**AJPMR RFS CARE Checklist**

1. *Title* – The area of focus and “clinical vignette” should appear in the title *(Line 1)*
2. *Keywords* – Two to five keywords that identify topics in this case report *(Line 44-45)*
3. *Patient Information*
   1. De-identified demographic and other patient information
   2. Main concerns and symptoms of the patient’s presenting illness *(Line 28-30, 52-55)*
   3. Pertinent medical, family, and psychosocial history *(Line 28-30)*
   4. Relevant past interventions and their outcomes *(Line 28-30, 52-55)*
4. *Clinical Findings* – Relevant physical examination (PE) and other clinical findings *(Line 55-62)*
5. *Timeline* (optional) – Relevant data from this episode of care organized as a timeline (figure or table). This will not be counted towards the figure/table limit.
6. *Diagnostic Assessment*
   1. Diagnostic Methods (PE, laboratory testing, imaging, surveys) *(Line 95-101)*
   2. Diagnostic Challenges *(Line 108-192)*
   3. Diagnostic Reasoning including a Differential Diagnosis *(Line 68-88)*
   4. Prognostic Characteristics when applicable
7. *Therapeutic Intervention*
   1. Types of intervention (pharmacologic, surgical, preventive) *(Line 108-119)*
   2. Administration of intervention (dosage, strength, duration) *(Line 108-119)*
   3. Changes in the interventions with explanations *(Line 108-119)*
8. *Follow-up and Outcomes*
   1. Clinician and patient-assessed outcomes when appropriate *(Line 121-128)*
   2. Important follow-up diagnostic and other test results *(Line 121-128)*
   3. Intervention adherence and tolerability (how was this assessed?)
   4. Adverse and unanticipated events. *(None)*
9. *Discussion*
   1. Strengths and limitations in your approach to this case *(Line 130-192)*
   2. Discussion of the relevant medical literature *(Line 121-176)*
   3. The rationale for your conclusions *(Line 159-166)*
   4. The primary “take-away” lessons from this clinical vignette *(Line 178-192)*
10. *Patient Perspective* (optional) – The patient can share their perspective on their case
11. *Informed Consent* – The patient should give informed consent *(Verbal consent provided)*
12. *Educational Interactivity*
    1. Transitional questions aimed to prime reader’s critical thinking (e.g. What is your leading differential with the following symptoms?; How would you design a focused exam?; What laboratory/diagnostic tests would you consider?) *(Lines 64-65, 90-92, 103-105)*
    2. Describe pathognomonic signs/symptoms, physical exam findings, and/or radiographic findings. *(Lines 69-78)*
    3. Discuss testable features (i.e., describe how this could appear on a board exam). *(Lines 73-78; this case discusses a unique presentation of radiculopathy after lower extremity amputation – a rare entity in itself with limited medical literature to date as such it would not be appropriate to create an objective board exam/relevant test question from this report)*