



**SDI Review Form 1.6**

Journal Name:	<a href="#">Journal of Advances in Medicine and Medical Research</a>
Manuscript Number:	<b>Ms_JAMMR_52642</b>
Title of the Manuscript:	<b>Os Acromiale-Unusual manifestation as superior spur and bursitis-A case report</b>
Type of the Article	<b>Case report</b>

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments		
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments	Nice report on <b>Os Acromiale-Unusual manifestation as superior spur and bursitis, along with its surgical treatment by excision of the spur and relieve literature review.</b> Please correct minor errors. e.g. "tears-howvere our patient did not have any rotator cuff tear."	

**PART 2:**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

Name:	<b>Mohit Kumar Patralekh</b>
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