden onset of symptoms on the surface of the body after receiving dental work indicated the release of a pathogen from the deepest to the most superficial anatomical layer of the body, a physiological process that can be explained by the divergent channel mechanism. After three months of divergent channel treatment, which directed the body's resources to safely eliminate the pathogenic factor, the lesions were significantly reduced in number and were no longer raised. Subsequent treatment of the primary channels to address ongoing weaknesses of the organs and substances resolved lingering discoloration.

CONCLUSION: This case suggests that acupuncture channel physiology may help to explain otherwise confusing presentations and to direct treatment strategies.

Integrative Treatments for Neurological Involuntary Movement Disorders: A Case Study

Zhu H

BACKGROUND AND AIM: Both Parkinson's disease and dystonia may share some symptoms such as involuntary repetitive movement (tremor or shaking), rigidity and postural instability. There are few effective treatments in Western medicine, and most carry negative side-effects and risks. This case report examines the use of integrative approaches for these conditions.

CASE PRESENTATION: The first patient is a 69-year-old male drummer who was diagnosed with Parkinson's disease and had tried Amantadine. He was referred by his neurologist for a "turn-around treatment" after seeing no effect from the medication. Scalp acupuncture was provided to help control his tremors and rigidity. The tremors and rigidity were effectively controlled. To strengthen his muscles, Chinese herbal medicine was used. As a result, he is able to play his drum again. His neurologist suggested reconsideration of the diagnosis.

The second patient, a 54-year-old male, had cervical dystonia and had used Levodopa. He stopped the medication due to side effects. In lieu of Western medication, he turned to acupuncture. Scalp acupuncture effectively reduced his shaking, spasms, stiffness and postural instability. A Chinese herbal formula was integrated into the treatment, leading to further improvement. He is able to live, work and travel internationally without being limited by his medical condition.

CONCLUSION: Integrative healthcare, including acupuncture and Chinese herbs is very promising for treatment of Parkinson's disease and dystonia. Scalp acupuncture, an integration of acupuncture and neuroscience, may effectively improve the symptoms of involuntary movement disorders. Chinese herbal medicine treats the patients based on the Disharmony Patterns of disease and body constitution so that the patients are treated as a whole person instead of focusing exclusively on the brain. These two cases provide encouraging findings that Parkinson's Disease and dystonia may be treated with the same integrative modalities.

Section II: Abstract Submission

Follow the instructions below to complete the [Abstract Submission Form for Case Reports](#). The deadline for abstract submission is 11/6/2017. The Program Committee will review abstracts on a rolling basis and notifications of acceptance will be sent no later than 12/4/2017.

The form elements and instructions for the [Abstract Submission Form in the poster category of "Case Report"](#) are as follows:

Form Element	Instructions
Name and Academic Affiliation for Presenting Author	<p>Enter the first and last name of the "presenting author".</p> <p>The presenting author 1) must be responsible for at least as much work on the poster as anyone else, 2) will serve as the contact person going forward, and 3) will present the poster at the Symposium (Note: If the "presenting author" cannot attend the Symposium, he/she must be available for a pre-arranged phone call if judges have questions about the poster.)</p> <p>Select the primary department and academic affiliation for the <u>presenting author</u> (e.g. Nutrition Department, MUIH).</p>
Primary Role at MUIH	Select the primary institutional role (Student, Graduate, Faculty, or Staff) for the <u>presenting author</u>
Email Address	Enter the "@muih.edu" email address for the <u>presenting author</u> (or other primary email address if a graduate of MUIH)
Additional Authors	<p>Enter the initial(s) and last name of <u>all other authors</u> on the poster. Select the primary department and academic affiliation <u>for each of the authors</u> (e.g. Nutrition Department, MUIH).</p> <p>Note: If the poster wins an award, all authors will be recognized as awardees but the monetary award will go the presenting author.</p>
Title of Poster	Enter the title for your abstract (See Section I of this document for guidance)
Background	<p>Enter the "Background" for your abstract (See Section I of this document for guidance)</p> <p>Note: When <u>adding together</u> the "Background", "Case Description", and "Conclusion" sections, the total word count cannot exceed 400 words.</p>

Form Element	Instructions
Case Description	Enter the "Case Description" for your abstract (See Section I of this document for guidance)
Conclusion	Enter the "Conclusion" for your abstract (See Section I of this document for guidance)
Word Count	Enter the Word count for your abstract (Your completed abstract must be 400 words or less (not including title and author information))
Symposium Participation Statement	<p>Presenting author, choose the statement that reflects your ability to participate in the Symposium.</p> <p>The options are:</p> <ul style="list-style-type: none"> • If my abstract is accepted, I will be physically present to discuss my poster at the MUIH Symposium from 5pm to 8pm Eastern Standard Time on 3/23/2018. • If my abstract is accepted, I will <u>not</u> be physically present at the Symposium. If requested, I will make myself available for a pre-arranged phone call to discuss the poster with the judges.