SICOT Case of the Month – Guidelines for Authors

The SICOT Case of the Month should be:

- didactic
- instructive
- interrogative
- informative
- and not too complex.

The SICOT case should be:

- divided into pages (Word document or PowerPoint presentation are appropriate)
- before the author's comment on the case, each page should end with a question which motivates the reader to make a decision and read further.

Example:

- The case should start with a short history:
  - A 7-year-old boy is presented to your outpatient department with persistent mild pain of the right knee.
  - His mother reports several periods of short limping of her son. However, he has never complained of any serious pain. The boy is vivid and tells you that he is an active football player at school.
  - What are your next thoughts?

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- You want to know more about the history!
  - It's uneventful – no trauma – no sports overuse – no recent serious infections
  - The clinical examination of the knee is not very exciting – no effusion – no flush – no local tenderness – no functional impairment
  - What would you like to know?
  - You are right!

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- Now an examination of the hip is necessary.
  - It is possible to trigger a serious groin pain – internal rotation of the hip is restricted to 10° and abduction is almost abolished.
  - What is your next diagnostic step?
A step-by-step presentation is important. You should not present a case completely from the beginning because of didactic reasons.

The example above is a simple student case. The more difficult resident cases can be built up in the same manner.

The diagnostic pathways can be presented and commented.


You always have the option to comment on your own decision at any stage.

At the end of the case, a general comment on the diagnosis should be given and – if you want – some general literature and recommended reading would be helpful.

That's it!

Please send the case via e-mail to edsecr@sicot.org

The following type of cases that can be presented:

- "Simple" general orthopaedics
- Special surgical techniques
- Rare orthopaedic diseases
- Difficult diagnostic or therapeutic interventions
- Common faults and snares

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