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Now in its 65th 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 24 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 2014 Journal Citation Reports.

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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 and Education/Clinical Research

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 400 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.

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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.

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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 References page.

Tables: See Table Guidelines.

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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.

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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.

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

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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.

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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, acknowledgments, 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.

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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
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**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](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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