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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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 overseas 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](http://www.jocr.co.in)

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

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

**Case Approach**: This is a new but invited only section. We will invite an expert to describe to 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.

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 Journal 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 long 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 mentioning authors affiliations

Author Name 1, Author Name 2, Author Name 3

Address: 1 Full designation, degree and postal address of author 1; 2 Full designation, degree and postal address of author; 3 Full designation, degree and postal address of author 3

* Corresponding author should be indicated with an asterisk.

The full names, institutional addresses and email addresses for all authors must be included on the title page. No other information should be included on this page.

Abstract
This should start on page 2 of the manuscript. The abstract must not exceed 350 words. Do not use abbreviations or references in the abstract. The abstract should be structured into three sections and should make clear how the case report adds to the Orthopaedic literature:

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 reader should learn from the case report and what the clinical impact will be. Is it an original case report of interest to a particular clinical relevance of the case. Is it an original case report of interest to a particular clinical 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 your interpretation of data or presentation of information may be influenced by your personal or financial relationship with other people or organizations.

Where an author gives no competing interests, the list must read: “The author(s) declare that they have no competing interests”.

Clinical Message

This should present all relevant details concerning the case. The case presentation should contain a description of the patient's relevant demographic information (without adding any details that could lead to the identification of the patient); any relevant medical history of the patient; the patient's symptoms and signs; any tests that were carried out and a description of any treatment or intervention. This section may be broken into subsections with appropriate subheadings. If it is a case series, then details must be included for all patients.

Discussion
This section should discuss the peculiarities of the case in detail with reference to literature. A detailed literature review at least of the Medline using Pubmed should be given here along with keywords. This should then logically concluded into the the take home message from the case report

Conclusion
This should state clearly what can be concluded from the case report, and give a clear explanation of the importance and relevance of the case. Is it an original case report of interest to 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.

References
All references must be numbered consecutively, in square brackets, in the order in which they are cited in the text, followed by any in tables or legends. Please check the Instructions for authors page for details on the format of references.

The must be no more than 20 references listed, e.g.

For an article within a journal:

For a book chapter, or article within a book:

Preparing 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
should also have a title that summarizes
numerals (i.e. Table 1, 2, 3 etc.). Tables
numbered in sequence using Arabic
Preparing tables:
elsewhere.

The following file formats can be accepted:
- EPS (preferred format for diagrams)
- PDF
- P N G
- TIFF
- JPEG

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.
The legend should include a brief
description of the exact location of image
on the patient, the type 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).
Please note that it is the responsibility of
the author(s) to obtain permission from the
copyright holder to reproduce figures or
tables that have previously been published
elsewhere.

Preparing 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 send to us by
e-mail to editor.jocr@gmail.com
Additional datafiles 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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the website and a signed copy scanned
and submitted along with manuscript

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.

Typography
- Please use double line spacing.
- Type the text unjustified, without
hyphenating words at line breaks.
- 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.
- Use hard returns only to end headings
and paragraphs, not to rearrange lines.
- Capitalize only the first word, and
proper nouns, in the title.