Independent Study/Independent Research Guidelines

I. Purpose:
Independent inquiry is a critical component of the education of health professionals and a unique aspect of graduate education. The Physical Therapy Program requires that every student have the experience of designing, implementing, and evaluating an independent scholarly inquiry project. This provides the opportunity for the student to explore a distinct and focused learning experience to enhance practice.

II. Inquiry Options:
Students identify an initial area of interest and choose either the independent research or independent study option. Students are given the option to conduct a line of inquiry through the Independent Study sequence (PHT6906, PHT6907, PHT7908, PHT7909, PHT7910) or through completing an Independent Research study (PHT6971, PHT6972, PHT7973, PHT7974, PHT7975). Options are discussed in detail in PHT6607 Application of Physical Therapy Principles - Applied Critical Inquiry offered in the third semester (first Summer semester) of the graduate curriculum. Students must submit an initial proposal of their inquiry during PHT 6607. It is at this time that students decide whether they want to pursue an Independent Study or Independent Research. See “Course Progression” section of this document for details of the development of an independent study or independent research study.
The general differences between the independent research and the independent study option are summarized in the following table:

**TABLE 1**

<table>
<thead>
<tr>
<th></th>
<th>Independent Research</th>
<th>Independent Study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Generation of new knowledge and/or augmentation of previous knowledge</td>
<td>Broadening, reorganization, application, analysis, synthesis of extant knowledge</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td>Follows an established process of inquiry in its totality (e.g. scientific method, phenomenology)</td>
<td>Follows all or part of an established process of inquiry or development (e.g. coursework, review of literature, instructional development, clinical decision protocols, etc.)</td>
</tr>
<tr>
<td><strong>Intent</strong></td>
<td>Aimed at providing an experience in the conduct of research</td>
<td>Aimed at solving an immediate practical or clinical problem; or meeting an educational or administrative need in a service or academic setting.</td>
</tr>
<tr>
<td><strong>Product</strong></td>
<td>A near-publishable quality comprehensive scholarly written report of the process and results of the inquiry including but not limited to Introduction, Methods, Results, Discussion, Conclusions, Recommendations, and References using APA or AMA format.</td>
<td>A near-publishable quality case report that shows clear application of the knowledge gained through the independent study using APA or AMA format. The written report includes the following components, as appropriate: Introduction, Rationale/Purpose, Review of Literature/Background, Case Description, Outcomes, Discussion, Conclusion, Evaluation, Recommendations, References, other material as appropriate.</td>
</tr>
<tr>
<td><strong>Credit Hours</strong></td>
<td>10 credit hour minimum</td>
<td>10 credit hour minimum</td>
</tr>
</tbody>
</table>
Under the conditions described immediately below, two or more students may request that they conduct a group study or a single student may request that he or she conduct a follow-up study. Group studies involve two or more students in the same program cohort group. Follow-up studies involve students in different cohort groups in which a study is extended past the graduation of one or more students in the study. The following are the guidelines for these projects:

**Group or Follow-up Independent Research Studies**

1. General criteria- follows the exact same criteria as provided in the Student Guidebook for individual Independent Research Studies, and course syllabi for Independent Research Course Series.

2. Criteria for consideration of group studies
   a. Studies that incorporate a large sample of individuals
   b. Studies that can include a wide variety of locations for data collection
   c. Studies that deal with 2 or more research questions, or multiple independent variables
   d. Department Faculty Approval

3. Criteria for consideration of follow-up projects
   a. Studies that increase the sample of individuals
   b. Studies that add to the variety of locations for data collection
   c. Department Faculty Approval

4. During PHT 6607, Applied Critical Inquiry, students may request that they conduct a group or follow-up project.

5. After Agreement Letter/ Contract- Once approved by the department faculty and a committee is assigned, students must develop, agree to, and gain department approval of the contract, describing the roles of each. The committee and students will meet to discuss the list of tasks to be completed by the students. The contract may include the following additional items:
   a. Task List/ Time Log Form
      i. Students will list activities, identify who is in charge of sending drafts, turning in the IRB application, phone calls, traveling for data collection, etc.
      ii. Students will agree to keep a time log as part of their contract. The log will be a formal account of activities and time devoted to each. The committee chair, members, or any faculty council representative may review and/or call for a meeting at any time if any discrepancies are noted.
   b. Assignments of Student Editor in Charge –In group studies both/all students will write equally in all sections of both the proposal and final paper; however, one
student will be asked to be the final editor for each of the sections. In follow-up studies each student will write a separate proposal and final paper.

c. Peer Performance Review Form-Students will fill out a peer review form every semester while they work on the independent research study together.

d. Schedule of Semester Meetings- The chair and committee members will call for an individual meeting with each student and a group meeting with all students to discuss peer review forms, once every semester.

e. Expense Report- A detailed list of all expenses incurred during the research process, and the student responsible for payments. This should also be shared equally.

III. Course Progression:
Students must complete the requirements for each course within the sequence. Students must meet the stated objectives for each course of the sequence and gain approval of the committee to progress to the following course. If a student is unsuccessful in completing the course objectives, the student will receive a “Z” grade and he/she must re-register for that course until course requirements are met (including payment of tuition). Students may repeat each course two times in the four-course sequence; however, students are only allowed to extend their original Program of Study by no more than 3 semesters. Students must maintain concurrent registration in the sequence during the entire independent inquiry process, unless directed otherwise by the committee chair. In special cases, students may receive permission from their committee to register for the next course in the sequence while completing the requirements of the prerequisite course. Each committee member and the Faculty Council must grant approval for any special exemption. Please refer to “Committee Selection” section of this document for information about the role and membership of committees.

The following is an overview of the required progression if a student selects an Independent Study:

**PHT 6906 – Independent Study I**
In the initial phase, the student identifies an area for intensive focus and identifies an independent study committee to oversee the project (refer to the “Committee Selection” section of this document for details). With the assistance of the committee, the student designs a learning experience proposal that is approved by the student’s committee. It is the responsibility of the student to call meetings with the committee and to submit drafts of all written materials on a timely basis. The student’s proposal must be accepted by the committee prior to the student implementing any aspect of his/her independent study. The student must have an approved oral defense and final, approved written proposal to receive an “S” in this course. See section V of this document for details and deadlines for the written proposal and oral defense.
PHT 6907 and PHT 7908 – Independent Study II and III
The student is responsible for implementing the approved learning experience plan under the supervision of his/her committee. If human or animal subjects are to be used, students must secure appropriate approvals or waivers from the IRB (Refer to http://www.fgcu.edu/ORSP/Compliance.html#IRB). Ongoing and consistent contact with the student’s committee is required. Successful completion of each course requires the approval of the committee. The student must submit a written progress report each semester and meet with the committee to discuss whether appropriate progress has been made. Written progress reports must be submitted by the last day of classes (prior to finals week) in the semester in which the student is registered for IS II and III.

PHT 7909 – Independent Study IV
The student is responsible for completing the activities/objectives outlined in the approved proposal. The student must write a final paper (case report) synthesizing knowledge gained during the learning experience. Case reports should be written according to guidelines in “Writing Case Reports A How –To Manual for Clinicians (Irene McEwen, Third Edition, 2009. APTA, ISBN: 978-1-931369-62-6), and the case report guidelines of the Journal of Physical Therapy. The committee works closely with the student on developing these culminating materials. A student must submit an outline of his/her paper to the committee for approval prior to writing the paper. The committee determines whether the student successfully completes this course based on satisfactory completion of the final scholarly paper, an oral defense, and all activities outlined in the student’s learning experience plan.

PHT 7910 - Independent study V
The student must design and present a poster synthesizing knowledge gained during the learning experience. The committee works closely with the student on developing these culminating materials. The committee determines whether the student successfully completes this course based on satisfactory completion of the poster presentation, and all activities outlined in the student’s learning experience plan. To receive a grade of “S”, the student must follow all department and university guidelines for electronic submission of the approved final paper.

The following is the required progression if a student selects an Independent Research Study:

PHT 6971 – Independent Research I
In this initial phase, the student is required to identify a research study committee that guides him/her through the process of developing a proposal (refer to the “Committee Selection” section of this document for details). Ongoing and consistent contact with the research study committee is required. The student will produce a written proposal as well as participate in an oral defense. It is the responsibility of the student to call

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meetings with the committee and to submit drafts of all written materials on a timely basis. The student’s proposal must be approved by the committee prior to the student implementing any aspect of his/her research study. The student must have an approved oral defense and written proposal to receive an “S” in this course. See section V of this document for details and deadlines for the written proposal and oral defense.

**PHT 6972 and PHT 7973 – Independent Research II and III**
The minimum completion requirement for Independent Research II is that the student, under the supervision of the research study committee, earns appropriate university and facility approvals (Refer to http://www.fgcu.edu/ORSP/Compliance.html#IRB). Once the appropriate approvals have been obtained, the student begins to collect and analyze his/her data. Ongoing contact with the student’s research study committee is required. The committee must approve that satisfactory progress toward data collection is made through the student’s submission of a progress report each semester. *Written progress reports must be submitted by the last day of classes (prior to finals week) in the semester in which the student is registered for Independent Research II and III.*

**PHT 7974 – Independent Research IV**
The student has completed data collection and completes the analysis phase of the thesis process. With the approval of the Thesis Committee, the student develops and completes the conclusion and discussion sections of the research study and satisfactorily passes the oral defense phase. The research study culminates in the final, approved and deposited research paper of the project. Ongoing contact with the student’s committee is required throughout this phase. Student must submit the IRB Continuation Request Form to request the discontinuation of the study or the removal of the student as the Principal Investigator. If a student requests to be removed from the study, an amendment to IRB Protocol Form must be completed and a new Principal Investigator (typically the committee chair or another student) must be designated.

**PHT 7975 – Independent Research V**
The student must present a poster synthesizing knowledge gained during the learning experience. The committee works closely with the student on developing these culminating materials. The committee determines whether the student successfully completes this course based on satisfactory completion of the poster presentation, and all activities outlined in the student’s learning experience plan. To receive a grade of “S”, the student must follow all department and university guidelines for electronic submission of the approved final paper.
IV. Supervisory Committee selection:

A. Committee Chairperson:
As a class activity in PHT 6607, Applied Critical Inquiry, the student requests a committee chair from the Department of Physical Therapy and Human Performance faculty. The Department Chair makes the committee assignments based on faculty workload and interests. The student’s first choice may not always be approved.

The role of the committee chair is to serve as the student’s advocate, monitor student progress, serve as a resource and represent the department/college/university on the committee. The responsibilities of the committee chair:

- assisting the student in organizing the committee and approving committee membership
- supervising the planning of the student’s independent study/independent research; approval of the final proposal
- meeting with the student periodically to monitor the student’s progress
- assisting the student in leading periodic committee meetings
- supervising the preparation of formal documents and presentations
- advising students of university, college or department policies and procedures related to independent study/thesis
- determining grades for each segment (course) within the sequence, and submit the grades to the Department Chair
- all other duties of the committee members

B. Committee members:
The committee is one of the key components of the student’s positive experience and successful completion of the Independent study/independent research. Students should carefully consider committee membership and request members based on their particular expertise, professional characteristics and/or linkage to resources. After requesting the committee chair, students request a minimum of 1 additional member to serve on the committee. For Independent Research, this member must be a member of the Physical Therapy and Human Performance Faculty (adjunct faculty can only be used as a third member of the committee) The Department Chair makes the committee assignments based on faculty workload and interests.

The committee members support the student through his/her independent inquiry project. They add clinical or academic expertise and guidance, and act as a check-and-balance system for the process. The responsibilities of committee members:

- Participate in planning of independent study/independent research, approval of final proposal
- Meet periodically with committee to review student progress and make recommendations to student/committee chair.
- Act as resources for the project – e.g. information sharing, access to clients, reviewing draft materials, mentoring, and student evaluation.
- Monitor student’s ongoing review of current literature on the topic
- Participate in student evaluation and grading
- Participate in final defense/presentation

C. Student’s Responsibility to the Committee:
It is the responsibility of the student to maintain consistent and ongoing communication with his/her committee. Meetings are called and organized by the student and all deadlines are the responsibility of the student to meet. Students are expected to give faculty prior notification that documents will be sent for review. Faculty have high work demands at various times in the semester. Although faculty respect the need for timely review and return of documents to the student, students must respect the time commitments of faculty. Students should expect that review of documents will require a minimum of a two-week period during the regular semester, and a substantially longer period during finals and semester breaks.

D. Changes to committee membership:
Occasionally, a committee member is unable to fulfill his/her commitment due to personal or professional conflicts. Students must discuss potential membership changes with his/her committee chair. Changes in committee membership may occur only by following the process for original membership outlined above.

V. Proposal Phase:

Written Proposal
The student, with assistance of his/her committee, develops a written proposal for inquiry. This proposal must meet the approval of the student’s committee. It is presented in APA or AMA form and style. The style selection is made collaboratively by the student and the committee based on the style required by journal(s) to which the paper might be submitted for publication. The student disseminates only one version of the proposal at a time with the date of each draft clearly indicated on the title page.

A. Proposal for Independent Study:
1. Introduction: Briefly introduce the area of inquiry
2. Purpose for inquiry - In this brief section, the student outlines in broad terms what they hope to accomplish through the study
3. Literature review/Background – Why is it important for a student physical therapist, as well as anyone in the physical therapy field, to pursue this area of study? Summarizes the literature that supports the justification for this line of
inquiry. Provides a beginning sketch of what is known about this topic. Does the PT literature discuss this topic much?

4. Activities - Discuss each activity, clearly addressing the following four areas: a) Name of activity and description; b) Learning outcomes (measurable learning outcomes for each of the three domains – cognitive, affective, psychomotor); c) How learning will be evaluated; d) Projected date of completion. This section must include a preliminary plan for the selection of a case that can be used for the case report

6. Resources – What will the student need to complete the study – financial, equipment, etc

7. Budget including proposed source of funds

8. Timeline – By semester, detailing each task/activity of the study. (Be sure to include all activities required to successfully complete each course and their respective fixed deadlines)

9. Summary table of activities

B. Proposal for Independent Research:

1. Introduction/Research question

2. Literature review – Relevant literature justifying the need for this study

3. Methods – this includes proposed access to subjects, the sampling plan, research design, and proposed methods of data collection

4. Plan for data analysis – Detail the plan for data analysis

5. Timeline – By semester, detailing each step of the study

6. Resource and Equipment needs

7. Budget and feasibility including proposed source of funds

THE FIRST DRAFT OF THE WRITTEN PROPOSAL MUST BE SUBMITTED BY OCTOBER 1ST OF THE SECOND FALL SEMESTER OF THE PROGRAM IN ORDER TO DEFEND THE PROPOSAL BEFORE THE END OF THE FALL SEMESTER.

A STUDENT WHO DOES NOT REACH THIS DEADLINE IS NOT GUARANTEED TO CONTINUE ON THE NORMAL PROGRESSION TIMELINE FOR THE INDEPENDENT STUDY/INDEPENDENT RESEARCH COURSE SERIES, AND GRADUATION MAY BE DELAYED.

Oral Defense Of Proposal

Once the committee determines the written proposal has been revised adequately, the committee chair directs the student to schedule an oral defense with his/her committee. All committee members must be able to attend.

For an independent research study, the student orally presents the purpose, research question(s), hypothesis (if appropriate), related literature, research methods, and planned data analysis of the proposed study. For an independent study, the student
orally presents the purpose, significance/justification, supportive literature, and planned activities/objectives/timeline for the project.

Committee members then ask questions of the student and provide written feedback on the written proposal. A determination is made at the end of the defense meeting whether the student has passed the defense and written proposal phase. A proposal defense form is completed and signed by all committee members. The original form is maintained in the student’s department files.

VI. Progress Notes:

Progress reports must be submitted by the last day of the semester (prior to finals week). Progress on each of the student’s approved activities (or steps of the research study) must be reported using the “Summary Table of Activities” form found in this document. Progress from semester to semester can be added to the last column of this table and noted by semester/year. By submitting progress reports using the same document each semester, the committee can best monitor a student’s progression through the study.

VII. Review Boards:

A. Institutional Review Board (IRB):

“It is the policy of Florida Gulf Coast University to safeguard the rights and welfare of human subjects in research and other activities. Safeguarding the rights and welfare of human subjects in research is the responsibility of the Primary Investigator. Any project involving human subjects at FGCU is subject to review and approval by the “IRB” (The Institutional Review Board for the Protection of Human Subjects in Research and Research Related Activities at Florida Gulf Coast University Policy and Procedures Manual, 1999).

Students who plan to involve human subjects in an independent study or Independent Research project must submit the required forms and supporting materials to the IRB for approval. No data collection or involvement with human subjects can occur until this approval is gained. If students plan to conduct their inquiry in a facility other than the FGCU campus, they are responsible for securing the appropriate approvals for human subject involvement. This may include submitting documentation to an institutional IRB in addition to the IRB of FGCU. If there is no formal approval process at the facility at which you are conducting your independent inquiry, a letter of approval from the head administrator of the facility (or his/her designee) is required. The full policy and required forms are found on the Office of Research and Sponsored Programs website (http://www.fgcu.edu/ORSP/researchguidelines.html). The committee chairperson can obtain a copy of these materials for the student.
At the conclusion of the research project, a student must submit the IRB Continuation Request Form to request the discontinuation of the study or the removal of the student as the Principal Investigator. If a student requests to be removed from the study, an amendment to IRB Protocol Form must be completed and a new Principal Investigator (typically the committee chair or another student) must be designated.

B. Animal Care and Use Committee:
“Florida Gulf Coast University (FGCU) has the legal and ethical responsibility for safeguarding the welfare of animal subjects that our students and faculty involve in research and education. FGCU expects all individuals working with animals to meet or exceed all applicable laws and regulations and, in addition, to act with the highest standards of care and consideration. The goal of FGCU is to meet educational and research outcomes and objectives while minimizing the impacts on the animals with which we interact. “ (FGCU Policy on Animal Care and Use in Education and Research, 2009).

Students who plan to involve animal subjects in an independent study or Independent Research project must submit the required forms and supporting materials to the IRB for approval. If students plan to conduct their inquiry in a facility other than the FGCU campus, they are responsible for securing the appropriate approvals for animal subject involvement. This may include submitting documentation to an institutional animal use board in addition to the Animal Care and Use committee of FGCU. If there is no formal approval process at the facility at which you are conducting your independent inquiry, a letter of approval from the head administrator of the facility (or his/her designee) is required. No data collection or involvement with animal subjects can occur until this approval is gained. The full policy and required forms are found on the Office of Research and Sponsored Programs website (http://www.fgcu.edu/orsp/compliance.html). The committee chairperson can obtain a copy of these materials for the student.

VII. Statistical Software

Computer resources are available to students for the analysis of quantitative and qualitative data. Support is available through the computer labs on campus. However, it is expected that the student learn to use the software with minimal assistance from faculty and staff.

IX. Plagiarism -- ACADEMIC DISHONESTY/CHEATING POLICY

All students are expected to demonstrate honesty in their academic pursuits. The university policies regarding issues of honesty can be found in the "Student Code of Conduct" in the FGCU Student Guidebook (http://studentservices.fgcu.edu/judicialaffairs/conduct.html), and in Department of Physical Therapy and Human Performance’s Physical Therapy Student
Guidebook. All students are expected to study this document which outlines their responsibilities and consequences for violations of the policy. Please note that the University and Department of Physical Therapy and Human Performance now utilize anti-plagiarism software. Students agree that all required papers may be subject to submission for textual similarity review using anti-plagiarism software for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Terms and Conditions of Use posted on the Turnitin.com site. This software service has an extensive database of published and unpublished works including journals, website documents, student papers, internet-generated papers, and other documents. Plagiarism is not tolerated in this course. Students engaged in plagiarizing, cheating in any manner, or who fail to submit work that is original to the course will be subject to a severe grade penalty including an “F” in the course. Grade penalties applied for this reason are required to be reported to Student Affairs. One cheating offense may result in dismissal. Students who lack confidence in their writing abilities should seek assistance from the “Writing Center.”

X. Grading:

Formative and summative evaluation will be conducted throughout the inquiry sequence. The grading scale for all Independent Study and Independent Research courses is S/U/Z. Each member of the committee must endorse student’s progression to the next course. If a student does not make adequate progress in the inquiry sequence according to the established curriculum, the student receives a “Z” grade for that course in the Independent Study or Independent Research sequence and must re-register for the applicable course the subsequent semester. “I” grades are only issued when the student has reached most of the requirements of the course, and are only issued at the discretion of the committee chair (e.g. multiple drafts of a paper have been submitted, the paper is nearly ready but the final version has not been approved). Courses must be completed in sequence, with a passing grade in each to receive a passing grade in subsequent IR/IS courses. A grade of “I” must be remedied within 1 semester. Insufficient progress in a course for which a student has received a grade of “I”, within the allowed time (1 semester after course end) will result in a change of grade to a grade of “U.” See Section III: “Course Progression” for requirements of each course.

XI. Final Scholarly Paper and Oral Defense:

Final Scholarly Paper:
Students must work closely with their committee chair on the submission and revision of the final scholarly paper. It is the committee that negotiates the format and content of this paper. An outline for the paper must be approved by the committee prior to the student writing the paper. Regular communication with the student’s committee is expected throughout the study, and particularly when the student is about to submit a draft of a document.
Scholarly Paper (Independent Research or Independent Study): The scholarly paper must be comprehensive and follow APA or AMA guidelines. The level of writing is expected to be near-publishable quality. In general:
a. Independent Research:
The independent research paper should follow the style commonly seen in a peer reviewed, research journal such as the Physical Therapy journal. The paper, however, will be much longer in length (typically 30-50 pages) and contain a much more thorough literature review than is typically seen in a journal article. A student must work with his/her committee on format and the use of tables, diagrams, etc.

b. Independent study:
The student must write a final paper (case report) synthesizing knowledge gained during the learning experience. The final paper required of a student completing an independent study is a case report. Case reports should be written according to guidelines in "Writing Case Reports A How –To Manual for Clinicians (Irene McEwen, Third Edition, 2009, APTA, ISBN: 978-1-931369-62-6), and the case report guidelines of the Journal of Physical Therapy. The paper should reflect the learning that took place during the IS (the committee should be able to see that the student met the objectives outlined in the proposal). The paper is to be written as if it were to be submitted for publication, and it must be written and formatted according to case report checklists (found in McEwen text and appendices) and the ProQuest formatting guidelines. A completed copy of the checklist must be included with your initial draft of the final case report.

The committee will provide the student with further guidance on the scholarly paper (case report) as well as negotiate the topic/outline of the paper prior to writing. The student must disseminate one version of the paper at a time and have the date of each draft clearly indicated on the title page. There is a 50 page limit on all final scholarly papers for Independent Studies. This page limit includes all exhibits, tables, and reference pages. The student must gain approval from this/her committee to exceed this limit prior to submitting an initial draft. The student should refer to Table 1 in this document for components of the final paper.

Students should expect that review of documents will require a minimum of a two-week period during the regular semester, and a substantially longer period during finals and semester breaks.

Final Oral Defense:
To secure final approval of the Independent Research or Independent Study, the student must satisfactorily defend the project. To do this, the student and the committee chair schedule a public oral defense. A student must have approval from the committee chair prior to scheduling of an oral defense. Students who do not defend prior to the end of the last Fall semester will only be allowed to defend during the scheduled defense day during PT Practice VI.
The student, with assistance from the department secretary, is responsible for scheduling the room and obtaining any necessary audiovisual equipment for the oral defense. The student prepares a notice of defense, upon approval of committee chair. A sample of this notice is available through the department. Notice of the defense is posted at least one week prior to the scheduled defense, following university posting policy. A current draft of the written paper (independent research or independent study) must be submitted to each committee member at least two weeks before the scheduled defense. This draft must be approved by the committee chair as “ready for oral defense.” All photocopying must be done by the student at his/her own expense.

Final Scholarly Paper and Approvals: After a successful oral defense, the student receives edited copies of the scholarly paper from his/her committee for final editorial changes. The student has a maximum of two weeks to make the requested changes and submit the final scholarly paper to the committee chair for approval. The committee chair must review the final paper and provide signatures of approval within three weeks of receiving the final paper. The appropriate form (“Report of the Final Oral Defense and Independent Research Report for the Doctoral Degree” or “Report of the Final Oral Defense and the Independent Study Report for the Doctoral Degree”) is completed by the committee chair and signed by all committee members. Students completing an independent research study are responsible for following all university guidelines for thesis submission. See appendix as well as consult the university website for the most current information regarding university thesis guidelines.

STUDENTS ARE HIGHLY ENCOURAGED TO DEFEND THEIR INDEPENDENT RESEARCH/INDEPENDENT STUDY BEFORE THE END OF THE THIRD FALL SEMESTER.

ANY STUDENT WHO DOES NOT SUBMIT THE FIRST DRAFT OF THEIR FINAL PAPER BY DECEMBER 1ST OF THE LAST FALL SEMESTER IS NOT GUARANTEED TO CONTINUE THE NORMAL PROGRESSION TIMELINE FOR THE INDEPENDENT STUDY/INDEPENDENT RESEARCH COURSE SERIES, AND GRADUATION MAY BE DELAYED.

Poster session: All students must create and present a poster as part of Independent Study/Independent Research V. A poster session is scheduled once a year in the spring semester during FGCU Research Day or a meeting of a professional organization. The student must apply for Research Day (if applicable) by the published deadline, and must submit the poster under the competition category. Notification of the venue of this event is sent to the student in early Spring.

The student develops a poster presentation, outlining the work of his/her independent inquiry scholarly project. All students must follow the guidelines published for Research Day participants (if applicable). Posters must be created from presentation software.
(e.g. PowerPoint slide). Professional services are available on the web for assistance with poster creation. Professional services will be required to print your poster on poster size paper (e.g. Kinkos, other online print companies). An electronic version of the poster must be approved by the committee chair prior to printing no later than 3 weeks prior to the scheduled date of the Research Day. Additional media may be used during the presentation such as models, photographs, reference literature, or a copy of your study's abstract. These additional items can be placed on the table to which you are assigned. Resources to assist you in poster design are available in the library. All students are required to enter their posters into the competition category.

University and community members will be invited to this event. Students will discuss their work with attendees and must remain at their poster during the full scheduled time.

Please refer to the Poster guidelines in this document and the Office of Research and Sponsored Program website for details regarding poster presentation requirements (http://www.fgcu.edu/orsp/compliance.html).

XII. Binding Guidelines:

All students (Independent Research and Independent Study) MUST submit their final approved scholarly papers using the ProQuest UMI ETD electronic Thesis/Dissertation/Research Paper submission system (see Graduate Studies website for details).


Permanent Copy: Students are responsible for submitting a professionally hard-bound scholarly paper and soft bound copies as noted below, to receive a passing grade for Independent Study/Independent Research. The hard-bound copy is ordered during the electronic submission process.

Independent Study:
1 professionally bound hard copy to the Department;  
1 professionally soft bound copy* to EACH committee member

Independent Research:
1 professionally bound hard copy to the Department  
1 professional soft bound copy* to EACH committee member

* Students should check with their respective committees regarding soft-bound copy requirement for each member. If copies are required, please see the department secretary for examples of required binding for committee copies.
XIV. Forms/Samples:

For Independent Research and Independent Studies:

- Proposal Approval Form
- Final Defense Approval Form
- Poster Guidelines
- Sample Acknowledgements Page

Independent Study

- **Summary Table of Activities**
- **Case Report Formatting Check lists**
  - Diagnosis/Prognosis
  - Intervention
  - Application of Theory to Practice
  - Clinical Measurement Procedures
  - Administrative/ Educational Processes
  - Risk Management
  - Traditional Case Report
PROJECT TOPIC:_______________________________________________________

INDEPENDENT RESEARCH:_______ INDEPENDENT STUDY _________

Student Name:_____________________________________

The above named Project has been reviewed by the Supervisory Committee and a representative of the Department of Rehabilitation Sciences Faculty Council. The reviewers find the Project acceptable for implementation as described in the Proposal.

Written Proposal: Oral Proposal:
_______Approved ________Approved
_______Approved with revisions

Supervisory Committee

Chair: ___________________________

Member: _________________________

Member: _________________________

Date: __________________________

Revised 3/11/15
FLORIDA GULF COAST UNIVERSITY
DEPARTMENT OF REHABILITATION SCIENCES

Independent Research/Independent Study Final Defense

Project Title: ________________________________________________________________

INDEPENDENT RESEARCH:_________ INDEPENDENT STUDY__________

Student Name: ________________________________

The above named Project has been reviewed by the Supervisory Committee and a representative
of the Department of Rehabilitation Sciences Faculty Council. The reviewers find the Project
acceptable based on the oral defense and the final scholarly paper***.

Scholarly Paper/Thesis: Oral Defense:

_______Approved  _______Approved

_______Approved with revisions

Supervisory Committee

Chair: ________________________________

Member: ________________________________

Member: ________________________________

Approval Date: _______________________

***A final grade of “S” is not submitted for Independent Study V /Independent Research V until
all remaining course responsibilities are completed including electronic submission of final
project through ProQuest UMI ETD electronic Thesis/Dissertation/Research Paper submission
system. Completion of all course requirements is confirmed by the chair of the supervisory
committee.
Florida Gulf Coast University
Department of Rehabilitation Sciences

Tips for Poster Construction

The Purpose of a poster:

- to summarize your study, highlighting key ideas
- to organize your thoughts and communicate them to others
- to use graphics/photos to illustrate study outcomes or main points

Planning your poster:

- always check the required specifications of the conference/organization for which you submitted the poster (dimensions, design elements, restrictions) – find out if the posters will be posted on a board or will stand on a table top. This will make a difference between creating a flat poster versus a three-sided poster that can stand on its own on a table.
- Purchase a little extra backing board, just in case a mistake is made.
- Lay out your poster elements on the floor or a bed to see what the completed poster will look like before gluing.

Design elements:

Font style:
- choose Serif fonts such as: Times or Courier for main text (fonts with “feet”)
- can use a different font for short titles and headings: might choose a Sans Serif font such are: Arial or Microsoft Sans Serif (fonts without “feet”).
- Don’t use too many different fonts – limit to two types.

Font size:

Use the following as a rule of thumb:

<table>
<thead>
<tr>
<th>Textual Element</th>
<th>Reading Distance (m)</th>
<th>Type Size (mm) (width of each letter)</th>
<th>Bold or normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Title</td>
<td>3-4</td>
<td>30-45</td>
<td>Bold</td>
</tr>
<tr>
<td>Authors and affiliations</td>
<td>3-4</td>
<td>25-30</td>
<td>Bold</td>
</tr>
<tr>
<td>Main Headings</td>
<td>2-3</td>
<td>10 (equal to approx. 36 pt)</td>
<td>Bold</td>
</tr>
<tr>
<td>Subheadings</td>
<td>1-2</td>
<td>5 (equal to approx.</td>
<td>Normal or Bold</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Main text</th>
<th>1-2</th>
<th>5 (equal to approx. 24 pt)</th>
<th>Normal</th>
</tr>
</thead>
</table>

**Layout:**

Generally professional posters are laid out in a three-column format. The reader reads the main title that reads left to right across the top of the poster and then begins reading the blocks of text on the poster. Typically, short summary blocks are presented to have the reader begin on the left side, progressing down the poster. Then the reader moves to the center column of text blocks, and finally the right side of the poster moving from top to bottom.

Use brief bullet-points to summarize your information whenever possible. If you summarize your information in short paragraphs, the texts should be single-spaced, using lines that are between 20 and 60 characters each.

Be comfortable with “blank space”. It makes the poster less overwhelming and easier to follow. Strategically placed blank space gives the eye a break and lets the reader transition to the next block of text or graph/picture.

Overall rule of thumb – Less is more! Only include the information that “tells the story”. Your poster should be able to speak for itself without your explanation.

**Use of tables/graphical elements:**

All tables, graphs, and/or pictures should be clearly labeled.

If multiple tables or graphs are used, number each and be sure to reference the number of the table/graph. In your text, refer to the table/graph by its number (e.g. Table 1) when you are discussing the information found in that table/graph. This would also apply to any other type of graphical element that you use (pictures, drawings, etc).

You could also put a brief caption under a graphical element to explain what it depicts. Use a different font size/style so it stands out from your main text.

Keep your graphs/tables simple. Over use of different colors for each column/row or heavy vertical/horizontal lines make it difficult for the reader’s eyes to keep moving. Often, a total absence of gridlines in a chart/table make the reader focus more on the numbers/words found in the table.

Bar charts and pie charts often are the most effective way to communicate information/data. Each section should be differentiated by a distinctly different color.
Color:

You have to consider the color of your mounting board, headers and main text. You may choose to double up on your mounting board to use two colors behind the white paper on which your text is printed.

Colors such as yellow-green and red are more aggressive and eye-catching, and make objects appear closer to the reader; violet, blue and green evoke a more relaxed response and tend to make the object recede.

The use of color can be overdone when creating a professional look. Use a couple of colors, but don’t over do it.

Colors opposite each other on a color wheel are complimentary

- Green---Red
- Purple---Yellow
- Blue---Orange/Orange-yellow

Be consistent: keep headings the same color, main text the same color, borders or mounting board the same color(s).

Highlighting specific words can be effective to point out major points or findings.

Construction Tips:

Make your poster durable so it can be transported and set up without being damaged.

Laminating your text blocks can help with durability, but can sometimes decrease the readability.

Be sure to purchase plenty of straight pins or tacks if you need to assemble your poster on a bulletin board display. If your poster is pre-constructed on a three-sided board, be sure to bring tape/glue to do last minute repairs.
So, how have you done? Evaluate your poster by asking the following questions:

- Is it the right size and shape for the display board?
- Is the title easily seen in a crowded room?
- Is your name and FGCU Department of Physical Therapy easily seen?
- Does it have visual impact?
- Is it pleasing to the eye?
- Is the poster easily navigated? Does it draw your eye to the right places and in the right order?
- Is the text easy to read?
- Is the message that you are trying to convey clear and succinct?
- Does it have an air of credibility and professionalism?

If you have answered “YES” to all of these questions, you are ready to go……

Additional thoughts:

On the day that you present your poster, dress professionally and be sure that your poster is set up during the time that is assigned by the poster session host.

If you are doing a tabletop display, bring plenty of copies of you study’s abstract and any other handouts that you would like to provide.

Be ready to provide a minute or two explanation of your project/research, then answer participant’s questions. Practice so you explain things thoroughly enough, but are not talking too much. Let the poster do the “talking”.

A Helpful Book:


Some Helpful Websites:

http://writing.colostate.edu/references/speaking/poster/com2c1.cfm

http://www.kumc.edu/SAH/OTEd/jradel/Poster_Presentations/PstrStart.html

http://writingcenter.gmu.edu/resources/natscienceposter/
Sample

Acknowledgements

I would like to thank several people for assisting in the development and final completion of this scholarly paper. Firstly, to a wonderful and knowledgeable committee, specifically Professor Arb Itary, Dr. Shawl Wego, and Dr. Overt Hehill, who provided me with great insight and inspiration as I began to narrow the focus of my Independent Study, and with finalizing this paper, I thank you! Also, I would like to thank Peety Program for his participation as an outside reader for this independent study proposal and oral defense. A significant amount of gratitude goes to my fellow classmates, especially Sharon Alaff, who have served as motivating factors for me throughout the past two years and while completing this paper. To Coach Mike Yourvoice, Twin Stages High School, and their football team, thank you for providing me the opportunity to observe your weight training class and to share my knowledge with several of the student athletes. Lastly, the greatest amount of appreciation and thanks goes to Mark Yerkalnder for always being there for me, and putting up with me as I underwent this great study, and developed this paper. I cannot thank you enough for providing me with the love and support I needed to reach for the stars!
### SUMMARY TABLE OF ACTIVITIES

<table>
<thead>
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<th>Activity</th>
<th>How Learning Will Be Assessed</th>
<th>Projected Due Date</th>
<th>Progress to Date</th>
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* Columns 1-3 must be completed at the time of proposal.
* Column 4 will be completed for end-of-semester progress reporting.
Appendix 1.

Checklist for Case Reports Focusing on Diagnosis/Prognosis

Emphasis is on the diagnostic or prognostic aspect of patient care. May cover the process and logic associated with differential diagnosis (i.e., clinical decision making), unusual or difficult diagnostic/prognostic events, missed diagnoses, etc. Concentrate detail in patient history and physical examination and in conclusion or decisions made based on the examination. Challenge readers to deduce the diagnosis and to determine how the diagnosis relates to the care of patient. May include interventions and outcomes, but detailed description is not expected there.

I. Title
☐ State that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract
☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript
☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose
☐ Provide scholarly discussion on the current issues related to the diagnostic/prognostic aspect of the case (e.g., current state of knowledge, problems with differential diagnoses, mimicking or missed diagnoses).
☐ Provide rationale for why the diagnostic/prognostic approach needs to be demonstrated in a case.
☐ End with a purpose statement that clearly indicates the focus is related to diagnosis/prognosis (e.g., “The purpose of this case report is to demonstrate the diagnostic process in...”)

B. Case Description: Patient History and Systems Review
☐ Provide detailed demographic characteristics and history (e.g., chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) to demonstrate that the patient is appropriate for the diagnostic/prognostic approach.
☐ Use relative dates (e.g., years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (i.e., calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (don’t force the reader to calculate the amount of time).
☐ Explain patient/family goals for physical therapy.

C. Clinical Impression #1
☐ Explain the primary problem.
☐ Describe the potential differential diagnoses.
☐ Identify additional information (not provided in the initial patient interview or history) that needed to be requested from the patient; explain how this additional information pertains to the diagnostic/prognostic aspect of the case.
☐ Describe the plan for the examination (e.g., test selection).
☐ Explain why this particular patient is a good candidate for the purpose of the case report.
D. Examination
☐ Describe examination procedures that are consistent with clinical impression #1 and with the diagnostic/prognostic focus of the case.
☐ Clearly explain the rationale for using each test and measure.
☐ Describe the examination procedures so that others could replicate them; wherever possible, include figures, tables, and supplemental appendices and videos.
☐ Cite available studies on reliability and validity of measurements. If not available, acknowledge this fact, and provide a presumptive argument for the potential of reliability and validity.
☐ Clearly explain all examination data.

E. Clinical Impression #2
☐ Provide a statement confirming or denying the initial impressions.
☐ Give a working diagnosis/prognosis.
☐ Indicate the plan of action (e.g., proceed with intervention, further testing, referral for other consultation).
☐ State why the patient continues to be appropriate for the case. If the decision is to proceed to treatment, state the plan for intervention based on the current data.
☐ Include the plan for follow-up evaluation of outcomes (measures, time points). If further examination is required, address this next, indicating the additional tests and why particular tests are chosen.

F. Clinical Impression #3 (optional)
☐ If further examination was performed, state how the course of action was revised based on the additional information.

G. Intervention (If the case report does not have an intervention associated with it, proceed to the outcomes section.)
☐ Provide a general description of the physical therapy and/or medical/surgical interventions provided (e.g., surgery, radiation therapy).

☐ Provide a general description of the intervention strategy, tactics, and procedures.
☐ Use tables, figures, and appendices for the details, including only enough detail for reader to understand what was done; extensive details should not be necessary.
☐ Clearly link the intervention back to the diagnostic/prognostic decision-making process.

H. Outcome
☐ Briefly describe the outcome measures, and cite evidence for reliability and validity.
☐ If reliability and validity have not been estimated for a measure, acknowledge this, and make presumptive arguments that the measurements would be reasonably reliable and valid for the purpose of the case.
☐ Present the outcomes over the time points indicated in the follow-up plan above.
☐ Compare follow-up outcomes to baseline. Tables and figures can be used to enhance the description.

I. Discussion
☐ Provide a scholarly, critical analysis of how the diagnostic/prognostic dilemma—if any—was resolved, and how the process guided further decision making from a treatment and/or prognostic perspective.
☐ Compare the case to other relevant reports in the literature, and provide rationale for how this case makes a novel contribution and improves existing diagnostic/prognostic decision-making strategies.
☐ Offer suggestions for future research.

IV. References
☐ Cite no more than 30.

V. Tables and Figures
☐ Use no more than 6 tables and figures total.
Appendix 2.

Checklist for Case Reports Focusing on Intervention

Emphasis is on the intervention aspect of patient care. May cover the development of a new intervention or a modification to an existing intervention to deal with a clinical problem. Concentrate detail in the rationale for the new or modified intervention, the development process, the direct application to the patient, and the setting in which it is used. Remember that the patient history and examination should indicate why the patient is appropriate for the new or modified intervention. Include the outcome, but less detail is needed there.

I. Title
☐ State that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract
☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript
☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose
☐ Provide an underlying theoretical basis for the development of a new intervention or for the modification of an existing intervention.
☐ Provide a scholarly discussion on the gaps in the literature and in practice for treating the target problem, based on biological, physiological, biomechanical, psychosocial, or any other knowledge and theory.
☐ End with a purpose statement that clearly indicates the focus of the case as it relates to the intervention (e.g., “The purpose of this case report is to describe the development and demonstrate the use of a new intervention for ....”).

B. Case Description: Patient History and Systems Review
☐ Provide detailed demographic characteristics and history (e.g., chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) in sufficient detail to demonstrate that the patient is appropriate for the intervention.
☐ Use relative dates (e.g., years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (i.e., calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (don’t force the reader to calculate the amount of time).
☐ Explain patient/family goals for physical therapy.

C. Clinical Impression #1
☐ Explain why you believe that the patient is a good candidate for the intervention, based on the data collected thus far.
☐ Describe the plan for examination for further determining whether the patient is appropriate for this type of intervention (ruling in or ruling out relevant differential diagnoses, prognostic factors that suggest appropriateness for the intervention approach).
D. Examination
☐ Describe any tests needed to confirm that the patient is appropriate for the intervention as stated in the first clinical impression.
☐ Clearly explain all examination data.

E. Clinical Impression #2
☐ Discuss why the patient is appropriate for use of the target intervention, based on the examination data.
☐ Describe the plan for examination to determine the outcome of the intervention (measures to be used, follow-up time points), offering hypotheses about what should be observed if the intervention were to be successful.

F. Intervention
☐ Describe the intervention, including how the intervention was developed and how it was applied to the patient, in sufficient detail that others can replicate the procedure.
☐ May use tables, figures, and appendixes to enhance the detailed description.
☐ Provide the parameters of the intervention (i.e., intensity, frequency, and duration) and rules for progression.
☐ State changes in treatment over time, along with the rationale for the changes.
☐ List any co-interventions that the patient may have received but that are not directly related to the purpose of the case; detailed descriptions may not be necessary.

G. Outcome
☐ If not already in the examination section, provide operational definitions of the outcome measures and their purpose, and cite evidence for reliability and validity. Priority is given to validated outcome measures. If reliability and validity have not been estimated for a measure, acknowledge this, and make presumptive arguments that the measurements would be reasonably reliable and valid for the purpose of the case.
☐ Present the outcomes over the time points indicated in the follow-up plan.
☐ Compare follow-up outcomes to baseline.
☐ Use tables and figures to enhance the description.

H. Discussion
☐ Reflect back on how the intervention may have assisted in addressing the target problem. This should be done in the context of other co-interventions that may have been provided. The key points of development and application should be tied back to the rationale for the treatment and literature on previous treatment approaches for a similar problem.
☐ Offer suggestions for further research.

IV. References
☐ Cite no more than 30.

V. Tables and Figures
☐ Use no more than 6 tables and figures total.
Appendix 3.

Checklist for Case Reports Focusing on Application of Theory to Practice

Case demonstrates how a theoretical principle was used to develop an intervention, examination procedure, administrative/educational process, etc. Fully explain the theory, the implication of the theory for practice, and the development of an intervention or test procedure, etc, based on the principles of the theory. Supply detail about the patient or setting sufficient to show that the case is appropriate for demonstrating application of the theory. Outcomes may be reported, but with less emphasis.

I. Title
☐ State that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract
☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript
☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose
☐ Discuss thoroughly the theory to be demonstrated, citing the major references related to the theory.
☐ Discuss how you believe the theory could be applied to physical therapist practice, citing supporting literature; may relate to how the theory could be applied to an evaluation or intervention approach.
☐ End with a purpose statement that clearly indicates that the focus of the case is to demonstrate how the theory was applied to some aspect of physical therapist practice (eg, "The purpose of this case report is to demonstrate how [name of theory] was used to develop an intervention approach for ....").

B. Case Description: Patient History and Systems Review
☐ Provide detailed demographic characteristics and history (eg, chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) in sufficient detail to demonstrate that the patient is appropriate for the demonstration of theory to practice.
☐ Use relative dates (eg, years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (ie, calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (don’t force the reader to calculate the amount of time).
☐ Explain patient/family goals for physical therapy.

C. Clinical Impression #1
☐ Explain why you believe that the patient is a good candidate for the approach, based on the data collected thus far.
☐ Describe the plan for examination to further determine whether the patient is appropriate for this type of approach.
D. Examination
☐ Describe any tests needed to confirm that the patient is appropriate for the approach, as stated in the above clinical impression.
☐ Clearly explain all examination data.
☐ Provide a statement confirming that the patient is appropriate for the approach, based on the examination data.

E. Clinical Impression #2
☐ Discuss why the patient is appropriate for use of the approach based on the examination data.
☐ Describe the plan for examination to determine the outcome of the approach (measures to be used, follow-up time points), providing hypotheses of what should be observed if the approach were to be successful.

F. Approach
☐ Describe the approach (evaluation, intervention, or both) in detail. Details of how the approach was developed should be in the context of the theory being demonstrated. Descriptions of the approach should provide enough detail that readers can replicate them.
☐ May use tables, figures, and appendixes to enhance the detailed description.
☐ Provide the parameters of the approach (ie, intensity, frequency, and duration) and rules for progression.
☐ State changes in treatment over time, along with the rationale for the changes.
☐ List any co-interventions that the patient may have received but that are not directly related to the demonstration of the theory; detailed descriptions may not be necessary.

G. Outcome
☐ If not already in the examination section, provide operational definitions of the outcome measures and their purpose, and cite evidence for reliability and validity. Priority is given to validated outcome measures. If reliability and validity have not been estimated for a measure, acknowledge this, and make presumptive arguments that the measurements would be reasonably reliable and valid for the purpose of the case.
☐ Present the outcomes over the time points as indicated in the follow-up plan above.
☐ Compare follow-up outcomes to baseline.
☐ May use tables and figures to enhance the description.

H. Discussion
☐ Reflect back on how the approach adequately demonstrates the application of the theory to practice. The key points of development and application of the approach should be tied back to the original theory. Discuss whether the outcomes might suggest that the theory was successfully applied.
☐ Refer to previous literature to explain how it relates to application of this theory to practice as presented in the case.
☐ Offer suggestions for further research.

IV. References
☐ Use no more than 30.

V. Tables and Figures
☐ Use no more than 6 tables and figures total.
Appendix 4.

Checklist for Case Reports Focusing on Clinical Measurement Procedures

Emphasis is on introducing a new clinical measurement procedure or modifying an existing procedure to deal with a specific problem or measurement topic. The difference between this category and diagnosis/prognosis is that the focus is on one specific procedure. Concentrate detail in the scientific rationale or theory for the procedure, the conditions under which the procedure should be used, and a thorough description of the procedure so that readers could replicate it (supplemental videos may be appropriate). The case demonstrates the clinical use of the test. If evidence of reliability or validity is not yet available in the literature, provide your own preliminary data, or make strong theoretical and presumptive arguments that the procedure provides reliable and valid measurements and has the potential to influence decision making.

I. Title
☐ States that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract
☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript
☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose
☐ Provide a scholarly discussion on the gaps in the literature for measurement of the target problem or clinical outcome that provides the rationale for either developing the new procedure or modifying an existing one.
☐ Provide the underlying theoretical basis for the development of the new test or modification. (This could be based on biological, physiological, biomechanical, psychosocial, measurement, or any other knowledge and theory.)

☐ End with a purpose statement clearly indicates that the focus relates to the clinical measurement procedure (e.g., "The purpose of this case report is to demonstrate the use of a new clinical measurement procedure for ".

B. Case Description: Patient History and Review of Systems
☐ Provide detailed demographic characteristics and history (e.g., chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) demonstrate that the patient is appropriate for the target measurement procedure.

☐ Use relative dates (e.g., years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (i.e., calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (don’t force the reader to calculate the amount of time).
C. Clinical Impression #1
☐ Explain why the patient is a good candidate for the measurement procedure, based on the data collected thus far.
☐ Describe the plan for examination to further determine whether the patient is appropriate for this type of measurement procedure (ruling in or ruling out relevant differential diagnoses.)

D. Examination
☐ Describe tests needed to confirm that the patient is appropriate for the measurement procedure, as stated in clinical impression #1.
☐ Clearly explain all examination data.
☐ Provide a statement confirming that the patient is appropriate for the measurement procedure, based on the examination data.

E. Clinical Impression #2
☐ Describe how the results of the measurement procedure will influence decision making.

F. Measurement Procedure
☐ Describe the measurement procedure, including how the measure was developed and how it is applied to the patient, in sufficient detail that others can replicate the procedure.
☐ May use tables, figures, and appendixes to enhance the detailed description.
☐ List the basic rules and criteria used to interpret the results or scoring of the procedure.

G. Clinical Impression #3
☐ Present the results and interpretation of the measurement procedure.
☐ Describe how the results fit in with the other history and examination data to inform further decisions about interventions, referrals, etc.
☐ If the procedure results in intervention, describe the intervention plan.

H. Outcome (optional)
☐ If an intervention or consultation was performed based on the results of the measurement procedure, report the outcome of the intervention or consultation.
☐ Compare outcome measures to pretreatment measures.

I. Discussion
☐ Reflect back on how the measurement procedure helped identify the patient's problem(s) and assisted in treatment planning and evaluating clinical outcomes.
☐ Presumptive arguments might be introduced for the procedure's validity based on the case.
☐ Offer suggestions for further study of reliability, validity, and other measurement properties.

IV. References
☐ Cite no more than 30.

V. Tables and Figures
☐ Use no more than 6 tables and figures total.
Appendix 5.

Checklist for Case Reports Focusing on Administrative/Educational Processes

Case describes or demonstrates the development and implementation of new administrative/educational processes or modifications to existing approaches to address special problems or needs. Detail is concentrated in the rationale for the new or modified process, steps taken to develop the process, and the direct application of the process in the context of the intended target population and setting in which it would be used.

I. Title
☐ States that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract
☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript
☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)
A. Background and Purpose
☐ Provide enough review of the literature to justify the development or demonstration of the process. Explain what has been done or not been done currently or in the past that justifies a change in the process or a modification of an existing process.
☐ End with a purpose statement that clearly indicates the focus of the case is to demonstrate an administrative/educational process (eg., "The purpose of this case report is to describe the development and demonstrate the implementation of an X management approach in outpatient physical therapy clinics to . . . .")

B. Case Description: Target Setting
☐ Provide details about the setting for which the process will be developed and in which it will be implemented.

☐ The description may include previous or current data about the setting sufficient to justify why this setting needs the process and why the facility is appropriate for it.
☐ State directly why this setting is appropriate for the demonstration of the process, based on the data provided in this section.
☐ Use relative dates (eg, years or months or days relative to start of event or process) rather than absolute dates (ie, calendar dates). It is usually easier to grasp the chronology of events when the amount of time since the event or start of the process is reported (don’t force the reader to calculate the amount of time).

C. Development of the Process
☐ Provide a detailed description of the steps taken to develop the process.
☐ Support the rationale for each developmental step by the literature or other solid rationale.
☐ Discuss any other special considerations—such as, but not limited to, stakeholder consultations—that were taken into account in developing the process.
☐ Describe the plan to determine the outcome of implementing the process (measures, follow-up time points), providing hypotheses of what should be observed if the approach were to be successful.
D. Application of the Process
☐ Provide details of how the approach was implemented in the target setting
☐ Discuss the technical aspects of implementing the process, and identify the time-dependent factors (e.g., frequency, duration).
☐ Describe any training procedures that were used for those involved in implementation of the process.
☐ Explain what was done to get acceptance by staff involved with implementing the process.

E. Outcome
☐ Discuss the outcomes of the actions taken to implement the process, consistent with the stated plan for determining outcome.
☐ Operationally define measurement procedures, if used,
☐ Cite evidence for reliability or validity, if available. If such information is not available, acknowledge this, and make a presumptive argument.

F. Discussion
☐ Reflect back on how well the implementation of the process achieved its goals, based on the outcome data. Care must be taken to keep this discussion in the context of the case and not make generalized conclusions about use of the process in other settings.
☐ Discuss any difficulties encountered during the development and implementation of the process that could have affected the outcome.
☐ Refer to previous literature to explain how the application of the process in the case may or may not enhance administrative/educational processes in physical therapy.
☐ Provide suggestions for further research.

IV. References
☐ Use no more than 30.

V. Tables and Figures
☐ Use no more than 6 tables and figures total.
Appendix 6.

Checklist for Case Reports Focusing on Risk Management

Case describes risk management or demonstrates how risk management was handled. May cover such topics as accidents, adverse events, emergencies, and risk reduction strategies that are associated with physical therapist practice. Emphasis is on describing the nature of the risk, the rationale for dealing with the risk, methods for resolving or reducing the risk, and involvement of any other personnel or agencies.

I. Title
☐ States that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract
☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript
☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose
☐ Include a thorough review of the risk management topic (accidents, adverse events, emergencies), including the nature and prevalence of the problem and how it can affect physical therapist practice. Other consequences of the risks—such as legal, punitive, or budgetary and financial burdens—should be discussed to justify the importance of the topic.
☐ End with a purpose statement that clearly indicates the focus of the case is to demonstrate risk management in practice (eg, "The purpose of this case report is to describe an approach designed to prevent an adverse event X in the care of a patient with....").

B. Case Description: Details of the Risk Management Topic
☐ Detailed description of the patient involved (history, pertinent examination data, the plan of care, and any other events leading up to the risk management concern) or other entity.
☐ Discuss the current best-evidence guidelines (if they exist) to manage the risk and the expected consequences of deviating from the guidelines.
☐ Use relative dates (eg, years or months or days relative to start of event or process) rather than absolute dates (ie, calendar dates). It is usually easier to grasp the chronology of events when the amount of time since the event or start of the process is reported (don’t force the reader to calculate the amount of time).

C. Clinical Impression
☐ Explain why you believe that the current situation represents the risk management issue.
☐ Describe what you believe needs to be done to correct, minimize, or prevent the risk at this point, and summarize the next course of action.
☐ Discuss plans for determining the outcome of the action plan.
D. Actions Taken to Address the Risk
☐ Describe in detail the actions taken to address the risk.
☐ Provide the rationale for the actions taken, using pertinent literature.
☐ If the actions involve the addition of an intervention, describe it in detail so that the reader can replicate it.
☐ If the actions involve interaction with other professionals, describe the purpose and nature of these interactions.

E. Outcome
☐ Discuss the results of the actions taken to address the risk, consistent with the stated plan for determining outcome.
☐ Operationally define measurement procedures, if used.
☐ Cite evidence for reliability or validity, if available. If such information is not available, acknowledge this, and make a presumptive argument.

F. Discussion
☐ Reflect back on how well the actions used adequately addressed the risk; take care to keep this discussion in the context of the case and not make generalized conclusions about how to address the risk.
☐ Provide suggestions for further research.

IV. References
☐ Use no more than 30.

V. Tables and Figures
☐ Use no more than 6 tables and figures total.
Appendix 7.

Checklist for "Full," Traditional Case Reports

Case describes the overall management of an unusual case or a condition that is infrequently encountered in practice or poorly described in the literature. The entire care of the patient—from start to finish—is described, with no one aspect of care receiving greater focus.

I. Title
☐ State that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract
☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript
☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose
☐ Provide a scholarly discussion of the importance of the topic, noting what has been published in the literature about the clinical problem and the key evaluation and treatment procedures.
☐ Provide rationale for why this case is needed.
☐ End with a purpose statement that is supported by the background information.

☐ Use relative dates (eg, years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (ie, calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (don’t force the reader to calculate the amount of time).
☐ Explain patient/family goals for physical therapy.

C. Clinical Impression #1
☐ Explain the primary problem.
☐ Describe the potential differential diagnoses.
☐ Identify additional information (not provided in the initial patient interview or history) that needed to be requested from the patient; explain how this additional information pertains to the diagnostic/prognostic aspect of the case.
☐ Describe the plan for the examination (eg, test selection).
☐ Explain why this particular patient is a good candidate for a case report.

D. Examination
☐ Describe examination procedures that are consistent with clinical impression #1 and with the diagnostic/prognostic focus of the case.
☐ Clearly explain the rationale for using each test and measure.
☐ Describe the examination procedures so that others could replicate them; wherever possible, include figures, tables, and supplemental appendixes and videos.
G. Outcome

☐ If not already in the examination section, provide operational definitions of the outcome measures and their purpose, and cite evidence for reliability and validity. Priority is given to validated outcome measures. If reliability and validity have not been estimated for a measure, acknowledge this, and make presumptive arguments that the measurements would be reasonably reliable and valid for the purpose of the case.

☐ Present the outcomes over the time points indicated in the follow-up plan.

☐ Compare follow-up outcomes to baseline.

☐ Use tables and figures to enhance the description.

H. Discussion

☐ Reflect back on how the intervention may have assisted in addressing the target problem. This should be done in the context of other co-interventions that may have been provided. The key points of development and application should be tied back to the rationale for the treatment and literature on previous treatment approaches for a similar problem.

☐ Avoid any definitive cause-and-effect statements about interventions.

☐ Avoid making definitive generalizations to other patients.

☐ Speculate on potential implications for clinical practice.

☐ Offer suggestions for further research.

IV. References

☐ Cite no more than 30.

V. Tables and Figures

☐ Use no more than 6 tables and figures total.