DESCRIPTION

*Journal of the World Federation of Orthodontists (JWFO)* is a bimonthly international journal publishing peer-reviewed articles dedicated to presenting the results of scientific research from orthodontics and related fields. *JWFO*’s overall goal is to contribute to the scientific base of orthodontics and education and continuing education of professionals throughout the world, stimulating the advancement of the science and practice of orthodontics. Articles are selected based on originality, importance, clinical relevance, timeliness and well-written with meaningful conclusions. Accepted articles are stringently evaluated and peer-reviewed to ensure scientific merit, compliance with ethical standards, and clinical relevance of the content.

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GUIDE FOR AUTHORS

INTRODUCTION
The Journal of the World Federation of Orthodontists (JWFO), is the peer-reviewed official publication of the World Federation of Orthodontists (WFO), aimed at publishing high quality original research that have global reach and which fall within the scope of the orthodontics and dentofacial orthopedics. The manuscripts submitted should have a clear objective and aim, a description placing the work into the larger context of existing work in the literature, be technically solid, and useful and relevant to academicians, clinicians and students of orthodontics and allied specialties. Cutting edge critical reviews and case series of clinical importance will be considered in order to bridge the gap between the researchers/academicians and those involved in clinical practice.

Editorial evaluation time
The editors of the JWFO read and evaluate every submission for possible publication and try to get back to the authors as quickly as possible. We work closely with authors and reviewers to minimize the review time of each article. The approximate time it takes from submission to publication are;

1 Initial decision to review (Contributions may also be returned to the authors without external review) 3-5 days after submission Anticipated review period 2-3 weeks Decision after review 2-3 days post review completion Timeframe for suggested revisions 30-45 days Time to publish in "article in press" section 3-4 weeks post acceptance Time to publish in a scheduled issue Within 4 months of acceptance

Returns without external review.
If the handling editor concludes that the manuscript is out of scope of the journal, the work is of poor scientific quality, the novelty of the work fall below what is required for the journal, the conclusions drawn by the manuscript is already well-known in the field of orthodontics, the manuscript presents undue fragmentation of research into multiple papers or if the manuscript contains redundant information or has been published elsewhere, or the quality of English in the manuscript is of such a poor quality as to render the science presented is unclear, the manuscript may be returned to the author(s) without external review.

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Article Types Considered For Publication In The Journal
ARTICLE TYPES CONSIDERED FOR PUBLICATION IN THE JOURNAL

Submissions to the JWFO should be limited to one of the categories defined below. Specific information regarding length and format is provided for each category. Please also refer to the general submission guidelines and checklist before initiating the submission process in the online submission system. Authors are requested to prepare manuscripts in accordance with the instructions and failure to do so may result in delays or even manuscript rejection. All manuscripts will be reviewed by the Editors for novelty, potential to extend knowledge, and relevance to clinicians and researchers in the field.

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This type of submissions includes Research articles, Clinical trials, Systematic reviews with or without meta-analysis, Intervention studies, Cohort studies, Case-control studies, Epidemiologic studies, Surveys with high response rate, Economic evaluations, Decision analyses, Studies of screening and diagnostic tests and Other observational studies.

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Original research articles present data that advances the science and clinical practice of orthodontics and allied specialties. These manuscripts should present well-rounded studies reporting innovative advances that further knowledge about a topic of importance to the specialty of orthodontics and dentofacial orthopedics. These studies are classified as primary literature. Each manuscript should be written according to the appropriate reporting guidelines (see https://www.equator-network.org/) contain a structured abstract (Background, methods, results and conclusions), an introduction clearly stating an objective or hypothesis along with most important references, the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature as well as study limitations; and the conclusions and relevant implications for clinical practice or health policy along with references and figure legends. Maximum allowed length is 4000 words of text (not including abstract, tables, figures, acknowledgments, and references), with the combined number of tables and/or figures not exceeding six (6) and no more than 20-30 references.

**Clinical trials**

Clinical trials are any research projects that prospectively assign human participants to the intervention or comparison between groups for assessment of cause-and-effect relationship between an intervention and a health outcome (ICMJE). Interventions may include, but are not limited to, surgical procedures, appliance treatment, behavioral treatments, process-of-care changes, and the like. All manuscripts submitted under this category must include a copy of the trial protocol including the complete statistical analysis plan, a CONSORT flow diagram, and a completed CONSORT checklist. All clinical trials must be registered to an appropriate online public registry. A structured abstract along with trial registration number is deemed essential for all submissions under this category. Each manuscript should be written according to the CONSORT guidelines and clearly state an objective/hypothesis, the design and methods (including study setting along with dates, patients and/or participants with inclusion and exclusion criteria, or data sources and how these were selected), the essential features of any interventions, the main outcome measures and results of the study, a discussion section putting the results in context to the published literature and addressing study limitations and conclusions. Typical length: 3500 - 4000 words (maximum), with no more than a total of 5 tables and/or figures, and no more than 25 references. The subtitle should include the phrase "A Randomized or Controlled Clinical Trial".

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These manuscripts are systematic, critical assessments of literature and data sources pertaining to controversial topics in orthodontics and dentofacial orthopedics, emphasizing factors such as etiology, diagnosis, mechanotherapy, tooth movement biology and biomechanics, retention protocols, prognosis, or preventive and interceptive means. All articles or data sources should be searched for and selected systematically for inclusion and critically evaluated, and the search and selection process should be described in the manuscript. The specific type of study or analysis, population, intervention, exposure, and tests or outcomes should be described for each article or data source. The data sources should be as current as possible, ideally with the search having been conducted within one year of manuscript submission. For meta-analysis, the abstract should contain following headings - Importance, objectives, data sources, study selection, data extraction and synthesis, main outcome(s) and measure(s), results, conclusion and relevance. Authors of reports of meta-analyses of clinical trials should follow the PRISMA reporting guidelines and submit the PRISMA flow diagram and checklist (http://prisma-statement.org/). Authors of meta-analyses of observational studies in epidemiology should follow the MOOSE reporting guidelines and submit a flow diagram and the MOOSE checklist. Typical length: 3500-4000 words (maximum), with no more than a total of 5 tables and/or figures, and no more than 40-50 references

**Brief reports/Research Letter**

Brief reports are short reports of typically 800-1200 words which are concise reports of original studies or evaluations or unique first-time reports of clinical case series. These may include up to 2 figures and/or tables and no more than 10 references. A structured abstract is required. Research letters should not have more than 5 authors and should include sections such as introduction, methods, results and discussion. These do require an abstract and should follow other manuscript submission guidelines. It is mandatory that the letters should not duplicate other material published or submitted for publication.
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The JWFO is no longer accepting submissions of unsolicited narrative reviews. Authors may be invited to submit reviews for potential publication.

Case Series And Single Case Reports

The JWFO prefers Case Series that describe unusual case presentations, complex diagnoses, and novel approaches to treatment within the scope of practice of Orthodontics and Dentofacial Orthopedics. These Case Series provide valuable information for clinicians and academicians in the field. Case Series report enough consecutive or randomized patient reports to make a persuasive argument for or against the procedure, technique, or concept under discussion. Cases should be relatively homogeneous so that a systematic evaluation of one type of problem or treatment approach is made for the procedure under consideration. Also, treatment and documentation should be consistent and standardized for all cases.

Single case reports are rarely accepted in the journal but to deserve publication, the case report must present an insightful or thought-provoking perspective. Another reason to publish a case report is for the lesson that it teaches. Unusual complications of a treatment or an innovative and proper diagnostic strategy may also deserve publication.

Case Series and reports should not exceed the word limit of 2500-3000 words (excluding abstract, references and figure legends) and must have complete high-quality records with a minimum follow-up period of one year after debonding or discontinuing the appliance. The abstract should be structured under the headings Introduction, Case presentation, Management and outcome and Discussion. Manuscripts must include the following sections: Introduction; Diagnosis; Etiology; Treatment Objectives, Treatment Alternatives, Treatment Progress, and Treatment Results; Discussion; Conclusion. Illustrations must include extraoral and intraoral photographs, dental casts, panoramic radiographs, cephalometric radiographs, and tracings from both pre-treatment and post-treatment cephalograms as well as its superimpositions. Other figures deemed necessary according to article characteristics are also welcome. The reference list should not exceed 30 references, and the total combined number of figures and tables must be six or fewer. Multi-panel figures are acceptable.

Case Series and reports, being retrospective description of clinical findings in cases or an observed course of events that document a new aspect of patient management during the normal course of clinical treatment with no hypothesis testing and no systematic data collection beyond that which is part of routine clinical practice, no data analysis, and the work has already been done do not usually qualify as "research" requiring approval from ethical boards designed to protect humans involved in clinical research.

No patient identifiers should be included in Case Series and reports. If the authors choose to include any subject identifiers, the authors must include the patient's informed written consent to publish the information. It should be noted that patients may have given a signed "consent to treat," but that does not constitute permission to publish their case with personal identifiers unless they have explicitly approved the manuscript. Likewise, patient consent under government privacy rules, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States, does not constitute permission to publish their case with personal identifiers unless they have explicitly approved the manuscript.

The Informed consent to be submitted from all the patients/parents along with the submission should follow the format provided in the checklist for submission below. All the case series/reports should follow CARE reporting guidelines to be acceptable for peer-review and publication.

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Acknowledgments
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