

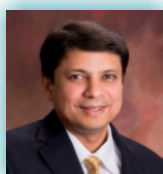
## JOCR Best Article Award 2011-2012

Articles in JOCR are of practical importance and thus are being widely downloaded and read. We keep a track of number of views and downloads from the website. An online rating panel is now provided under all articles and readers can rate the article on parameters of trustworthiness, bias, usefulness and quality of writing. Also Letter to editors and other parameters of interest (eg discussions, Citations) generated by the article will be studied by a panel of editorial board member. Based on these details JOCR will be awarding Three Best Article Awards every year. An e-Certificate of award will be mailed to the authors. There were 10 nominations this years and amongst them below three were chosen for the best article award for year 2011 -2012. We congratulate the authors and publish a small commentary by the authors about their article and JOCR. This will be regular feature every year at JOCR and announcements will be made in the last issue of the year.

### Percutaneous Needle Tenotomy for Tendo-achillis Release in cases of Clubfoot – Technical Note. Journal of Orthopaedic Case Reports 2012;2(1):35-36.



Dr. Sandeep Patwardhan



Dr. Parag Sancheti



Dr. Ashok Shyam

#### Commentary by Authors

*I am honored to receive the "JOCR Best Article Award 2012".*

*I would like to acknowledge the contribution of Dr Ashok Shyam for documenting & putting my work in the correct perspective. I would like to acknowledge the Sancheti Institute where this work was done & Dr Parag Sancheti for encouraging research.*

*I strongly feel that research should be outcome oriented and should result in betterment of patient care -to make it more effective and affordable. Any other type of research which does not serve this purpose is wasted. The JOCR has been a brilliant idea which allows authors to publish even small tips and tricks of concepts, techniques, and Orthopaedic Science in general without the restrictions of long follow ups or large series. Our paper is on a simple technique which had been described earlier, however the video of the technique has generated much interest and I hope many surgeons use the technique and many more patients are benefitted*

*Lastly I would like to add that level 5 evidence does matters and it gives more power to the researchers and is as much useful to a reader.*

### Osteotomy and Re-fixation for treatment of Malunited Greater Tuberosity of Humerus. Journal of Orthopaedic Case Reports 2012;2(1):18-20



Dr. Banarji BH



Dr. IPS Oberoi



Dr. Phillippe Collin

#### Commentary by Authors

*This patient presented to us long time after injury, he was already operated once , his shoulder was stiff and he was not able to do his activities of daily living. Patient had spent sufficient amount of time and money for treatment with various surgeons and physiotherapist, with no hope improvement he was depressed and had lost his job also.*

*On evaluation, Ct scan revealed a posteriorly and proximally displaced greater tuberosity, we were hopeful that after removing the posterior bony block and reshaping the tuberosity he should improve. Accordingly he was operated with a posterior incision greater tuberosity mobilized and fixed back anatomically. Associated rotator cuff tear was repaired with a suture anchor. a regular supervised rehabilitation gave good results and patient is now back to manual labour work . Anatomical reduction and stable fixation are necessary even in malunited fracture to regain the function of the shoulder.*

### Bilateral Anterior Shoulder Dislocation with Symmetrical Greater Tuberosity Fracture following Seizure. Journal of Orthopaedic Case Reports 2012;2(1):28-31



Dr. Ashish



Dr. Amber Mittal



Dr. Snehal Dongre



Dr. Neeti Kashyap

#### Commentary by Authors

*Bilateral anterior shoulder dislocations are not uncommon and are frequently missed by the orthopaedic residents in the casualty department. Delays in diagnosis remain the single biggest obstacle to optimum results in this group of patients. Our article demonstrates the need for accurate history taking, examination and adequate imaging. Furthermore good result can be obtained by conservative management, even in bilateral dislocations with displaced tuberosity fractures.*

*In addition we would like to say that, The JOCR is playing an important role in scientific development. They provide a forum where a small piece of research is reviewed by peers and their critical analysis provides a new insight, offers solutions, and opens new fields for research. This will bring a small change in the clinical practice and a major transformation in the thought process and treatment offered.*