DESCRIPTION

The *Journal of the World Federation of Orthodontists* (JWFO) is dedicated to presenting the results of scientific research from orthodontics and related fields. *JWFO*’s overall goal is to contribute to the education and continuing education of professionals throughout the world, stimulating the advancement of the science and practice of orthodontics.

Articles may reflect a wide range of ideas and study designs, from guest editorials and case reports to systematic reviews with meta-analysis, provided they do not contain material that has been submitted or published elsewhere. *The JWFO* is stringently edited and peer-reviewed to ensure the scientific merit, ethical frame, and clinical relevance of its content.

Benefits to authors

We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

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**General Information**

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.

The journal holds a fast decision-making policy through which the submission to initial decision process will be a maximum of 21 days. As part of this policy, all manuscripts are assigned to a specialist member of the Editorial Board, who advises the Editor-in-chief (EIC) on its suitability for the journal based on scientific quality, interest and importance. Papers considered valuable for the journal will then be subjected to thorough peer review and edited before being delivered to our esteemed readers. By working this way, we hope to deliver to our readers an exciting, cutting-edge, educational and comprehensive journal that conveys key information related to the specialty of orthodontics.

**Electronic Manuscript Submission**

The *Journal of the World Federation of Orthodontists* uses the EVISE, an online manuscript submission and review system. To submit or review an article, please go to the JWFO EVISE website:

https://www.evise.com/profile/api/navigate/JWFO

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**Article Types Considered for Publication in the Journal**

**Original Research Articles**

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

**Research articles**

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 detailed studies are classified as primary literature. Each manuscript should contain an introduction with most important references, clearly state an objective or hypothesis; 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 3500 words of text (not including abstract, tables, figures, acknowledgments, and references), with no more than a total of 5 tables and/or figures and no more than 20–30 references.

**Clinical trials**
Clinical trials are any research projects that prospectively assigns 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 trial protocol including the complete statistical analysis plan, a CONSORT flow diagram and a completed CONSORT checklist. All clinical trials must be registered to the appropriate online public registry. A structured abstract along with trial registration number is deemed essential for all submissions under this category. Each manuscript should 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: 2000–3500 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 Clinical Trial".

**Systematic reviews with meta-analysis**
These manuscripts are systematic, critical assessments of the literature and data sources pertaining to controversial topics in orthodontics and dentofacial orthopedics, emphasizing factors such as etiology, diagnosis, mechanotherapeutics, 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 several months 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 submit the PRISMA flow diagram and checklist (http://www.equator-network.org/reporting-guidelines/prisma/). Authors of meta-analyses of observational studies in epidemiology should submit a flow diagram and the MOOSE checklist (https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/). Typical length: 3500-4000 words (maximum), with no more than a total of 5 tables and/or figures, and no more than 30-40 references

**Brief reports/Research Letter**
These are short reports of typically 800-1200 words which are in other way 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 does not require an abstract but should follow other manuscript submission guidelines. It is mandatory that the letters should not duplicate other material published or submitted for publication.

**Review Articles**
JWFO considers four types of review articles

- **Systematic reviews**
- **Narrative reviews**
- **Advances in scientific and clinical aspects of orthodontics**
- **Historical reviews pertinent to the field of orthodontics**

It is mandatory that all reviews mentioned above require a pre-submission enquiry before the manuscript is uploaded to EVISE. Please prepare a brief outline of the review (200 words) in the format for abstract and submit it to Dr. Vinod Krishnan, Editor-in-Chief, through editorjwfo@wfo.org. The editorial board will carefully consider your request and assess the feasibility and potential for possible publication of the proposal in the journal and revert back with a decision within 5 days.

**Systematic reviews (without meta-analysis)**
Systematic Reviews are critical assessments of the literature and data sources pertaining to all topics in the field of orthodontics, emphasizing factors such as etiology, diagnosis, mechanotherapeutics, tooth movement biology and biomechanics, retention protocols, prognosis, or preventive and
interceptive means. It should address a specific question or issue that is relevant for clinical practice of orthodontics and provide an evidence-based, balanced, patient-oriented review on the focused topic. The basic structure of manuscripts reporting Systematic Reviews should include the following: Abstract (structured abstract of no more than 300 words); Introduction; Methods; Results, with subsections; Discussion; and Conclusions. Maximum allowed length is 4000 words of text (not including abstract, tables, figures, acknowledgments, references, and online-only material), with no more than a total of 5 tables and/or figures and no more than 50 references. A PRISMA-style flow diagram (http://www.equator-network.org/reporting-guidelines/prisma/) should be included with the submission as a figure that summarizes the results of the literature search and the numbers of articles/records/studies and patients/participants represented in the studies identified, screened, eligible, and included in the final review.

Please note that systematic Reviews without meta-analysis are published as Reviews; those with meta-analysis are published as Original Investigations. If you are interested in submitting a systematic review, please follow the EQUATOR guidelines provided in http://www.equator-network.org/

**Narrative reviews**

Narrative Reviews provide an up-to-date review for academicians, clinicians and students on a topic of common interest from the perspective of internationally recognized experts in the field of orthodontics. These reviews should address a specific question or issue that is relevant for academics or clinical practice in the specialty of orthodontics. Narrative Reviews do not require (but may include) a systematic review of the literature search. Recommendations should be supported with evidence and should rely on recent systematic reviews and guidelines, if available. The basic structure of manuscripts reporting Narrative Reviews should include the following: Abstract (structured abstract under headings – Importance, observations, conclusion and relevance); Introduction; Methods, if included; Discussion/Observations; Conclusions and Clinical implications/relevance. Typical length: 2000–3500 words (maximum), with no more than a total of 5 tables and/or figures, and no more than 50 references.

**Advances in scientific and clinical aspects of orthodontics**

This section is intended to provide the latest information about management of malocclusion and dentofacial deformities, emphasizing what is new, and are typically written by senior experts in the field. This section makes it deemed essential to provide the readers with a critical review of the last 5 years of published literature. If necessary to document advances, the review can include more than the last 5 years and this should be explained. An evaluation of the quality of evidence is recommended but not required. Reviews published in advances in scientific and clinical aspects of orthodontics should address a specific question or issue that is relevant to academics or clinical practice of orthodontics and should provide an evidence-based, balanced, patient-oriented current review on a focused topic. The basic structure of manuscripts reporting advances in scientific and clinical aspects of orthodontics should include the following: Abstract (structured abstract under headings - importance; objectives; evidence review; findings, conclusions and relevance); Introduction; Methods; Results with the subsections; Discussion; and Conclusions. Maximum length: 3500 words of text (not including abstract, tables, figures, acknowledgments, and references), with no more than a total of 5 tables and/or figures and no more than 60 references.

**Historical aspects in orthodontics**

These are submissions intended to remind all practicing the specialty of orthodontics with its origin and path travelled by pioneers in the field. Typically written by senior colleagues in the field, it should include documentary evidences to the facts mentioned and should emphasize the evolution of our field. Maximum word limit is 3500 words with no particular structure and can include maximum number of historical figures. Portraits of pioneers emphasizing their valuable contributions are most welcome to this section of the journal.

**Case Series and Single Case Reports**

A case series is a paper that describes a group of cases or particular observations with unique imaging features or involving novel procedures. Case series are usually retrospective, emphasize upon a treatment strategy with the help of data from at least three patients and not associated with extensive statistical analysis. 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
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.

Other Submissions
Special article/View point
These manuscripts describe an important issue in orthodontics, public health, or medical and dental research in a scholarly, thorough, well-referenced, systematic, and evidence-based manner. Depending on the content, either a structured abstract or unstructured abstract is required. Maximum length: 2500 words of text (not including tables, figures, or references) with no more than a total of 4 tables and/or figures and no more than 25 references.

Letters to editor
Letters discussing a recent article in this journal should be submitted within 6 months of the article's publication. Letters received after 6 months will rarely be considered. Letters should not exceed 500 words of text and 5 references, 1 of which should be to the recent article. Letters may have no more than 3 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the email address for the corresponding author. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the original article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content. Send letters directly to the editor, via e-mail: editor.jwfo@wfo.org. Submit a signed copyright release with the letter.

Book reviews
The journal invites book and monograph for reviews, depending upon their interest and value to WFO members. Send books to the Editor-in-Chief – Dr. Vinod Krishnan, Professor and Head, Department of Orthodontics, Sri Sankara Dental College, Varkala, Trivandrum, Kerala - 695318, INDIA after an enquiry through email – editor.jwfo@wfo.org. Once submitted, the book will not be returned.

Submission Process
Manuscript submission
All the manuscripts to the journal should be submitted through the online submission system EVISE of Elsevier – https://www.evise.com/profile/api/navigate/JWFO

At the time of submission, complete contact information (affiliation, postal/mail address, email address, and telephone numbers) for the corresponding author is required. First and last names, email addresses, and institutional affiliations of all coauthors are also required. After the manuscript is submitted, the corresponding author will receive an acknowledgment confirming receipt and a manuscript number. Authors will be able to track the status of their manuscripts via the online system.

Cover letter
It is mandatory that you submit a cover letter signed by all authors, and this material is confidential. This should also include complete contact information for the corresponding author (affiliation, postal/mail address, email address, and telephone number).

Highlights
Highlights are mandatory for this journal. They consist of a short collection of bullet points that convey the core findings of the article and should be submitted in a separate editable file in the online submission system. Please use ‘Highlights’ in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). You can view example Highlights on our information site.

Manuscript Organization
Manuscripts should be prepared considering the guidelines by ICMJE (http://icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html)

a. Title Page
General information about an article and its authors is presented on a manuscript title page and usually includes the article title, author information, any disclaimers, sources of support, word count (excluding its abstract, acknowledgments, tables, figure legends, and references), and the number of tables and figures. Each author's highest academic degrees should be listed. The name of the department(s) and institution(s) or organizations where the work should be attributed should be specified. It is mandatory to include the corresponding authors' telephone and fax numbers and e-mail address in the title page. The title page also should include a Conflict of Interest declaration, if any. This information will not be available to the reviewers.

b. Abstract
The journal requires a structured abstract to all its submissions unless otherwise stated. Please refer to manuscript types accepted for specific headings on which abstract should be provided. In concert with the ICMJE, JWFO requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE (i.e., the registry must be owned by a not-for-profit entity, be publicly accessible, and require the minimum registration data set as described by ICMJE). Acceptable trial registries include the following, anzctr.org.au, clinicaltrials.gov, isrctn.org, trialregister.nl, umin.ac.jp/ctr and others listed at http://www.icmje.org. Accordingly with the recommendations from ICMJE, JWFO requires the clinical trial registration number at the end of the abstract.

c. Keywords
Authors are required to provide a maximum of 5 key words. Use terms for key words from the Medical Subject Headings (MeSH) list of Medline as much as possible.

d. Graphical abstract (Optional)
Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site.

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e. Manuscript Text (without author identifiers)

Introduction
Provide a context or background for the study (that is, the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation. Cite only directly pertinent references, and do not include data or conclusions from the work being reported.

Material and Methods
This section should aim to be sufficiently detailed such that others with access to the data would be able to reproduce the results. This section should include a statement indicating that the research was approved or exempted from the need for review by the responsible review committee (institutional or national). If no formal ethics committee is available, a statement indicating that the research was conducted according to the principles of the Declaration of Helsinki should be included. Selection and Description of Participants
Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population.

Technical Information
Specify the study's main and secondary objectives—usually identified as primary and secondary outcomes. Identify methods, equipment (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow others to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well-known; describe new or
substantially modified methods, give the reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Identify appropriate scientific names and gene names.

Statistics
Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as P values, which fail to convey important information about effect size and precision of estimates. References for the design of the study and statistical methods should be to standard works when possible. Define statistical terms, abbreviations, and most symbols. Specify the statistical software package(s) and versions used.

Results
Present your results in logical sequence in the text, tables, and figures, giving the main or most important findings first. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. Provide data on all primary and secondary outcomes identified in the Methods Section. Extra or supplementary materials and technical details can be placed in an appendix where they will be accessible but will not interrupt the flow of the text. Restrict tables and figures to those needed to explain the argument of the paper and to assess supporting data. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as “random” (which implies a randomizing device), “normal,” “significant,” “correlations,” and “sample.”

Discussion
It is useful to begin the discussion by briefly summarizing the main findings, and explore possible mechanisms or explanations for these findings. Emphasize the new and important aspects of your study and put your findings in the context of the totality of the relevant evidence. State the limitations of your study, and explore the implications of your findings for future research and for clinical practice or policy. Do not repeat in detail data or other information given in other parts of the manuscript, such as in the Introduction or the Results section.

Conclusions
Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed.

References
All references should be cited in the text and numbered consecutively. References should follow the standards summarized in the NLM’s International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References webpage and detailed in the NLM's Citing Medicine, 2nd edition. Authors are responsible for the accuracy and completeness of their references and for correct text citation. Authors should provide direct references to original research sources whenever possible. References should not be used by authors, editors, or peer reviewers to promote self-interests. Although references to review articles can be an efficient way to guide readers to a body of literature, review articles do not always reflect original work accurately. On the other hand, extensive lists of references to original work on a topic can use excessive space. Fewer references to key original papers often serve as well as more exhaustive lists. Do not use conference abstracts as references: they can be cited in the text, in parentheses, but not as page footnotes. References to papers accepted but not yet published should be designated as “in press” or “forthcoming.” Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. The titles of journals should be abbreviated according to the style used for MEDLINE (www.ncbi.nlm.nih.gov/nlmcatalog/journals). Authors are responsible for checking that none of the references cite retracted articles except in the context of referring to the retraction. For articles published in journals indexed in MEDLINE, the ICMJE considers PubMed the authoritative source for information about retractions. Authors can identify retracted articles in MEDLINE by searching PubMed for “Retracted publication [pt]”, where the term “pt” in square brackets stands for publication type, or by going directly to the PubMed’s list of retracted publications.
Units
The SI system should be used for all scientific and laboratory data; if, in certain instances, it is necessary to quote other units, these should be added in parentheses. Temperatures should be given in degrees Celsius. If a large number of symbols are used it is helpful if authors submit a list of these symbols and their meanings.

Abbreviations and Symbols
Use only standard abbreviations; use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on first mention unless the abbreviation is a standard unit of measurement.

f. Tables
Tables should supplement, not duplicate the text. Number them with Arabic numerals, in the order they are mentioned in the text. Titles in tables should be short but self-explanatory, containing information that allows readers to understand the table's content without having to go back to the text. Be sure that each table is cited in the text. Give each column a short or an abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use symbols to explain information if needed. If a table has been previously published, include in the footnote the credits to the original source and include written permission for its use from the copyright holder. Submit tables as text-based files (Word or Excel, for example) and not in an image file format. Permission also must be obtained to use modified tables.

g. Figures
Do not embed figures in the word processing document. Figures should be numbered consecutively according to the order in which they have been cited in the text. All figures must be submitted individually as single files. Figures should be in TIF or EPS format, CMYK or grayscale, at least 5 inches wide and at least 300 pixels per inch (118 pixels per cm). Before-and-after images should be taken with the same intensity, direction, and color of light. Figures should be made as self-explanatory as possible, since many will be used directly in slide presentations. All patient-identifying information must be removed (for example, name in radiographs). If a figure has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce it. Permission is required irrespective of authorship or publisher except for documents in the public domain. Permission also must be obtained to use modified figures.

In the manuscript, legends for illustrations should be on a separate page, with Arabic numerals corresponding to the illustrations. Titles and detailed explanations belong in the legends—not on the illustrations themselves. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Photomicrographs should have internal scale markers and identify the method of staining in photomicrographs.

h. Informed consent and patient details.
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i. Copyright release.
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j. Ethical Committee/Institutional Review Board (IRB) approval.
For those articles that report on the results of experiments of treatments where patients or animals have been used as the sample, Ethical Committee/IRB approval is mandatory. A copy of the letter granting approval from the Ethical Committee/IRB or the animal utilization study committee should be scanned and submitted via EVISE. No manuscripts will be sent out for review without it.

k. Conflict of interest.
The disclosure of potential conflicts of interest is based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals", www.icmje.org/update.html. The form available on the ICJME web site is to be used, with a separate form completed and submitted for each author.

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