



EDITORIAL

The 'humble' case-study

Research can be seen to have a pyramid-like structure, with Meta-analysis at the top, supported by Random Controlled Trials, Cohort Studies, Pilot Studies, Case Series, with a foundation of case studies.

In such a hierarchy the case study fills a lowly, foundational, space where it is seen by many to represent the most basic element in research, proving little and merely representing an exercise in information gathering and presentation.

This view is inaccurate. Case studies are indeed a *foundation*, and the evidence they bring forward has been shown to be enormously important in alerting the wider community of researchers and health care professionals to potentially critical trends.

For example, although the single case study may be the weakest level of evidence, it remains the *first evidence* that often sets alarm bells ringing for other researchers.

Examples of case studies acting in this way include nurses and health care workers reporting—in 1967—on the effects of thalidomide, as well as the first reports of Toxic Shock Syndrome in the *Lancet* in 1971.

In 1981, a few lines appeared in the *American Journal of Dermatopathology*, reporting on the very high incidence of Kaposi's Sarcoma in male homosexuals—the prelude to what became the AIDS pandemic.

And of course such alerts only become possible if case studies are published and disseminated, either individually, or as a series. Research is of little value unless it is seen, and is seen to receive critical evaluation (such as occurs in peer-reviewed publications such as JBMT).

In 2005, the *Massage Therapy Foundation* initiated a case-study competition for trainee mas-

sage therapists. One of the prizes for the winner (there were in fact two first prizes in this years competition) was publication of the case study in JBMT.

In this issue you will find the case-study paper: *Impact of Massage Therapy in the Treatment of Linked Pathologies: Scoliosis, Costovertebral Dysfunction, and Thoracic Outlet Syndrome*, by Seattle-based Mike Hamm.

In a subsequent issue, during 2006, a case study by the other first prize winner, Susie Young (of Cedar City, UT), will appear—*The Quantifiable Efficacy of Massage Therapy in Fibromyalgia*.

This case-study competition not only encourages young therapists to start thinking about research, it also demonstrates to other health care providers something of the range of possibilities emerging from the massage therapy profession, and this is exemplified by Mike Hamm's diligent and thoughtful approach in his paper.

The studies that emerge from this competition (and others that the Foundation have planned) are unlikely to have the dramatic impact of some previous examples that have created an awareness of major health concerns (e.g. thalidomide and AIDS as reported above), but by creating a healthy competitive environment for student researchers, and more established therapists, a climate should emerge in which clinical thinking and evidence-based massage therapy develops.

JBMT's role in this is to help to spread awareness of this foundational 'bodywork' profession's value in modern health care.

The Massage Therapy Foundation is to be congratulated on their strategic planning for the advancement of the profession which they represent, and JBMT is proud to be associated with this initiative.

For more information on the Foundation and research initiatives contact <<http://www.massagetherapyfoundation.org>>

Also appearing in this edition is a review paper by James Oschman 'Trauma Energetics'. Oschman and 6 other eminent experts will be presenting at JBMT's Masterclass Conference (in collaboration with the University of Westminster) Understanding Trauma and Adaptation, to be held in London on the weekend of April 22/23, with one-day workshops running on the Friday and

Monday of that weekend. For details visit www.JBMTconference.elsevier.com

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