Editorial Process

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted or already accepted for publication elsewhere. The manuscripts are rejected by the editorial office before a formal peer-review.

The Editorial office review all submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific and technical flaws or lack of a significant message are rejected. All manuscripts received are duly acknowledged. Manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Each manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The contributors will be informed about the reviewers’ comments and acceptance/rejection of the manuscript. The average submission to first decision time is about 3-4 weeks and about 65-70% of unsolicited manuscripts do not get published.

Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs will be sent to the corresponding author, which has to be returned within three days. Correction received after that period may not be included.

Clinical Trial Registry

All clinical trials from India must be registered with “clinical trials registry – India”. The trials conducted outside India may be registered with any other clinical trial registry. We recommend and making it mandatory to have registration number for all clinical trials submitted for publication from January 2020.

Authorship Criteria

Authorship credit should be based only on substantial contributions

1. Conception and design or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published.

Conditions 1, 2 and 3 must be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate
portions of the content. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without the written consent of all the contributors.

For a study from in a single institute, the number of contributors should not exceed seven. For a case-report, brief communication, letter to the editor and review article the number of contributors should not exceed five. A justification should be included if the number of contributors exceeds these limits. Two/three additional authors from other departments/specialties would be permissible if they have contributed significantly.

Only those who have done substantial work in a particular field can write a review article. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to the editor, as and when major development occurs in the field.

**Contribution Details**

Contributors should provide a description of what each of them contributed towards the manuscript. Description should be divided in following categories, as applicable: concepts, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. Author’s contributions will be printed on the first page of the article. One or more author should take responsibility of the integrity of the work as a whole from inception to published article and should be designated as ‘guarantor’.

**Conflicts Of Interest**

All authors of submitting articles to the journal must disclose any conflict of interest they may have with an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. The Editor will discuss with the authors on an individual basis the method by which any conflicts of interest will communicate to the readers.

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**Types Of Manuscripts And Limits**

**Original research articles:**

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to Orthopaedics. Section headings should be Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. For conduction and reporting the “Equator
network reporting guidelines’ should be followed which are chosen as per the study design. The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose. The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research. The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results. The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

Format guide
• Word limit: 3000 words (excluding abstract and references)
• References: 50 or less
• Abstract: up to 300 words, structured (i.e., with the section headings Background, Methods, Results, and Conclusion)
• Tables/Figures: no limit, but data in the text should not be repeated extensively in tables or figures
• Maximum of six authors

Review Articles:
These should aim to provide the reader with a balanced overview of an important and topical subject in Orthopaedic medicine, emphasizing factors such as to cause, diagnosis, prognosis, therapy, or prevention. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated. The articles should follow PRISMA guidelines and should be Systematic reviews with or without meta-analysis. Narrative reviews are accepted only in exceptional circumstances where the authors can justify why a systematic review cannot be conducted on a particular subject.

Format guide
• Word limit: 3500 words (excluding abstract and references)
• References: 50 or less
• Abstract: up to 500 words, unstructured (i.e., no subheadings)
• Tables/Figures: no limit, but data in the text should not be repeated extensively in tables or figures
• Maximum of six authors

Case Reports
These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be Abstract, Introduction, Case Report, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature. The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, clinical
manifestation, methods of diagnosis and treatment, and outcome. The Discussion should compare, analyze, and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and the possibility of prevention. All case reports should be accompanied by a thorough review of the literature on the subject of discussion.

Format guide
- Word limit: 1500 words (excluding abstract and references)
- References: 25 or less
- Abstract: up to 200 words, unstructured (i.e., no subheadings)
- Tables/Figures: maximum of 5 figures or tables, but data in the text should not be repeated extensively in tables or figures
- Maximum of six authors

Letters to the Editor
We welcome letters to the Editor on matters of general orthopedic concern or about recently published articles. Such letters will be subjected to selection and editing; where appropriate, the authors of the original article will be invited to reply. The letter should be double-spaced throughout, signed by all authors, and fully referenced. The edited version will be returned for approval before publication.

Format guide
- Word limit: 700 words (excluding references)
- References: 5 or less
- Tables/Figures: 1 table or 1 figure
- Begin with “Dear Editor"
- No subheadings
- Maximum of three authors

OR Forum (Orthopaedic Rheumatology Forum)
This innovative section would invite articles related to the burning topics in the field of Orthopaedics Rheumatology. The articles should be in the form of a well-researched personal opinion about a particular topic. Articles that focus on the improvement of Orthopaedic Rheumatology training and practices are encouraged.

Format guide
- Word limit: 1500 words
- References: 15 or less
- Abstract - Up to 200 Words (unstructured)
- Maximum of six authors
- Tables/Figures: maximum of 2 figures or tables.

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   - A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
   - A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors’ form
   - A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below): and
   - The name, address, and telephone number of the corresponding author (address for correspondence), who is responsible for communicating with the other authors about revision and final approval of the proofs, if that information is not included on the manuscript itself.

2. Blinded Article file: has a policy of blinded peer review. The manuscript must not contain any mention of the authors’ names or initials or the intuition at which the study was done or acknowledgements. Page header/running title can include the title but not the authors’ names. Manuscripts not in compliance with The Journal’s blinding policy will returned to the corresponding author. The main text of the article, beginning from Abstract till Reference (including tables) should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1024 kb (1 MB). Do not incorporate images in the file.

3. Image: Submit good quality color images. Each image should be less than 5 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 x 1200 pixels or 5-6 inches). Image format jpeg is acceptable. Do not zip the file. Online images will suffice till the acceptance of the article. Do not send any images on e-mail, on CD or hard copy to the editor till the article is accepted.

4. Legends: Legends for the figure/images should be included at the end of the article file.

The contributor’s form and copyright transfer form (template provided below) has to be submitted in original with the signatures of all the contributors within fifteen days of confirmation from submission via courier, post or email as a scanned image. Hard copies of the images (one set) with high resolution and good
Preparation Of The Manuscript

Title Page

The Title page should carry:

1. Types of manuscript: Original article, Case Report
2. The title of the article, which should be concise, but informative;
3. Running title or short title not more than 65 characters;
4. The name by which each author / contributor is known (Last name, First name and initials of middle name) and institutional affiliation. The affiliations should be given as 1, 2 and 3 but not marked with symbols
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7. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
8. Source(s) of support in the form of grants, equipment, drugs, or all of these;
9. Acknowledgement, if any; one or more statements should specify 1) contributions that need acknowledge but do not justify authorship, such as general support by a departmental chair, 2) acknowledgments of technical help; and 3) acknowledgement of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
10. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.
11. Registration number of clinical trials.

B. Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for brief report and 250 words for original articles and other article types). The abstract should be structured for original articles. State the context (background), aims, settings and design, material and methods, statistical analysis used, results and conclusions. Below the abstract should provide 3 to 8 keyword, arranged alphabetically. The abstract should not be structured for a brief report, review article, brief communication and research methodology. Don’t consider reference in abstract.

C. Introduction

State the purpose and summarize the study or observation.

D. Materials and Methods

The Methods section should only include information that was available at the time the study was planned or protocol written; all information obtained during the conduct of the study belongs to the results section.

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should have clarity about how and why a study was done in a
particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

**Technical information:** Identify the methods, apparatus (give the manufacturer’s name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known: describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment group), and the method of masking (blinding) based on the CONSORT Statement (http://www.consort-statement.org).

**Reporting Guidelines for Specific Study Designs**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Type of Study</th>
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<td>CONSORT</td>
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<td><a href="http://www.consort-statement.org/">http://www.consort-statement.org/</a></td>
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<tr>
<td>QUOROM</td>
<td>Systematic reviews and meta-analyses</td>
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<td>STROBE</td>
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</table>

**E. Ethics**

When reporting studies on human indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at https://www.wma.net/what-we-do/education/medical-ethics-manual/). Do not use patients’ names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution’s or a national research council’s guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA (animal) and ICMR (human). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the Materials and Methods’ section.
F. Statistics

Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as ‘random’ (which implies a randomizing device), ‘normal’, ‘significant’, ‘correlations’, and ‘sample’. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (P 0.048). For all P values include the exact value and not less than 0.05 or 0.001.

G. Results

Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important finding first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. "Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

H. Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation), Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanism); Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

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References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by numerals in superscript after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts
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List the first six contributors followed by et al. There should not be any gaps between the year;volume:page-page.


J. Tables

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• Place explanatory matter in footnotes, not in the heading.
• Explain in footnotes all non-standard abbreviations that are used in each table.
• Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
• Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text.

K. illustrations (Figures)

Include clinical and imagine photographs in the article to have better impact on the readers.

• Upload the images in JPEG format. The file size should be within 4 MB in size while uploading. Only after acceptance of the article, high resolution, sharp images with good contrast are to be sent online to the editorial office. Final images for print should be of high resolution; length and width should be proportionate and should be adjusted to fit in either one column or both columns.
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Original Research Article | Rs. 5000/- (8 –10 Weeks) | Rs. 9500/- (3-4 Weeks)
Review Article | Rs. 5000/- (8 –10 Weeks) | Rs. 9500/- (3-4 Weeks)
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