



Single case research designs

Jane Riddoch & Sheila Lennon

To cite this article: Jane Riddoch & Sheila Lennon (1991) Single case research designs, Physiotherapy Theory and Practice, 7:1, 1-1, DOI: [10.3109/09593989109106945](https://doi.org/10.3109/09593989109106945)

To link to this article: <https://doi.org/10.3109/09593989109106945>



Published online: 10 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 150



View related articles [↗](#)

EDITORIAL

Single case research designs

This special issue differs from regular editions of *Physiotherapy Theory and Practice*. Not only does it focus on a single topic, single case research design, but the papers have not been peer-reviewed in the usual sense. Rather, the seven papers following the Introduction are examples of work carried out by clinicians with minimal help from experienced researchers. These papers illustrate that it is possible to contribute to the evaluation of everyday practice in an objective way without necessarily having had previous research experience. Examples from a number of different clinical areas are presented: outpatients (Beattie, Kettle), community care (Farrell), neurological rehabilitation (Cornell, Lennon, Richardson) and the intensive care unit (Davis and Henderson).

The need to establish a more objective database in physiotherapy is necessary if any strong claims are to be made about the different therapeutic techniques that are standardly employed. As we argue in the Introduction, group studies are difficult to implement and the results may be difficult to evaluate. We have suggested that the small *N* approach is a useful method of establishing generality of findings in addition to answering some of the criticisms of simple AB designs applied to a single case. One of the studies included in this issue illustrates the use of small *N* designs (Cornell). A possible way forward in

clinical practice is for every therapist to attempt to evaluate practice along the lines we have outlined in the Introduction, and which have been implemented by contributors to this issue. However, we would not advocate that therapists should attempt to publish such studies (unless the case is unique in some way). Rather, we would propose that either the individual clinician attempts a small *N* design (see Cornell) or that the responsibility of the senior therapist in a particular therapy unit could be the supervision of a number of similar single case studies which could then be used in a small *N* design. These small *N* designs should be published. It seems unnecessary to apply the sophisticated statistical analyses employed in this issue to each individual case (although therapists should be encouraged to perform some form of analysis such as visual analysis or the split-middle technique); but such analyses should rather be reserved for the small *N* design. Unless rigorous analysis is applied in such instances, it will be difficult for the therapist to gain scientific credibility.

The editors gratefully acknowledge the support of the Physiotherapy Foundation of the United Kingdom in the production of this special issue.

Jane Riddoch and Sheila Lennon
Birmingham and London, UK