



Editorial

Indian Journal of Orthopaedics: Journey continues

The ideal strategy to effect relief to a suffering patient is the one which is predictive, cost effective, and based on scientific principles. Scientific journals play a big role in evolving treatment strategies for clinical problems. Peer reviewed opinions are without a clinician’s bias, conflict of interest, and are also the basis of evidence based medicine (EBM) to provide the best available rationale to alleviate pain. The best evidence can be generated when methodically conducted studies are published in peer-reviewed journals, and are available to orthopedic surgeons far and wide and are a part of metaanalysis to produce validated evidence.¹ The journals also have the responsibility to spread knowledge and evidence, generate curiosity among readers to upgrade the knowledge, as well as inculcate the art of critical analysis of the published data and use the evidence rationally.² The editorial team is the backbone of any journal and association. The current editorial team has completed 6 years in office. It is time we analyze our achievements and make projections and plan for the next 3 years.

The *Indian Journal of Orthopaedics* (IJO) has taken tremendous strides from 2007 to 2012. We are now indexed with Pubmed and Science Citation Expanded [Figure 1]. Our website has fairly advanced features. IJO has now good visibility. Our impact factor is 0.503 this year, which is 76% more than that of last year. This is truly the first impact factor and is encouraging.

For any journal of repute, we need consistency and regularity in publication, manuscript quality, excellent visibility, and constant flow of finances. IJO is now in sound financial state. The funds are provided by IOA and IJO also generate thru advertisements and subscriptions. IJO is provided free of cost to IOA members (over 9000 members), with approximately 300 library subscriptions. India has approximately over 350 medical colleges, 150 institutions conducting Diploma of national board (DNB), and a large number of state-of-the-art institutions. We only had 284 subscriptions last year, which is very low. The IOA members can play an active role in increasing subscriptions by ensuring that IJO is available in

their institute library. The orthopedic surgeons of SAARC can be provided IJO on only print cost, provided the postage is borne by the members.

REGULARITY OF PUBLICATION

Four issues per year in 2007 had been increased to six issues per year in 2011. The issue is released on time, i.e., 3 weeks before the print version. For the last 6 years, we have been able to release all issues in time. This year, we published 732 pages of academic content, which is 35% more than last year’s [Figure 2] with consistent print quality.

SUBMISSION

The manuscript submission has shown persistent rising trend during last 6 years [Figure 3]. It had increased 3 times from 2007 and approximately 16% from the last year. The ratio of overseas manuscript to Indian manuscript is 37:63 [Figure 4]. We have received manuscripts from 37 countries, and China leading with 88 manuscripts in 2012 [Figure 4]. Our submission/decision and submission/

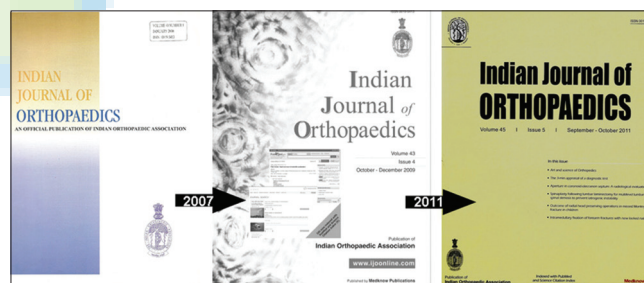


Figure 1: Cover page of Indian Journal of Orthopaedics from 2007 to 2012

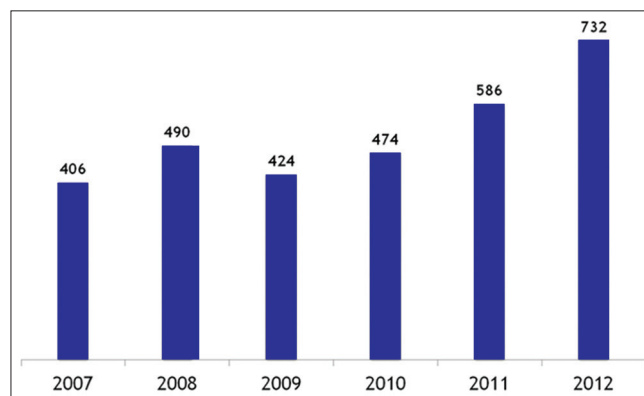


Figure 2: Bar diagram showing the growth in number of published pages from 2007 to 2012

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publication timeline has improved substantially. It is mean 74.4 days from submission to publication. The decision to publication time is mean 22.7 days and submission to decision mean 51.7 days [Figure 5]. The decision depends on the timelines of review. If one set of reviewers do not respond or submit adequate reviews and new set of reviewer are allotted, the time increases by 4 weeks. This has been possible because of prompt review/editorial decision and efforts by the publishing team.

IJO has a tremendous potential to be one of the leading journals in the world. India covers one-sixth of the world population. Almost two-thirds of the world's population is having similar clinical profile. India is unique with its

diversity. At one place we provide best of infrastructure and treatment in metropolis. No treatment or grossly inadequate treatment is available to huge population in remote rural areas. We have the intellectual know-how to fund and conduct research to evolve innovative rational solutions to the clinical problems, which can be executed with limited resource.^{3,4} This journal can be the most important knowledge bank to major population of the world. We have to plan the progress, and with collective efforts, it can attain greater heights. Certain small steps that can collectively raise the standard are as follows:

1. Submission – We need to inculcate the scientific temper and conduct need based research, and ensure that the best of our clinical research is submitted to IJO for publication. It is still observed that our members do not submit their best research to IJO. Publication in IJO has many advantages.
 - a. It is an open access journal, hence it allows free download to one and all in the world. From 2007 to 2012, our downloaded has increased in the last 6 years [Figure 6]. The free download allows articles from IJO to be widely read and cited globally.⁵ The articles published in open access journals are cited more.
 - b. The editorial team members of IJO from India, who are well versed with the clinical problems faced by surgeons and solution offered in limited resource hospitals.

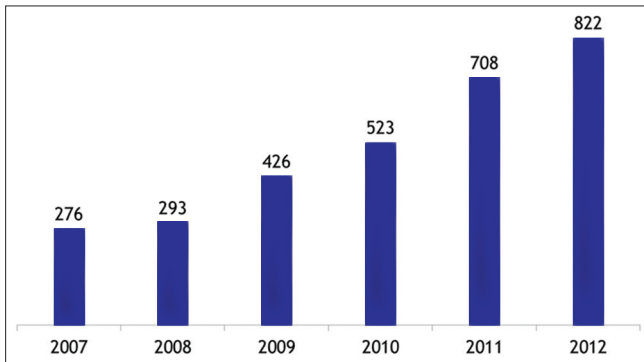


Figure 3: Bar diagram showing the growth in number of manuscripts submission from 2007 to 2012

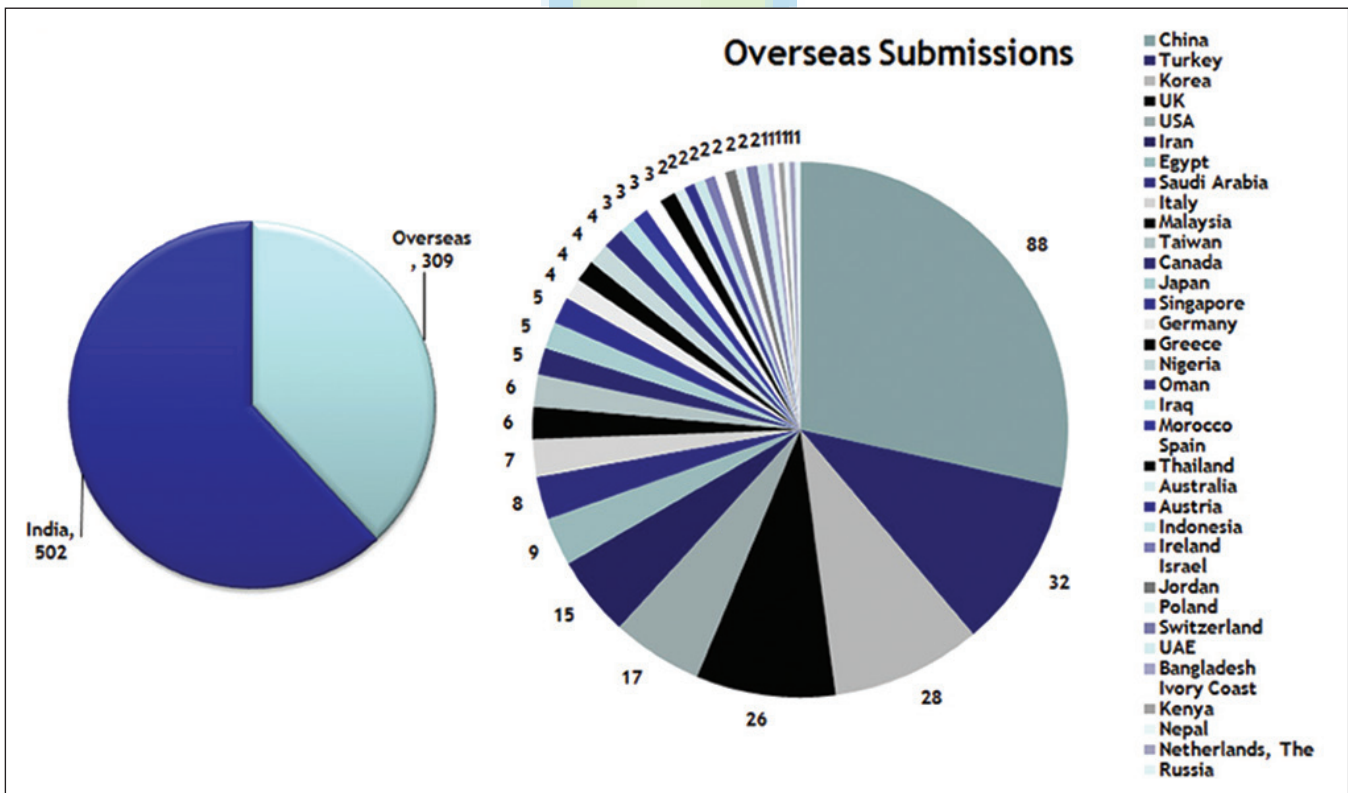


Figure 4: Pie chart showing the country wise manuscripts submission from Jan to Dec 2012

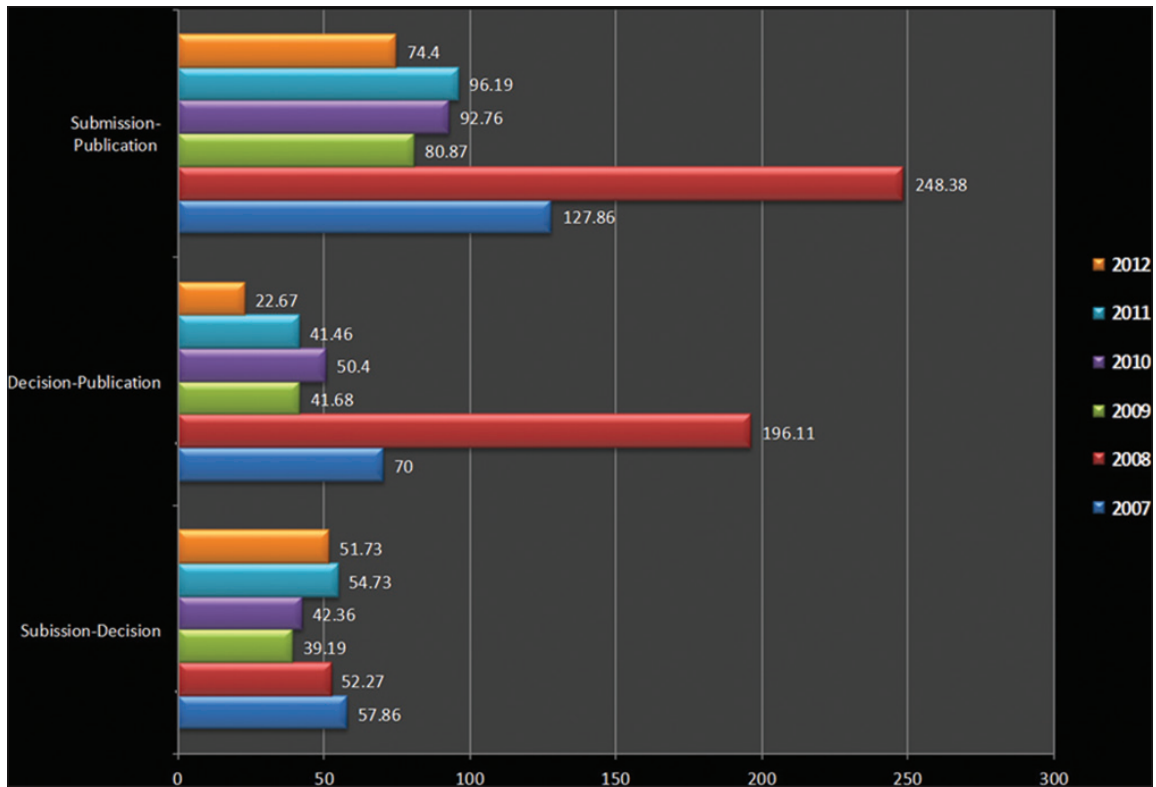


Figure 5: Bar diagram showing trends of submission to publication time from 2007 to 2012

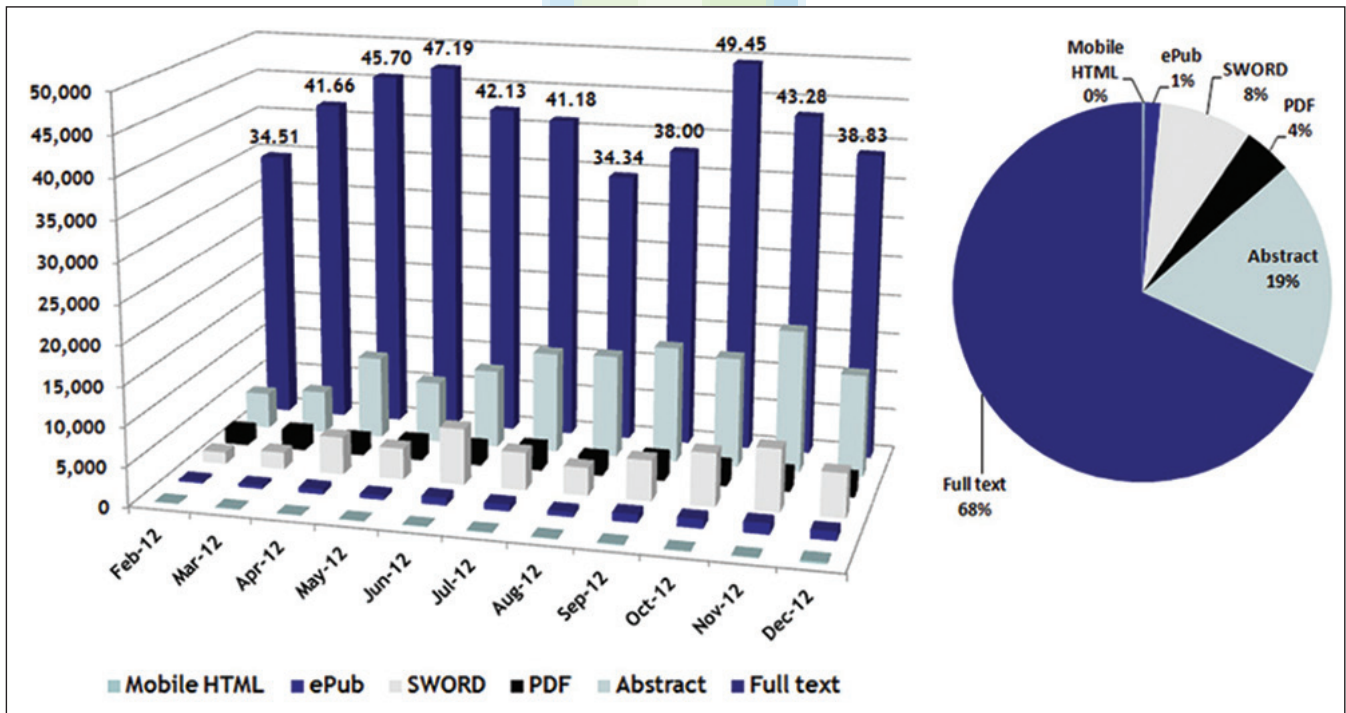


Figure 6: Bar diagram showing the download statistics of article in 2012

- c. It is also reviewed by members who might be facing similar clinical dilemma, and therefore understanding of the research question and solution offered is better.
- d. IJO is available in Pubmed and Science Citation, hence gets the same credit rating as any other international journal.
- e. We have no restriction of printed pages, so no

article will ever be rejected for want of pages and every methodically conducted research will get a space in IJO.

2. Peer review
 - a. We have the best talents to review objectively the specific clinical problems of our subcontinent. Reviewing for the journal also helps by improving personal writing skills also.⁶ The IOA members should feel honored in reviewing for IJO. It is commonly observed that our members work/review for international journals and decline to work for IJO. They should devote some of their time to review for IJO as well.
3. Impact factor – Impact factor is widely used method to select a most valued journal⁷ and an indirect reflection of its scientific standard. The impact factor for a particular year depends on the citation of the articles in that year for those published during the last 2 years. The members have to ensure that the articles published in IJO are used as references in the articles published by them anywhere anytime.
4. Thematic issues – We have to make efforts to publish thematic issues. The subspecialties of arthroscopy, arthroplasty, spine, hand, pediatric orthopedics, and trauma should actively contribute quality research in IJO. The distant dream is that IJO remains an official journal of all subspecialties affiliated to Indian Orthopaedic Association. Each issue can have one section of General Orthopedics (50%), while the remaining 50% can be devoted to subspecialties. If need arises, IJO is prepared to increase the number of issues per year.

The January 2013 issue devoted to articles on arthroplasty. This has been possible due to persistent efforts by members of Indian Society of Hip and Knee Surgeons (ISHKS). The January issue has an annotation sensitizing readers on various issues related with animal experimentation.⁸ The review article by Aggarwal, Rasouli and Parviji discusses extensively the diagnosis management and recent advances in periprosthetic joint infection.⁹ 13 original articles on TKA are published. Helwig *et al.* compared the various method of tibial cleaning in cemented TKA on a cadaveric study and found the use of pulsatile jet lavage as the best method of tibial cleaning.¹⁰ Maniar *et al.* compared a group of unilateral and bilateral sequential TKA and reported a delayed early functional recovery while late recovery was the same in bilateral sequential TKA.¹¹ Dahiya *et al.* reported good outcome of cruciate retaining TKA at midterm followup in patients with prior patellectomy.¹² Rajgopal *et al.* analysed a series of TKA in extraarticular deformities.¹³ Vaidya *et al.* analysed femoral component rotation on a computed tomography evaluation.¹⁴ Jain, *et al.* compared a series of cases of TKA operated by medial parapatellar approach and subvastus approach

and found later approach superior interm of pain relief and postoperative mobilization.¹⁵ Sancheti *et al.* found preoperative range of motion (ROM) and preoperative functional status as the most important factor affecting the ROM in TKA using high flexion prosthesis.¹⁶ Maniar *et al.* reported 93.2% survival at 12.3 years for low contact stress rotating platform knee.¹⁷ Mohanlal *et al.* reported no significant difference in blood loss in computer assisted and conventional TKA.¹⁸ Mohanty *et al.* reported a positive correlation between metaphysiodiaphyseal angle (MPA) and posterior tibial slope in Indian patients and believes that MPA is an independent factor affective accuracy of extramedullary jigs in TKA.¹⁹

Vaidya *et al.* reported a series where significant reduction of blood pressure was reported due to increased physical activity following TKA.²⁰ Lad *et al.* reported a significantly improved placement of tibial component in coronal and sagittal plane by computer assisted TKA over jig based TKA.²¹ This issue also has 3 manuscripts on total hip replacement. Sanjay Agarwala *et al.* conducted a retrospective analysis of uncemented distal locked prosthesis in revision hip Arthroplasty with proximal femoral bone loss.²² Mohanty *et al.* reported the results of total hip Arthroplasty for failed infected internal fixation of hip fractures and found it a suitable alternative.²³ Che-Wei Liu *et al.* reported a series of acute presentation of late infected TKA and reported arthroscopic debridement combined with antibiotic irrigation and suction as an effective treatment.²⁴ We would like to thank Dr. SV Vaidya, and Dr. Suryanarayan Pichai for their efforts. This endeavour will go a long way in organizing thematic subspecialty issues.

The new editorial team led by Prof. Sudhir Kumar has started working for IJO. Only with collective efforts, IJO will attain greater heights.

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REFERENCES

1. Jain AK. Indian Journal of Orthopaedics dedicated to education care and research. *Indian J Orthop* 2012;46:1-3.
2. Jain AK. Rationale treatment of fractures: Use of evidence with caution. *Indian J Orthop* 2011;45:101-2.
3. Jain AK. Innovations in Orthopaedics: Hypothesis to publication. *Indian J Orthop* 2012;46:605-07.
4. Jain AK. Teaching-learning: An integral component of sound patient care. *Indian J Orthop* 2008;42:239-40.

5. Jain AK. Indian Journal of Orthopaedics: Exploring a new horizon. *Indian J Orthop* 2011;45:1-2.
6. Jain AK. Peer review: Heart and soul of scientific publication. *Indian J Orthop* 2009;43:3-5.
7. Jain AK. Impact factor: Measure of quality of research publication. *Indian J Orthop* 2011;45:289-90.
8. Saraf SK, Kumaraswamy V. Basic research: Issues with animal experimentations. *Indian J Orthop* 2013;47:6-9.
9. Aggarwal VK, Rasouli MR, Parvizi J. Periprosthetic joint infection: Current concept. *Indian J Orthop* 2013;47:10-7.
10. Helwig P, Konstantinidis L, Hirschmüller A, Miltenberger V, Kuminack K, Südkamp NP, *et al*. Tibial cleaning method for cemented total knee arthroplasty: An experimental study. *Indian J Orthop* 2013;47:18-22.
11. Maniar RN, Baviskar JV, Singhi T, Maniar P, Nayak R. Influence of bilateral sequential total knee arthroplasty on functional recovery. *Indian J Orthop* 2013;47:23-30.
12. Dahiya V, Gupta H, Rajgopal A, Vasdev A. Midterm results of cruciate retaining total knee arthroplasty in patellectomized patients. *Indian J Orthop* 2013;47:31-4.
13. Rajgopal A, Vasdev A, Dahiya V, Tyagi VC, Gupta H. Total knee arthroplasty in extra articular deformities – A series of 36 knee. *Indian J Orthop* 2013;47:35-9.
14. Vaidya SV, Gadhiya RM, Bagaria V, Ranawat AS, Ranawat CS. Computed tomographic evaluation of femoral component rotation in total knee arthroplasty. *Indian J Orthop* 2013;47:40-4.
15. Jain S, Wasnik S, Mittal A, Hegde C. Outcome of subvastus approach in elderly nonobese patients undergoing bilateral simultaneous total knee arthroplasty: A randomized controlled study. *Indian J Orthop* 2013;47:45-9.
16. Sancheti KH, Sancheti PK, Shyam AK, Joshi R, Patil K, Jain A. Factors affecting range of motion in total knee arthroplasty using high flexion prosthesis: A prospective study. *Indian J Orthop* 2013;47:50-6.
17. Maniar RN, Singhi T, Gangaraju B, Patil A, Maniar PR. Midterm results of LCS knee: The Indian Experience. *Indian J Orthop* 2013;47:57-62.
18. Mohanlal PK, Sandiford N, Skinner JA, Samsani SR. Comparison of blood loss between computer assisted and conventional total knee arthroplasty. *Indian J Orthop* 2013;47:63-6.
19. Mohanty SS, Rao NN, Dash KK, Bhosale SK. Correlation of posterior tibial slope with metaphysio-diaphyseal angle in total knee arthroplasty: A radiological study. *Indian J Orthop* 2013;47:67-71.
20. Vaidya SV, Arora A, Mathesul AA. Effect of total knee arthroplasty on type II diabetes mellitus and hypertension: A prospective study. *Indian J Orthop* 2013;47:72-6.
21. Lad DG, Thilak J, Thadi M. Component alignment and functional outcome following computer-assisted total knee arthroplasty and jig-based surgery. *Indian J Orthop* 2013;47:77-82.
22. Agarwala S, Jhunjhunwala HR, Pachore JA, Joglekar SB, Eachempati KK. Results of uncemented distal locked prosthesis in revision hip arthroplasty with proximal femoral bone loss: A retrospective study. *Indian J Orthop* 2013;47:83-6.
23. Mohanty SS, Agashe MV, Sheth BA, Dash KK. Outcome of total hip arthroplasty as a salvage procedure for failed infected internal fixation of hip fractures. *Indian J Orthop* 2013;47:87-92.
24. Liu CW, Kuo CL, Chuang SY, Chang JH, Wu CC, Tsai TY, *et al*. Result of infected total knee arthroplasty treated with arthroscopic debridement and continuous antibiotic irrigation system. *Indian J Orthop* 2013;47:93-7.

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