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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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Volume 7 | Issue 2 | Mar - Apr 2017

SCOPE

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

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.

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 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[1], Author Name 2[2], Author Name 3[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 speciality 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 drug mechanism.

Keywords: Add 3 to 5 keywords at the end of abstract. MESH terms will be preferable

Introduction
The introduction section should explain the background of the case, including the disorder, usual presentation and progression and an explanation of the presentation if it is a new disease. If it is a case discussing an adverse drug interaction the introduction should give details of the drug's common use and any previously reported side effects. It should also include a brief literature review.

Case Report
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 leiterature 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 speciality 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 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 listing must read: “The author(s) declare that they have no competing interests".

Clinical Message
A short one or two sentence about clinical relevance of the article. How will this article change clinical practise.

Authors Corner: This to be written in third person with names of the authors and their personal opinions about their Publication. This may also be in a format of chronological history of the case and how every author was involved and has deliberated over the publication. It is the informal story of the evolution of the article from presentation of the case, to decision of publishing it with a view point of why the authors though the case should be published. It might also include how literature review helped authors to look into other modalities of management of the case. Any further deliberations of the authors about if they would have still managed the case in the same way, or if literature and their thought process about the case have changed their view can be included.

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.

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:
Bentolila V, Nizard R, Bizot P, Sedel L. Complete traumatic brachial plexus palsy. Treatment and outcome after repair. J Bone Joint Surg Am 1999;81:20-8.
For a book chapter, or article within a book
Songcharoen P. Neurotization in the treatment of brachial plexus injury. In: Omer G, Spinner M, van Beek A, editors. Management of peripheral nerve problems. Philadelphia: W.B. Saunders; 1998. p. 459-64.

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 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 be 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.
Formats
The following file formats can be accepted:
• EPS (preferred format for diagrams)
• PDF (also especially suitable for diagrams)
• PNG (preferred format for photos or images)
• 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).
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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.

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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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