2013 Guidelines for Preparing Manuscripts

The Journal of Prosthetic Dentistry

Updated 2013 by the Editorial Office of The Journal of Prosthetic Dentistry, Georgia Regents University College of Dental Medicine, Augusta, Georgia.
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About The Journal of Prosthetic Dentistry

Now in its 62nd 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 colorful photos 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 2011 Journal Citation Reports®

Contact Information

The Journal of Prosthetic Dentistry
Editorial Office
Georgia Regents University
College of Dental Medicine
1120 15th St., GC3094
Augusta, GA 30912-1255

Phone: (706) 721-4558
Fax: (706) 721-4571
E-mail: JPD@gru.edu

Website: www.prosdent.org

Online submission: http://www.ees.elsevier.com/jpd/

Checklist for Initial Submission

• Letter of submission
• Copyright transfer statement for each author
• Conflict of interest and financial disclaimer statement, if applicable
• Permission to reproduce previously published material, if applicable
• Informed consent for patient photographs, if applicable
• A Microsoft Word (or Word-compatible) manuscript file that contains:
  - Title page
  - Abstract
  - Article proper
  - References
  - Tables
  - Legends for illustrations, and
  - A folder containing figures in TIF format (see Guidelines, pages 11-13)
Submission Guidelines

Thank you for your interest in writing an article for *The Journal of Prosthetic Dentistry*. In publishing, as in dentistry, precise procedures are essential. Your attention to and compliance with the following policies will help ensure the timely processing of your submission.

**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.

**General Formatting**
All submissions must be submitted via the EES system in Microsoft Word or a Microsoft Word-compatible format with an 8.5×11 inch page size. The following specifications should also be followed:

- Times Roman, 12 pt
- Double-spaced
- Left-justified
- 1-inch margins on all sides
- Half-inch tabs
- Headers/Footers should be clear of page numbers or other information
- References should not be automatically numbered (formatted).
- Set the Language feature in MS Word to English (US).
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 (i.e., 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 df, 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 page 9 for guidelines; page 22 for a sample References page.
• **Tables:** Create tables in accordance with the guidelines on page 11.
• **Legends for illustrations:** Concisely describe each illustration without directly duplicating the main text. See page 13 for guidelines; page 23 for sample Legends page.

**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, nonstructural, 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:** Select and format references in accordance with the guidelines on page 10.
• **Legends for illustrations:** Concisely describe each illustration without directly duplicating the main text.

**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 (eg, “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:** Select and format references in accordance with the guidelines on page 12.
- **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 is transitioning away from literature reviews to systematic reviews. For more information on systematic reviews, please see [www.cochrane.org](http://www.cochrane.org). An example of a Journal systematic review:


The systematic review consists of:

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

2) 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 (page 11).

3) Tables and figures, if necessary—showing characteristics of the included studies, specification of the interventions that were compared, the results of the included studies,
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 (eg, “Survey the diagnostic cast” rather than “The diagnostic cast is surveyed”).

**ABSTRACT**

- The abstract must be typed on a page separate from the main text.
- The abstract should not include abbreviations or manufacturing information.

**MAIN TEXT**

Headings
• Headings should contribute to the clarity of the article and indicate a shift from one section to another (eg, Discussion to Conclusions).
• The use of subheadings may be appropriate in the Material and Methods section but is generally discouraged in the Results and Discussion.
• All headings should be typed flush with the left margin. Main headings (eg, MATERIAL AND METHODS) should be in capital letters; subheadings (eg, Specimen preparation) should be in “Sentence case”; the first letter should be capitalized and the remainder of the phrase should be in lowercase.

Identification of product and manufacturing information
• Refer to products in generic terms. Immediately following the term, provide the following information in parentheses: product name and manufacturer’s name, city, state, or country (if not the United States). For state abbreviations occurring within the text of the manuscript, nonpostal abbreviations are used. No periods follow these abbreviations. The USA is omitted. Some common examples: California – Calif, Connecticut – Conn, Indiana – Ind, Kentucky – Ky, Georgia – Ga, New York – NY, Ohio – Ohio, Utah – Utah, Alabama – Ala, Illinois – Ill. For example: “The impressions were poured in Type IV stone (Denstone; Heraeus Kulzer, South Bend, Ind) and related to each other with a fast-setting vinyl polysiloxane occlusal registration material (Correct VPS Bite Registration; Jeneric/Pentron Inc, Wallingford, Conn).” If the same manufacturer is cited multiple times, the city and state/country are required only in the first citation.
• Do not use trademark symbols as they are not consistent with Journal style.
• Use generic drug names; trade names may be listed in parentheses at the point of first mention.

Abbreviations
• If abbreviations are used, provide the expanded form upon first mention and abbreviate thereafter; for example, “fixed dental prosthesis (FDP)”.

REFERENCES

Acceptable references and their placement
• Most, if not all, references should first be cited in the Introduction and/or Material and Methods section. Only those references that have been previously cited or that relate directly to the outcomes of the present study may be cited in the Discussion.
• Only peer-reviewed, published material may be cited as a reference. Manuscripts in preparation, manuscripts submitted for consideration, and unpublished theses are not acceptable references.
• Abstracts are considered unpublished observations and are not allowed as references unless follow-up studies were completed and published in peer-reviewed journals.
• References to foreign language publications should be kept to a minimum (no more than 3). They are permitted only when the original article has been translated into English. The translated title should be cited and the original language noted in brackets at the end of the citation.
• Textbook references should be kept to a minimum, as textbooks often reflect the opinions of their authors and/or editors. The most recent editions of textbooks should be used. Evidence-based journal citations are preferred.
Reference formatting
• References must be identified in the body of the article with superscript Arabic numerals. At the end of a sentence, the reference number falls after the period.
• The complete reference list, double-spaced and in numerical order, should follow the Conclusions section but start on a separate page. Only references cited in the text should appear in the reference list.
• Reference formatting should conform to Vancouver style as set forth in “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (Ann Intern Med 1997;126:36-47).
• References should be manually numbered.
• List up to six authors. If there are seven or more, after the sixth author’s name, add et al.
• Abbreviate journal names per the Cumulative Index Medicus. A complete list of standard abbreviations is available through the PubMed website: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals
• Format for journal articles: Supply the last names and initials of all authors; the title of the article; the journal name; and the year, volume, and page numbers of publication. Do not use italics, bold, or underlining for any part of the reference. Put a period after the initials of the last author, after the article title, and at the end of the reference. Put a semi-colon after the year of publication and a colon after the volume. Issue numbers are not used in Vancouver style.


• Book References: The most current edition must be cited. Supply the names and initials of all authors/editors, the title of the book, the city of publication, the publisher, the year of publication, and the inclusive page numbers consulted. Do not use italics, bold, or underlining for any part of the reference.


Note: References should not be submitted in Endnotes. Endnotes formatting cannot be edited by the Editorial Office or reviewers, and must be suppressed or removed from the manuscript prior to submission. Nor should references be automatically numbered. Please number manually.

TABLES
• Tables should be self-explanatory and should supplement, not duplicate, the text.
• Provide all tables at the end of the manuscript after the reference list and before the Legends. There should be only one table per page. Omit internal horizontal and vertical rules (lines). Omit any shading or color.
• Do not list tables in parts (eg, Table 1a, 1b, etc.). Each should have its own number. Number the tables in the order in which they are mentioned in the text.
• Supply a concise legend that describes the content of the table. Create descriptive column and row headings. Within columns, align data such that decimal points may be traced in a straight line. Use decimal points (periods), not commas, to mark places past the integer (eg, 3.5 rather than 3,5).
• In a line beneath the table, define any abbreviations used in the table.
• If a table (or any data within it) was published previously, give full credit to the original source in a footnote to the table. If necessary, obtain permission to reprint from the author/publisher.
• The tables should be submitted in Microsoft Word, or Word-compatible format. **Microsoft Word is preferred.** If a table has been prepared in Excel, it should be imported into one of the abovementioned formats prior to submission.

### Electronic Image Submission

**File Type**

**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, 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 a minimum of 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.

**Resolution**

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

• **Color and black-and-white photographs should be created and saved at a minimum of 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.
• Line art should be created and saved as 1200 dpi.
• Combination artwork (an illustration containing both line art and photograph) should be created and saved as 600 to 1000 dpi.
• Clarity, contrast, and quality should be uniform among the parts of a multipart figure and among all of the figures within a manuscript.
• Composite figures (multiple images combined into a single frame) are unacceptable. Each image part should be a separate 4 x 6-inch, 300-dpi image.
• A uniform background of nontextured, medium blue should be provided for color figures when possible.

Text within Images

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 **Ariel 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, below).

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.

Graphs

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.

**PERMISSIONS**

- All quoted material must be clearly marked with quotation marks and a reference number. If more than 5 lines are quoted, a letter of permission must be obtained from the author and publisher of the quoted material.
- All manuscripts are submitted to software to identify similarities between the submitted manuscript and previously published work.
- If quotations are more than 1 paragraph in length, open quotation marks at the beginning of each paragraph and close quotation mark at the end of the final paragraph only.
- Type all quoted material exactly as it appears in the original source, with no changes in spelling or punctuation. Indicate material omitted from a quotation with ellipses (3 dots) for material omitted from within a sentence, 4 dots for material omitted after the end of a sentence.
- If any submitted photographs include the eyes of a patient, the patient must sign a consent form authorizing use of his/her photo in the Journal. If such permission is not obtained, the eyes will be blocked with black bars at publication.
- Illustrations that are reprinted or borrowed from other published articles/books cannot be used without the permission of the original author and publisher. The manuscript author must secure this permission and submit it for review. In the illustration legend, provide the full citation for the original source in parentheses.
INTEREST IN COMMERCIAL COMPANIES AND/OR PRODUCTS

• Authors may not directly or indirectly advertise equipment, instruments, or products in which they have a personal investment.
• Statements and opinions expressed in the manuscripts are those of the authors and not necessarily those of the editors or publisher. The editors and publisher disclaim any responsibility or liability for such material. Neither the editors nor the publisher guarantee, warrant, or endorse any product or service advertised in the Journal; neither the editors nor the publisher guarantee any claim made by the manufacturer of said product or service.
• Authors must disclose any financial interest they may have in products mentioned in an article. This disclosure should be typed after the Conclusions section.

Writing Guidelines

GENERAL POLICIES AND SUGGESTIONS

• Authors whose native language is not English should obtain the assistance of an expert in English and scientific writing before submitting their manuscripts. Manuscripts that do not meet basic language standards will be returned before review.
• The Journal does not use first person (I, we, us, our, etc.). “We conducted the study” can be changed easily to “The study was conducted.”
• Avoid the use of subjective terms such as “extremely”, “innovative” etc.
• He JPD uses the serial comma which is the comma that precedes the conjunction before the final item in a list of three or more items: The tooth was prepared with a diamond rotary instrument, carbide bur, and carbide finishing bur.
• We prefer the nonpossessive form for eponyms: the Tukey test rather than Tukey’s test, Down syndrome rather than Down’s syndrome and so on
• Describe experimental procedures, treatments, and results in passive tense. All else should be written in an active voice.
• Describe teeth by name (eg, maxillary right first molar), not number.
• Hyphens are not used for common suffixes and prefixes, unless their use is critical to understanding the word. Some prefixes with which we do not use hyphens include: pre-, non-, anti-, multi-, auto-, inter-, intra-, peri-
• Eliminate the use of i.e. and e.g. as they are not consistent with Journal style.
• It is generally better to paraphrase information from a published source than to use direct quotations. Paraphrasing saves space. The exception is a direct quotation that is unusually pointed and concise.
• When long terms with standard abbreviations (as in TMJ for temporomandibular joint) are used frequently, spell out the full term upon first use and provide the abbreviation in parentheses. Use only the abbreviation thereafter. Even very common acronyms should still be defined at first mention.
• We do not italicize foreign words such as “in vivo”, “in vitro”
• Abbreviate units of measurement without a period in the text and tables (9 mm). Please insert a nonbreaking space between all numbers and their units (100 mm, 25 MPa) except
before % and °C. There should never be a hyphen between the number and the abbreviation or symbol except when in adjectival form (100-mm span).

- Spell out “degrees” for angles. Use the degree symbol only for temperature.
- For the common statistical outcomes P, α, β omit the zero before the decimal point as these cannot be greater than 1.
- Proprietary names function as adjectives. Nouns must be supplied after their use, as in *Vaseline petroleum jelly*. Wherever possible, use only the generic term.

**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](http://www.prosdent.org) and click on Collections/Glossary of Prosthodontic Terms.

<table>
<thead>
<tr>
<th>Incorrect</th>
<th>Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alginate</td>
<td>Irreversible hydrocolloid</td>
</tr>
<tr>
<td>Bite</td>
<td>Occlusion</td>
</tr>
<tr>
<td>Bridge</td>
<td>Partial fixed dental prosthesis</td>
</tr>
<tr>
<td>Case</td>
<td>Patient, situation, or treatment as appropriate</td>
</tr>
<tr>
<td>Cure</td>
<td>Polymerize</td>
</tr>
<tr>
<td>Final</td>
<td>Definitive</td>
</tr>
<tr>
<td>Freeway space</td>
<td>Interocclusal distance</td>
</tr>
<tr>
<td>Full denture</td>
<td>Complete denture</td>
</tr>
</tbody>
</table>
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.

**Ampersand**  
Should be avoided except in the name of a firm, as in John Smith & Co.

**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.*
Fad words
This group includes the "ize" family (conceptualize, prioritize, surgerize, finalize, etc.) and such terms as interpersonal, interrelationships, input, and viable. They should be used with caution.

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.

Paper (as in manuscript)
Use article.

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.

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

Technique
Prefered 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.
### Approved Abbreviations for Commonly Cited Journals

Because *The Journal of Prosthetic Dentistry* is published not only in print but also online, authors must use the standard PubMed abbreviations for journal titles. If alternate or no abbreviations are used, the references will not be linked in the online publication. A complete list of standard abbreviations is available through the PubMed website: [http://www.ncbi.nlm.nih.gov/nlmcatalog/journals](http://www.ncbi.nlm.nih.gov/nlmcatalog/journals)

<table>
<thead>
<tr>
<th>Journal Title</th>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>Acta Odontologica Scandinavica</td>
<td>Acta Odontol Scand</td>
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<tr>
<td>American Journal of Orthodontics</td>
<td>Am J Orthod</td>
</tr>
<tr>
<td>Angle Orthodontist</td>
<td>Angle Orthod</td>
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<tr>
<td>British Dental Journal</td>
<td>Br Dent J</td>
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<tr>
<td>Cleft Palate Journal</td>
<td>Cleft Palate J</td>
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<tr>
<td>Dental Clinics of North America</td>
<td>Dent Clin North Am</td>
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<td>Dental Digest</td>
<td>Dent Dig</td>
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<td>Dental Practitioner and Dental Record</td>
<td>Dent Pract Dent Rec</td>
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<tr>
<td>Dental Progress</td>
<td>Dent Prog</td>
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<tr>
<td>Dental Survey</td>
<td>Dent Surv</td>
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<tr>
<td>International Dental Journal</td>
<td>Int Dent J</td>
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<tr>
<td>International Journal of Prosthodontics</td>
<td>Int J Prosthodont</td>
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<tr>
<td>Journal of the American College of Dentists</td>
<td>J Am Coll Dent</td>
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<tr>
<td>Journal of the American Dental Association</td>
<td>J Am Dent Assoc</td>
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<tr>
<td>Journal of Dentistry for Children</td>
<td>J Dent Child</td>
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<tr>
<td>Journal of Dental Education</td>
<td>J Dent Educ</td>
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<td>Journal of Dental Research</td>
<td>J Dent Res</td>
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<td>Journal of Endodontics</td>
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<td>Journal of Oral Rehabilitation</td>
<td>J Oral Rehabil</td>
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<td>Journal of Periodontology</td>
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<td>Journal of Prosthetic Dentistry</td>
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<tr>
<td>Quintessence International</td>
<td>Quintessence Int</td>
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Collagen tube containers in alveolar ridge augmentation

Robert K. Gongloff, DMD, a and Richard Lee, DDS b

School of Dentistry, University of California-San Francisco; Veterans Administration Medical Center, San Francisco, Calif

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aChief, Oral and Maxillofacial Surgery, Veterans Administration Medical Center; and Associate Clinical Professor, Department of Prosthodontics, University of California-San Francisco School of Dentistry.

bFormer Resident, Department of Prosthodontics, University of California-San Francisco School of Dentistry.

Corresponding author:
Dr Richard K. Gongloff
Dental Service 160
Veterans Administration Medical Center
123 Main St
San Francisco, CA 94121
Fax: 123-456-7777

E-mail: gongloff@hotmail.com

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[NOTE: Acknowledgments should appear at the end of the title page, rather than in the text of the manuscript.]
REFERENCES


LEGENDS

Fig. 1. Device that simulated mandible with 2 implants and ball abutments. Vise clamping implant blocks at predetermined angulation; note angled blocks.

Fig. 2. Aluminum split mold overdenture analog, showing single spherical attachment embedded in acrylic resin in one of its receptacles.

Fig. 3. Graph showing retention values (peak loads), above x axis; and insertion values (valley loads), below x axis. A, Maximum retention load (N). B, Minimum retention load (N). C, Maximum insertion load (N). D, Minimum insertion load (N).

Fig. 4. Peak retentive load (N) as function of cycle number.

Fig. 5. Scanning electron microscope image (×100 magnification) of Preci Clix attachments after cyclic testing. A, Group 0-0: Note even, circumferential, light wear. B, Group 15-15: Note permanent deformation on lateral aspect of plastic insert, uneven wear.