



Journal of Orthopaedic Case Reports (JOCR)

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Scope of the 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:

01. Unexpected or unusual presentations of a disease
02. New associations or variations in disease processes
03. Presentations, diagnoses and/or management of new and emerging diseases
04. An unexpected association between diseases or symptoms
05. An unexpected event in the course of observing or treating a patient
06. New technique or modification of original surgical technique
07. Unusual complication of a particular disease or surgery
08. Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
09. 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.
12. A New section on video techniques has been started.

Manuscripts are reviewed by the Editorial Board and two external referees, and if your manuscript is accepted, it will be subject to 3500/- rupees article-processing charge (for overseas the article processing charges will be 100\$). No charges for submitting the manuscript or for decision on the manuscript. Authors will usually receive a decision on their manuscript within 8 weeks although delays are possible. All manuscripts are to be submitted via the Journal submission software on the website (www.jocr.co.in). Any other query regarding article formatting for submission process can also be mailed to

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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 20 references and 10 figures. If authors wish to have more references or figures, they should specify the reason in a covering letter. Case reports will only be accepted for peer review in the following format:

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

Guidelines to Authors

TITLE PAGE

The first page of the manuscript should be a dedicated title page, including the title of the article.

Author Name ¹, Author Name ², Author Name ³*

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

Email: Email addresses for all the authors are compulsory; email@address.com;

* 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. The full postal address of the corresponding author should also be indicated along with email and telephone number. 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 surgical technique.

Keywords: At least three keywords should be provided (if possible related MESH terms in Pubmed)

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 Surgical technique the introduction should include a brief literature review. All sentences should be backed with references

Case presentation: 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. If it is a case series, then details must be included for all patients in a table format.

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. If possible tabulate all the literature references in a table. This should then logically concluded into 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.

Clinical Message: This should be brief

one or two sentence on what is the practical clinical learning point from the case report

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)

Conflict of 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. International Committee of Medical Journal Editors (ICMJE) prepared and piloted a Form for Disclosure of Potential Conflicts of Interest in an attempt to inject some uniformity into these disclosures. After an initial review, feedback from the medical journal community was used to modify this form to become the final ICMJE form for disclosure which the Editors of JOCR have now approved. JOCR will be requiring the authors to fill in this completed ICMJE form available from the link on the Journal website or ICMJE website (http://www.icmje.org/coi_disclosure.pdf). This is a very simple PDF form and authors have to download it and fill in required details and then mail to us at editor.jocr@gmail.com once the article is accepted for publication.

Acknowledgements: Please acknowledge anyone who contributed towards the study, 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.

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 colour.

Authors should make every effort to preserve the anonymity of the patient by 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.

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

Figure number (in sequence, using Arabic numerals - i.e. Figure 1, 2, 3 etc); 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. 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

Please note that it is the responsibility of the author(s) to obtain permission

