DESCRIPTION

Journal of World Federation of Orthodontists (JWFO) is a quarterly 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

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.

Ethics in publishing

The journal follows ethical policies in all its publications and the ethical guidelines expected out of contributing authors can be read at the information site here.

ARTICLE TYPES CONSIDERED FOR PUBLICATION IN THE JOURNAL

ORIGINAL RESEARCH ARTICLES

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.

Research articles

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/) and 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 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: 3000-3500 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 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 60-70 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.

**REVIEW ARTICLES**

JWFO considers four types of review articles

1. Systematic reviews without meta-analysis
2. Narrative reviews
3. Advances in scientific and clinical aspects of orthodontics
4. 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 Editorial Manager. 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 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, mechanotherapy, tooth movement biology and biomechanics, retention protocols, prognosis, or preventive and interceptive means. It should address a specific question or issue that is relevant to the clinical practice of orthodontics and provide an evidence-based, balanced, patient-oriented review on the focused topic. Reporting of a Systematic Reviews should be done according to the PRISMA guidelines and include the following: Abstract (structured abstract of no more than 300 words); Introduction; Methods; Results, with subsections; Discussion; and Conclusions. Maximum allowed length is 3500-4000 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 60-70 references. A PRISMA-style flow diagram should be included as a figure.
Please note that systematic Reviews without meta-analysis are published as Reviews; those with meta-analysis are published as Original Research.

**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 of no more than 250 words 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. Reviews published on 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. This section makes it deemed essential to provide the readers with a critical review of the last 5 years of published literature and contributions are typically written by senior experts in the field. 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. 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 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.

**OTHER SUBMISSIONS**

**Case series and single case reports**

A case series is a paper that describes a group of cases or 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. Informed consent from the patient/parent is necessary along with the submission and the format for the same can be found here. All the case series/reports should follow CARE reporting guidelines to be acceptable for peer-review and publication.
Special article/Viewpoint
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.

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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 editor and are subject to abridgement and editing for style and content. Send letters directly to the editor, via e-mail: editorjwfo@wfo.org. Submit a signed copyright release with the letter.

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The title page, which should be submitted as a separate file, 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. Avoid abbreviations in the title of the manuscript. 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 to should be specified. It is mandatory to include the corresponding authors' telephone 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.

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The journal requires a structured abstract to all its submissions unless otherwise stated. Please refer to manuscript types 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 (ie, 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. All systematic reviews with or with meta-analysis should be prospectively registered in an appropriate public database like PROSPERO, see https://www.crd.york.ac.uk/PROSPERO/ The registration number should be mentioned 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. Main Manuscript Text (without author identifiers)

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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.

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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

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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 https://www.ncbi.nlm.nih.gov/books/NBK7256/Citing Medicine, 2nd edition. Disable references management software from the Word file before you submit the manuscript. 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.

Examples of references in the journal.


**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 non-standard abbreviations can be confusing to readers. 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.

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