



JOURNAL OF PROSTHETIC DENTISTRY

The Official Publication for 31 Leading U.S. and International Prosthodontic Organizations

AUTHOR INFORMATION PACK

TABLE OF CONTENTS

●	Description	p.1
●	Impact Factor	p.1
●	Abstracting and Indexing	p.1
●	Editorial Board	p.1
●	Guide for Authors	p.4



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DESCRIPTION

The Journal of Prosthetic Dentistry, now in its 62nd year, is the leading professional journal devoted exclusively to **prosthetic** and **restorative dentistry**. The *Journal* is the official publication for 25 leading U.S. international prosthodontic organizations. The monthly publication features timely, original peer-reviewed articles on the newest techniques, dental materials, and research findings. The *Journal* serves prosthodontists and dentists in advanced practice, and features color photos that illustrate many step-by-step procedures. *The Journal of Prosthetic Dentistry* is included in Index Medicus and CINAHL.

The Journal of Prosthetic Dentistry is the highest ranked Prosthodontics title by number of citations on the 2011 Journal Citation Reports®, published by Thomson Reuters.

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Now in its 63rd year, *The Journal of Prosthetic Dentistry* is the leading professional journal devoted exclusively to prosthetic and restorative dentistry. The Journal is the official publication of 25 leading U.S. and international prosthodontic organizations, serving prosthodontists and dentists in advanced practice. It features timely, original peer-reviewed articles on the newest techniques, dental materials, and research findings, with color photographs that illustrate step-by-step procedures. *The Journal of Prosthetic Dentistry* is included in Index Medicus and CINAHL, and is the highest ranked Prosthodontics title by number of citations according to the 2012 Journal Citation Reports.®

ARTICLE TYPES

Articles are classified as one of the following: research/clinical science article, clinical report, technique article, systematic review, or tip from our readers. Required sections for each type of article are listed in the order in which they should be presented.

Research Report/Clinical Study

The research report should be no longer than 10-12 double-spaced, typed pages and be accompanied by no more than 12 high-quality illustrations. Avoid the use of outline form (numbered and/or bulleted sentences or paragraphs). The text should be written in complete sentences and paragraph form.

Abstract (approximately 250 words): Create a structured abstract with the following subsections: Statement of Problem, Purpose, Material and Methods, Results, and Conclusions. The abstract should contain enough detail to describe the experimental design and variables. Sample size, controls, method of measurement, standardization, examiner reliability, and statistical method used with associated level of significance should be described in the Material and Methods section. Actual values should be provided in the Results section.

Clinical Implications: In 2-4 sentences, describe the impact of the study results on clinical practice.

Introduction: Explain the problem completely and accurately. Summarize relevant literature, and identify any bias in previous studies. Clearly state the objective of the study and the research hypothesis at the end of the Introduction. Please note that, for a thorough review of the literature, most (if not all references) should first be cited in the Introduction and/or Material and Methods section.

Material and Methods: In the initial paragraph, provide an overview of the experiment. Provide complete manufacturing information for all products and instruments used, either in parentheses or in a table. Describe what was measured, how it was measured, and the units of measure. List criteria for quantitative judgment. Describe the experimental design and variables, including defined criteria to control variables, standardization of testing, allocation of specimens/subjects to groups (specify method of randomization), total sample size, controls, calibration of examiners, and reliability of instruments and examiners. State how sample sizes were determined (such as with power analysis). Avoid the use of group numbers to indicate groups. Instead, use codes or abbreviations that will more clearly indicate the characteristics of the groups and will therefore be more meaningful for the reader. Statistical tests and associated significance levels should be described at the end of this section.

Results: Report the results accurately and briefly, in the same order as the testing was described in the Material and Methods section. For extensive listings, present data in tabular or graphic form to help the reader. For a 1-way ANOVA report of, F and P values in the appropriate location in the text. For all other ANOVAs, per guidelines, provide the ANOVA table(s). Describe the most significant findings and trends. Text, tables, and figures should not repeat each other. Results noted as significant must be validated by actual data and P values.

Discussion: Discuss the results of the study in relation to the hypothesis and to relevant literature. The Discussion section should begin by stating whether or not the data support rejecting the stated null hypothesis. If the results do not agree with other studies and/or with accepted opinions, state how and why the results differ. Agreement with other studies should also be stated. Identify the limitations of the present study and suggest areas for future research.

Conclusions: Concisely list conclusions that may be drawn from the research; do not simply restate the results. The conclusions must be pertinent to the objectives and justified by the data. In most situations, the conclusions are true for only the population of the experiment. All statements reported as conclusions should be accompanied by statistical analyses.

References: See Reference Guidelines and Sample Manuscript (http://cdn.elsevier.com/promis_misc/YMPR_Sample_Manuscript.pdf).

Tables: See Table Guidelines.

Legends for illustrations: Concisely describe each illustration without directly duplicating the main text.

Clinical Report

The clinical report describes the author's methods for meeting a patient treatment challenge. It should be no longer than 4 to 5 double-spaced, pages and be accompanied by no more than 8 high-quality illustrations. In some situations, the Editor may approve the publication of additional figures if they contribute significantly to the manuscript.

Abstract: Provide a short, nonstructured, 1-paragraph abstract that briefly summarizes the problem encountered and treatment administered.

Introduction: Summarize literature relevant to the problem encountered. Include references to standard treatments and protocols. Please note that most, if not all, references should first be cited in the Introduction and/or Clinical Report section.

Clinical Report: Describe the patient, the problem with which he/she presented, and any relevant medical or dental background. Describe the various treatment options and the reasons for selection of the chosen treatment. Fully describe the treatment rendered, the length of the follow-up period, and any improvements noted as a result of treatment. This section should be written in past tense and in paragraph form.

Discussion: Comment on the advantages and disadvantages of the chosen treatment and describe any contraindications for it. If the text will only be repetitive of previous sections, omit the Discussion.

Summary: Briefly summarize the patient treatment.

References: See Reference Guidelines and Sample Manuscript (http://cdn.elsevier.com/promis_misc/YMPR_Sample_Manuscript.pdf).

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Dental Technique

The dental technique article presents, in a step-by-step format, a unique procedure helpful to dental professionals. It should be no longer than 4 to 5 double-spaced, typed pages and be accompanied by no more than 8 high-quality illustrations. In some situations, the Editor may approve the publication of additional figures if they contribute significantly to the manuscript.

Abstract: Provide a short, nonstructured, 1-paragraph abstract that briefly summarizes the technique.

Introduction: Summarize relevant literature. Include references to standard methods and protocols. Please note that most, if not all, references should first be cited in the Introduction and/or Technique section.

Technique: In a numbered, step-by-step format, describe each step of the technique. The text should be written in command rather than descriptive form ("Survey the diagnostic cast" rather than "The diagnostic cast is surveyed.") Include citations for the accompanying illustrations.

Discussion: Comment on the advantages and disadvantages of the technique, indicate the situations to which it may be applied, and describe any contraindications for its use. Avoid excessive claims of effectiveness. If the text will only be repetitive of previous sections, omit the Discussion.

Summary: Briefly summarize the technique presented and its chief advantages.

References: See Reference Guidelines and Sample Manuscript (http://cdn.elsevier.com/promis_misc/YMPR_Sample_Manuscript.pdf)

Legends for illustrations: Concisely describe each illustration without directly duplicating the main text.

Systematic Review

The author is advised to develop a systematic review in the Cochrane style and format. The Journal has transitioned away from literature reviews to systematic reviews. For more information on systematic reviews, please see www.cochrane.org. An example of a Journal systematic review: Torabinejad M, Anderson P, Bader J, Brown LJ, Chen LH, Goodacre CJ, Kattadiyil MT, Kutsenko D, Lozada J, Patel R, Petersen F, Puterman I, White SN. Outcomes of root canal treatment and restoration, implant-supported single crowns, fixed partial dentures, and extraction without replacement: a systematic review. *J Prosthet Dent* 2007;98:285-311.

The systematic review consists of:

An Abstract using a structured format (Statement of Problem, Purpose, Material and Methods, Results, Conclusions).

Text of the review consisting of an introduction (background and objective), methods (selection criteria, search methods, data collection and data analysis), results (description of studies, methodological quality, and results of analyses), discussion, authors' conclusions, acknowledgements, and conflicts of interest. References should be peer reviewed and follow JPD format.

Tables and figures, if necessary, showing characteristics of the included studies, specification of the interventions that were compared, the results of the included studies, a log of the studies that were excluded, and additional tables and figures relevant to the review.

Tips From Our Readers

Tips are brief reports on helpful or timesaving procedures. They should be limited to 2 authors, no longer than 250 words, and include no more than 2 high quality illustrations. Describe the procedure in a numbered, step-by-step format; write the text in command rather than descriptive or passive form ("Survey the diagnostic cast" rather than "The diagnostic cast is surveyed").

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BEFORE YOU BEGIN

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Length of Manuscripts

Manuscript length depends on manuscript type. In general, research and clinical science articles should not exceed 10 to 12 double-spaced, typed pages (excluding references, legends, and tables). Clinical Reports and Technique articles should not exceed 4 to 5 pages, and Tips articles should not exceed 1 to 2 pages. The length of systematic reviews varies.

Number of Authors

The number of authors is limited to 4; the inclusion of more than 4 *must be justified* in the letter of submission. (Each author's contribution must be listed.) Otherwise, contributing authors in excess of 4 will be listed in the Acknowledgments. There can only be one corresponding author.

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1-inch margins on all sides
Half-inch tabs
Headers/ Footers should be clear of page numbers or other information
Headings are upper case bold, and subheads are upper/lower case bold. No italics are used.
References should not be automatically numbered. Endnote or other reference-generating programs should be turned off.
Set the Language feature in MS Word to English (US). Also change the language to English (US) in the style named Balloon Text.

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Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

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Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

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Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

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Artwork

Figure Submission

All figures should be submitted as Tagged Image File Format (TIFF) files.

Figures should NOT be submitted as Microsoft Word, Corel Draw, Harvard Graphics, PowerPoint, Adobe Acrobat, or other presentation software formats. Line art and combination artwork is best created in native design format, such as EPS (Encapsulated PostScript), Adobe Illustrator, InDesign, etc., **but should be saved as a TIF prior to submission to the Journal.**

Image File Specifications

Figure dimensions must be 4 × 6 inches.

Figures should be size-matched (the same physical size) unless the image type prohibits size matching to other figures within the manuscript, as in the case of panoramic or periapical radiographs, SEM images, or graphs and screen shots. Do not "label" the faces of the figures with letters or numbers to indicate the order in which the figures should appear; such labels will be inserted during the publication process.

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The figures should be of professional quality and high resolution. The following are resolution requirements:

Color and black-and-white photographs should be created and saved at 300 dots per inch (dpi).

Note: A 4 × 6-inch image at a resolution of 300 dpi will be approximately 6 megabytes. A figure of less than 300 dpi must not be increased artificially to 300 dpi; the resulting quality and resolution will be poor.

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If text is to appear within the figure, labeled and unlabeled versions of the figures must be provided. Text appearing within the labeled versions of the figures should be in **Arial font and a minimum of 10 pt.** The text should be sized for readability if the figure is reduced for production in the Journal. Lettering should be in proportion to the drawing, graph, or photograph. A consistent font size should be used throughout each figure, and for all figures, Please note: Titles and captions should not appear within the figure file, but should be provided in the manuscript text (see Figure Legends).

If a key to an illustration requires artwork (screen lines, dots, unusual symbols), the key should be incorporated into the drawing instead of included in the typed legend. All symbols should be done professionally, be visible against the background, and be of legible proportion should the illustration be reduced for publication.

All microscopic photographs must have a measurement bar and unit of measurement on the image.

Color Figures

Color illustrations may be submitted when their use considerably enhances the value of the manuscript. **The Editor has final authority to determine whether color illustrations provide the most effective presentation.** Generally, a maximum of 8 figures will be accepted for clinical report and dental technique articles, and 2 figures will be accepted for tips from our reader articles. However, the Editor may approve the publication of additional figures if they contribute significantly to the manuscript.

Clinical figures should be color balanced. Color images should be in CMYK (Cyan/Magenta/Yellow/Black) color format as opposed to RGB (Red/Green/Blue) color format.

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Graphs should be numbered as figures and the fill for bar graphs should be distinctive and solid; shading and patterns should be avoided. Thick, solid lines should be used and bold, solid lettering. **Times New Roman font is preferred.** Place lettering on white background and avoid reverse type (white lettering on a dark background). **1200-dpi images should be provided if black and white.**

The Journal reserves the right to standardize the format of graphs and tables.

File Naming

Each figure must be numbered according to its position in the text (Figure 1, Figure 2, and so on), using Arabic numerals. The electronic image files must be named so that the figure number and format can be easily identified. For example, a Figure 1 in TIFF format should be named fig1.tif. Multipart figures must be clearly identifiable by the file names: Fig. 1A, Fig. 1B, Fig. 1C, etc.

In the article, clearly reference each illustration by including its number in parentheses at the end of the appropriate sentence before closing punctuation. For example: "The sutures were removed after 3 weeks (Fig. 4)."

Figure Legends

The figure legends should appear within the text of the manuscript on a separate page following References and Tables and should appear under the heading "LEGENDS." Journal style requires that the articles ('a', 'an', and 'the') are omitted from the figure and table legends. If an illustration is taken from previously published material, the legend must give full credit to the source (see Permissions).

Authors are obligated to disclose whether illustrations have been modified in any way.

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- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the printed version.
- Submit each illustration as a separate file.

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You are urged to visit this site; some excerpts from the detailed information are given here.

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- Supply files that are too low in resolution;

- Submit graphics that are disproportionately large for the content.

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Figure captions

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Some Elements of Effective Style

Short words. Short words are preferable to long ones if shorter word is equally precise. Familiar words. Readers want information that they can grasp easily and quickly. Simple, familiar words provide clarity and impact. Specific rather than general words. Specific terms pinpoint meaning and create word pictures; general terms may be fuzzy and open to varied interpretations. Brisk opening. Plunge into your subject in the first paragraph of the article. Limited use of modifying words and phrases. Check your adjectives, adverbs, and prepositional phrases. If they are not needed, strike them out. No unnecessary repetition. An idea may be repeated for emphasis—so long as that repetition is effective. Short sentence length. Twenty words or less is recommended. Rambling sentences cluttered with subordinate clauses and other modifiers are hard to read and may cause readers to lose their train of thought. Short sentences should, however, be balanced with somewhat longer ones to avoid monotony. Paragraphs. Break up long sections into paragraphs but avoid the use of single sentence paragraphs. Restraint. Writers who use flamboyant words or overstate their proposition or conclusions discredit themselves. Facts speak for themselves. Clearly stated conclusions. Don't hedge. If you don't know something, say so.

Objectionable Terms

The following are selected objectionable terms and their proper substitutes. For a complete list of approved prosthodontic terminology, consult the eighth edition of the *Glossary of Prosthodontic Terms* (J Prosthet Dent 2005;94:10-92).

Or visit JPD <http://www.prosdent.org> and click on Collections/Glossary of Prosthodontic Terms.

Alginate *use* Irreversible hydrocolloid Bite *use* Occlusion Bridge *use* Partial fixed dental prosthesis Case *use* Patient, situation, or treatment as appropriate Cure *use* Polymerize Final *use* Definitive Freeway space *use* Interocclusal distance Full denture *use* Complete denture Lower (teeth, arch) *use* Mandibular Model *use* Cast Modeling compound *use* Modeling plastic impression compound Muscle trimming *use* Border molding Overbite, overjet *use* Vertical overlap, horizontal overlap Periphery *use* Border Post dam, postpalatal seal *use* Posterior palatal seal Prematurity *use* Interceptive occlusal contact Saddle *use* Denture base Study model *use* Diagnostic cast Take impressions, photographs, radiographs *use* Make Upper (teeth, arch) *use* Maxillary X-ray, roentgenogram *use* Radiograph

In addition, *specimen* should be used rather than *sample* when referring to an example regarded as typical of its class.

Additional Terminology Guidelines

Acrylic

An adjective form that requires a noun, as in acrylic resin.

Affect, effect

Affect is a verb; effect is a noun.

African American

Spelled thus and preferred over Negro and black in both adjective (African American patients) and noun (... of whom 20% were African Americans) forms.

Average, mean, median

Mean and average are synonyms. Median refers to the midpoint in a range of items; the midpoint has many items above as below it.

Basic

Like fundamental, this word is often unnecessary. An example of unnecessary use: Dental implants consist of two basic types: subperiosteal and endosteal.

Between, among

Use between when 2 things are involved and among when there are more than 2.

Biopsy

This noun should NOT be used as a verb. A biopsy was performed on the Tissue, rather than: The tissue was biopsied.

Centric

An adjective that requires a noun, as in centric relation.

Currently, now, at present, etc.

These expressions are often unnecessary, as in: This technique is currently being used...

Data

Use as a plural, as in: The data were...

Employ

Should not become an elegant variation of use, as in This method is employed ...

Ensure

Preferred over insure in the sense of to make certain.

Fewer, less

Use fewer with nouns that can be counted (fewer patients were seen) and less with nouns that cannot be counted (less material was used).

Following

After is preferred.

Imply, infer

The speaker implies; the listener infers.

Incidence

The rate at which a disease occurs in a given time; sometimes confused with prevalence (the total number of cases of a disease in a given region).

Majority

Means more than half; use most when you mean almost all. **Male, female**

For adult humans, use men and women. For children, use boys and girls.

Must, should

Must means that the course of action is essential. Should is less strong and means that the course of action is recommended.

Numbers

Spell out numbers used in titles or headings and numbers at the beginning of a sentence. The spelled version may also be preferable in a series of consecutive numbers that may confuse the reader (eg, 2 3.5-inch disks should be written two 3.5-inch disks). In all other cases, use Arabic numerals.

Orient

Proper form; avoid orientate.

Pathologic

Use instead of pathological. Other words in which the suffix -al has been dropped include biologic, histologic, and physiologic.

Pathology

The study of disease; often mistaken for pathosis (the condition of disease)

Percent

Use the percent sign in the text, as in The distribution of scores was as follows: adequate, 8%; oversized, 23%; and undersized, 69%. But spell out when the percent opens a sentence, as in Twenty percent of the castings ...

Prior to

Before is preferred.

Rare, infrequent, often not, etc.

Whenever possible, these vague terms should be backed up with a specific number.

Rather

Like very, this word should be avoided.

Regimen

A planned program for taking medication, dieting, exercising, etc. Not to be confused with regime, meaning a system of government or management.

Sex

Use "sex" rather than "gender" unless you are referring to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Symptomatology

The science or study of symptoms; this word is not a synonym for the word symptoms.

Technique

Preferred over technic.

Using

Avoid the dangling modifier in sentences such as "The impression was made using vinyl polysiloxane impression material." Write "with" or "by using" instead.

Utilize

Use is preferred.

Vertical

An adjective that needs a noun, as in vertical relation.

Via

Use through, with, or by means of.

White

Preferred over Caucasian. This is true only if the patient is from the Caucasus region of Eastern Europe. If not, use the term, white to describe the patient.

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