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About Orthopaedic Research Group

The Indian Orthopaedic Research Group was formulated in 2007 with a single aim of promoting Orthopaedic Research in India. Over years the organization has grown both in size and activities and has expanded into an International Orthopaedic Research Group. IORG has to its credit more than 100 research projects that are published in various Journals. We run workshops to advance the knowledge of Research Methodology and Journal Publication. We provide various resources like Designing studies, providing statistical assistance and setting up Academic Research Divisions at institutes. For post graduate students we have various sections under making; concise reviews, Ortho-notes, Radiograph Library and information on Conferences and Fellowships. IORG is proud to run the case discussion forum which has more than 4400 orthopaedic surgeons as members and more than 2000 case discussions up till now. We run our own Journals; Journal of Orthopaedic Case Reports and Journal of Orthopaedics and Rehabilitation and latest addition named 'Journal of Orthopaedic Images'. These Journals will provide a platform for Surgeons to Publish and showcase their work. A variety of future plans are being conceived at IORG and with support of Orthopaedic Fraternity, we will work hard to implement them.
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Scope Of Journal

Journal of Orthopaedic Case Reports (JOCR) publishes original and interesting case reports that contribute significantly to Orthopaedic knowledge.

Manuscripts must meet one of the following criteria:
1. Unexpected or unusual presentations of a disease
2. New associations or variations in disease processes
3. Presentations, diagnoses and/or management of new and emerging diseases
4. An unexpected association between diseases or symptoms
5. An unexpected event in the course of observing or treating a patient
6. New technique or modification of original surgical technique
7. Unusual complication of a particular disease or surgery
8. Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
9. A small series of cases with unusual outcome.
10. A technical note demonstrated on a single case.
11. A small series of cases less than 15 in number.

Manuscripts are reviewed by the Editorial Board and two external referees, and if your manuscript is accepted, it will be subject to 5000/- rupees article-processing charge (for oversees the article processing charges will be 200$). No charges for submitting the manuscript or for decision on the manuscript. Authors will usually receive a decision on their manuscript within 8-12 weeks.

All manuscripts are to be submitted via the Journal submission software ‘Scripture’ on the website www.jocr.co.in

Any other query regarding article formatting for submission process can also be mailed to editor.jocr@gmail.com

Article Formats

JOCR accepts following formats of articles
- Case Reports
- Case Image
- Technical Note
- Video Technique
- Surgical Tips
- Case Study
- Case Approach
- Letter to Editor
- Letter to Experts

Case Reports: Have been detailed below and all the remaining formats follow similar guidelines as case reports

Case Image: is description of a single Image which has an unique learning point

Technical Note and Video Technique: detailed description of a new technique or improvisation of an old technique

Surgical Tips: Small surgical tips and pearls are invited for this section. Pictures are essential and video will be preferable

Case Study: This new format combines the level V evidence with Clinical Decision Making (CDM). The article published in this issue should be taken as a template to write Case Study articles. It focuses on getting the thought process of the treating surgeon behind the approach

Case Approach: This is a new but invited only section. We will invite an expert to describe his approach to a particular case scenario with literature and rationale behind the approach

Letter to Editor: on articles in JOCR

Letter to Experts: JOCR will soon be creating an Expert panel of surgeons. Readers of JOCR can ask queries regarding complicated cases to JOCR Experts. These queries will be answered by experts. The Orthopaedic Research Group will add literature review to this expert opinion and article will be peer reviewed and published in 15 days.

Guidelines to Authors

Following files will be essential for submission of an article
- Cover letter
- Title page
- Blinded manuscript
- Tables
- Figures
- Copyright form

The details of formatting these files are provided below.

Accepted format for case report articles

The JOCR follows the Uniform requirements for manuscript as laid down by the International committee of Medical Journal Editors (http://www.icmje.org/urm_main.html)

Manuscripts submitted to JOCR must be submitted in the format described below. Articles that do not meet the journal's style will not be peer reviewed or considered for publication. All articles should be no more than 2000 words with a maximum of 15 references and 10 figures. Manuscripts should also contain an abstract of up to 350 words. Case reports will only be accepted for peer review in the following format:

Title page
Abstract
Introduction
Case presentation(s)
Discussion
Conclusions
References
Illustrations and figures
Figure legends (if any)
Additional data files (if any)
List of abbreviations used (if any)
Competing interests
Authors’ contributions
Acknowledgements and Funding
Copyright Form.

Title page
The first page of the manuscript should be a dedicated title page, including the title of the article. The title should include the study design, i.e. Case report. For example

Authors Names should appear in sequence that will be final, with superscript numbers
Concerning the case. The case previously reported side effects. It should details of the drug's common use and any presentation if it is a new disease. If it is a progression and an explanation of the disorder, usual presentation and background of the case, including the patient's age, sex and ethnic background.

Introduction

• Introduction An introduction about why this case is important and needs to be reported. Please include information on whether this is the first report of this kind in the literature.
• Case presentation Brief details of what the patient presented with, including the patient's age, sex and ethnic background.
• Conclusion A brief conclusion of what the patient presented with a particular clinical specialty of medicine or will it have a broader clinical impact across medicine? Please include information on how it will significantly advance our knowledge of a particular disease etiology or surgical technique or pathology.

Abbreviations (if any)

If abbreviations are used in the text they should either be defined in the text where first used, or a list of abbreviations can be provided.

Consent

This section is compulsory. It should provide a statement to confirm that the patient has given their informed consent for the case report to be published. You do not need to send the form to us on submission, but we may request to see a copy at any stage (including after publication).

Competing interests

Please declare whether competing interest exists. A competing interest exists when the author(s) declare that they have no personal or financial relationship with other than what the author(s) declare that they have no personal or financial relationship with other personal opinions about their Publication.

References

Please check the Instructions for authors pages on details of the format for references.

Acknowledgements

Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship.

Preparation of illustrations and figures:

Please note that JOCR can only publish ten figures in each case report. If you have more than ten figures and feel that all are essential to the understanding of the case report, please make this clear in your covering letter, explaining why the figures...
are needed. Figures and tables should be sequentially referenced. Authors should include all relevant supporting data with each article.

Figures should be provided as separate files and should not be included in the main text of the submitted manuscript or include within them the figure legend. Each figure should comprise only a single file. There is no charge for the use of color.

Authors should make every effort to preserve the anonymity of the patient before removing or concealing any identifiable features, including birthmarks and tattoos. Please take extra care with images of the head and face, ensuring that only the relevant features are shown. Publication of facial images will be subject to approval by the Editor-in-Chief.

Figure legends: No more than 10 figures per case report is accepted. For each figure, the following information should be provided: Figure number (in sequence, using Arabic numerals - i.e. Figure 1, 2, 3 etc); short title of figure (maximum 15 words); detailed legend, up to 300 words. Figures should be provided as separate files.

The legends should be included in the main manuscript text file rather than being a part of the figure file. For each figure, the following information should be provided: Figure number (in sequence, using Arabic numerals - i.e. Figure 1, 2, 3 etc); short title of figure (maximum 15 words); detailed legend, up to 300 words. Figures should be provided as separate files.

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The legend should include a description of the exact location of image e.g. micrograph/x-ray, and time in relation to progression e.g. one week after surgery. There must be no abbreviations unless they are expanded (excluding common abbreviations such as antibodies).

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Preparation tables: Each table should be numbered in sequence using Arabic numerals (i.e. Table 1, 2, 3 etc.). Tables should also have a title that summarizes the whole table, maximum 15 words. Detailed legends may then follow, but should be concise.

Smaller tables considered to be integral to the manuscript can be pasted into the document text file. Such tables should be formatted using the 'Table object' in a word processing program to ensure that columns of data are kept aligned when the file is sent electronically for review. Tabular data provided as additional files can be uploaded as an Excel spreadsheet (.xls) or comma separated values (.csv). As with all files, please use the standard file extensions.

Journal of Orthopaedic Case Reports also allows movies and/or animations to be included as additional files, and allows movies to be viewed in the context of the article. Video files should be sent to us by email to editor.jocr@gmail.com Additional data files should be referenced explicitly by file name within the body of the article, e.g. 'See additional file 1: Movie1 for the original data used to perform this analysis'.

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Style and language

General: Currently, JOCR can only accept manuscripts written in English. Spelling should be US English or British English, but not a mixture.

It is essential that submitted manuscripts have a high standard of written English. Manuscripts that are poorly written will be returned to authors for revision prior to peer review. Authors are advised to write clearly and simply, and to have their article checked by colleagues before submission. Non-native speakers of English may choose to make use of a copyediting service before submission.

JOCR will copy edit accepted manuscripts before they are published. The editing is designed only to correct such things as misused words, spelling errors, missing references or incomplete citation information.

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• Abbreviations spelt out in full for the first time.
• Numerals from 1 to 10 spelt out.
• Numerals at the beginning of the sentence spelt out.
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