


## Case Reports and Case Series: Expanding the scope of Journal of Orthopaedic Case reports

Case reports have been given a step motherly treatment by many standard journals who do not wish to include them in their main content. The fear is of lowering of impact factor as case reports do not have many citations. Journal of Orthopaedic Case Reports (JOCR) was started to counter this trend and to provide a platform for publications of case reports [1, 2]. Over last five years JOCR has been successful in creating its own niche and has grown into a world renowned Journal that has contributions from all across the world. At this point of time we have articles in review that can help us publish the journal for next three years. This increasing popularity of the Journal has made us rethink about the scope of JOCR and ways in which we can add more content and quality for our readers.

One of the areas where JOCR intends to widen its scope is by accepting original articles in form of case series. JOCR already has a provision for accepting case series with cases less than 15, however we now intend to remove the restriction and will be accepting case series with any number of cases. Many authors do have a series of cases of a more common variety but with a different method of treatment or a unique outcome result. We believe case series are not only aggregate of case reports but critical analysis will offer more insight into the series of cases which would be difficult to extract from single cases. The format of such case series will require detailed case description of two cases from the series as per the case report format of JOCR. We believe original articles in form of case series will be a definite value addition to JOCR and these will not dilute the focus of the Journal. This will also offer opportunity to many authors to present their series of cases which will be helpful to readers. Combining case reports with case series is not a new concept and evidence based medicine has always combined case reports with case series as the lower rung of hierarchy of evidence. Publishing case series along with case reports will make JOCR truly representative of this second of evidence based medicine. In compliance with this argument, JOCR will not be accepting any comparative studies or trails currently as such study design remain out of scope of the journal. We hope addition of case series to the scope of JOCR will add more flavour to the journal and make is much more useful to the readers.

On another front all formalities of PubMed indexing has been completed and the editorial board has also checked the preview of JOCR on PubMed. This has been a long awaited landmark for JOCR. Although the journal was accepted for indexing in PubMed central almost a year and half ago, but the errors in articles and other technical issues delayed the uploading of the articles on PubMed servers. Now that all errors have been rectified and all issues are uploaded on the website, we believe we will soon see complete archive of JOCR on PubMed central. This will add a new dimension to JOCR. The outreach of JOCR will increase overnight and all article will be available on a global platform. Researchers and readers who can access the article will increase and so will the citations. But most importantly all the good work that the editorial and the reviewers team of JOCR has done over the years will be all well worth. We expect the number of submission to rise too and to counter that we have planned adding more infrastructure to JOCR in terms of additional staff and other resources. We also realise that with JOCR indexed in PubMed the responsibility of the editorial board will also increase. We have to keep in mind that only good quality articles are published in JOCR and maintaining high standards of peer review and publication will surely be challenging. The team of JOCR has anticipated these challenges and we are ready to face them.

There is a new addition to JOCR interface and we are adding a mobile app to JOCR team. The app was again developed in house by members of editorial and technical team (like all the technical part of JOCR including website, scripture and

<p>Access this article online</p> <p>Website: www.jocr.co.in</p> <p>DOI: 2250-0685.400</p>	<p style="text-align: center;"><b>Author's Photo Gallery</b></p> <div style="display: flex; align-items: center; justify-content: center;">  <div style="text-align: left;"> <p><sup>1</sup>Indian Orthopaedic Research Group, Thane, India. <sup>2</sup>Sancheti Institute for Orthopaedics and Rehabilitation, Pune, India</p> <p><b>Address of Correspondence</b> Dr. Ashok Shyam, Department of Orthopaedic, Sancheti Institute for Orthopaedics and Rehabilitation, Pune, India. Email: drashokshyam@gmail.com</p> </div> </div> <p style="text-align: center;">Dr. Ashok Shyam</p>
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print). The mobile app will be available for both ios and android systems and will work on a standard phone as well as iPad and android tablets. All the past issues as well as ahead of print articles will be available on the app. We have tried to keep the app design simple and contemporary and we hope our readers will like it. Revamp of the website is on the cards and possibly in few months the new design of JOCR will be available for the readers. Year 2016 will be a happening year for JOCR and with support of our editorial team, reviewers and readers, I am sure we will achieve great heights.

**Dr. Ashok Shyam**

**Editor- Journal of Orthopaedic Case Reports**

#### References

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#### How to Cite this Article

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