

# CASE STUDY WRITING GUIDE

**Case Study:** Insert surgical procedure performed (if applicable)

**Patient:** Insert patient information (age, weight, sex, etc.), admission date, and prior medical history. Please do not forward any patient identifying information.

**Diagnosis:** Insert patient diagnosis here, include all co-morbidities, infections, etc.

**Initial Treatment of Therapy:** Insert date of procedure, location, length and depth of wound (if applicable), timeframe of therapy, describe materials and method in application of therapy.

**Progress:** Total duration on therapy days. Was reapplication of therapy or dressing required? Describe if applicable and for how many days.

**Discharge and Follow-Up:** Insert discharge data and any known follow-up information. Also note if patient was discharged from the acute setting to a post-acute setting while on therapy.

**Economic Value (if applicable):** Attach any economical data demonstrating significant economic value in using therapy in this particular case. Any benchmarking to support opinions or anecdotal statements should be based on data that is supported by documentation. Also, anecdotal information regarding decreased length of stay, quicker transition to lower cost care setting, shorter disability, or prevention of alternative course of treatment (amputation, etc.). If providing medical or expert opinions to support economic value, please clearly indicate. Such opinions are not encouraged and cannot be accepted without documented support.

**Clinical Outcomes/ Conclusion:** Provide a summary, supported by medical documentation, as to the clinical outcomes/observed results using therapy. You can provide medical expert opinion as the treating physician on the outcomes observed, but it must be in addition to the supported medical documentation and it must be clearly indicated as medical judgment or opinion.

**Reference:** Insert name of institution, city and state, and physician(s) completing procedure.

All information must be collected retrospectively. If available, please submit high resolution digital photos before and after therapy. For example, (1) immediately post-operative,(2) with therapy applied, (3) at end of therapy, and (4) at office follow-up. PLEASE DO NOT PROVIDE ANY PATIENT IDENTIFYING INFORMATION ON THE PHOTOS SUBMITTED.