
Guidelines

for contributors

Australian Orthodontic Journal

Papers submitted for publication should be sent to:

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The editor reserves the right to edit all contributions for clarity and style. If the editor requests additional data forming the basis of the work the authors will make this data available for examination. All articles are peer reviewed. All authors of manuscripts accepted for publication must sign the Copyright Release Form assigning copyright to the Journal in the event that it is published or submit a letter indicating that the work is original and has not been published (in any language or format) or is under consideration for publication elsewhere. It should also identify the corresponding author, and mention any financial support or relationships that may pose a conflict of interest. The latter statement has no bearing on the decision to publish an article.

Organisation of the manuscript

The author should submit a copy of the original manuscript either by email or on disc in a recent version of 'Word' for Windows/Macintosh format. The author should note the style of articles in the Journal and should retain a copy.

Do not indent paragraphs. Number all pages.

Photographs and digital images must conform to the instructions outlined in the paragraph on **Images**.

All images and tables must be in separate files or on separate pages.

Do not incorporate the tables and figures in the text.

The **first page** should contain only the title of the article, a short running title, and the names and address of the author(s).

The **second page** should contain only the title of the article.

The **third page** should contain an abstract/summary of approximately 200 words.

Key words should be placed after the abstract.

The article should then follow the usual layout for a scientific paper.

Original article

1. The **Title** should be short, informative, accurate, and unambiguous. Ideally it should contain 'key words'. Avoid adjectives and sensationalism in the title. A short **Running** title should be included.

Only persons who have made a substantial contribution should be named as **Authors**. Include the author(s) short professional **address(es)**.

2. The **abstract** should be short, informative and be able to stand alone. It should convey the essence of the study. The following subtitles should be used in the abstract: *background/objectives/aims, methods* (e.g. briefly describe the setting, subjects, intervention, outcome measures), *results* and *conclusions*. Clinical relevance of a study may be mentioned in the conclusions.

Key words should be included under the abstract; these are not published.

3. The **Introduction** should briefly, and clearly, describe the background and rationale for the hypothesis to be tested or objective to be studied. It should inform the reader why you started the study (beginning of the introduction), and state what you are going to do (end of the introduction). Only the most relevant earlier studies should be cited, and exhaustive reviews avoided.

4. The **Material and methods** should provide sufficient information for the experiments to be repeated. The design of the study or experiments, any specific procedures used, and statistical analyses must be described clearly and carefully. Previously published methods should be named and cited rather than described in full. New methods must be described fully, and the data used to validate them described completely. A method used for only part of one experiment may be briefly described in the results section, in a footnote to a table, or a figure legend.

For studies involving human subjects or specimens a brief statement that subjects' rights have been protected and informed consent was obtained is required. When laboratory animals have been used the appropriate animal use/ethics committee should be acknowledged. These can be given in a covering letter.

In general, the **International System of Unit Measurement** (SI units) should be used. In some cases, it is acceptable to include non-SI units in parenthesis following the SI values. Insert the leading zero in all numbers less than 1.0 in the text, in tables, and in figures. Leave a space between numbers and the accompanying units (for example, 10 mg). Always spell out the words 'per cent' in the text, although the symbol may be used in formula equations, in the tables and in the illustrations.

Numerical figures quoted in the text. If the number is less than ten, spell it out, except when indicating inanimate quantities (e.g. 5 mL). If the number is 10 or greater it may be written in figures or words. If a sentence begins with a number, spell it (e.g. Ten patients).

Proprietary names should be included in the text. State the manufacturer of the product/device followed by the place of manufacture.

5. **Results** should introduce data in the form of text, tables and figures, and call attention to the 'significant' findings, which may be negative. There should be no subjective comments, interpretation, or reference to previous literature. The results should be reported concisely, using tables and figures to present important similarities or differences that cannot be otherwise presented or summarised in the text.

Tables should be double-spaced in a separate file and should not contain any lines. Each table should be complete in itself with an appropriate title and accurate descriptors should head columns. Tables should be numbered in Roman numerals in order of mention.

Arrangements should be made with the editor when a paper contains a large number of tables. The statistical test(s) used may be given in a footnote to a table. Bars or arrows may be used to indicate significant findings between the groups tested. Asterisks may be used to mark any values equal to/exceeding stated levels of significance. Symbols, acronyms or abbreviations should be used sparingly. Explanatory footnotes should be used whenever possible rather than overlong titles. The number of significant digits used should be appropriate to the sensitivity and discrimination of the measure, and the differences to be illustrated.

Images should be kept to a reasonable number, and must be in separate files. The author(s) must keep master copies of all images. All files/images must be clearly labelled. 'Powerpoint' images are not acceptable. Set image sizes to single column width (80mm). Images must be as high resolution files (300 dpi or higher) in TIFF format (LZW compression) or JPEGs. If in doubt ask for instructions.

Figures and illustrations will become, along with the manuscript, the property of the Journal.

Illustrations of cephalometric radiographs, tracings and profile photographs should show patients' right sides.

Clinical photographs of faces that do not have the eyes blocked out must be accompanied by the patient's permission/agreement to use the illustration.

The **legend** for each image, which should be typed double-spaced, may be included with the text. The legend should enable the figure or image to be interpreted without reference to the text.

Graphs should be clearly labelled at the abscissa and ordinate, and units of measure included.

6. The **Discussion** should explain and interpret the results with a scientifically critical view of previously published work. It should inform the reader what you found (beginning) and what the findings mean (end). Advances made by the study should be highlighted, and the limitations of the study mentioned. The conclusions should be stated and explained why they are merited by the data. This is the only section for subjective comments.

7. **Acknowledgment(s)** Only persons contributing significantly to the research or preparation of the article should be acknowledged. The author(s) should obtain agreement from any person(s) acknowledged to include their name(s). The source of any funds or material for the research must be mentioned.

A **conflict-of-interest** statement will be required for each manuscript that is accepted for publication. This statement has no bearing on the decision to publish or not to publish.

8. **Address for correspondence.** The full address of the **corresponding author** accepting responsibility for proof-reading and ordering reprints should be clearly stated. The addresses and degrees of all other authors should be provided for editorial purposes. The named corresponding author is responsible for keeping his/her co-authors informed of progress and any alterations/amendments to the original manuscript.

9. **References** should be relevant to the study under consideration. References must follow the style of the Journal, be accurate, and listed in the order they are cited. The accuracy of references is the responsibility of the author(s). References should be cited consecutively throughout the text by superscripted numbers. The reference list, corresponding with these superscripted numbers, should be typed on separate sheets at the end of the paper following the Acknowledgments.

References should conform to the **Vancouver style** as follows:

1. Surname and initials(s) of authors (no stops). When there are more than six authors to a paper, cite the first six, then indicate 'et al'.
2. Cite the full title of the article without quotation marks, and use capitals only for the initial word and proper nouns.
3. Abbreviate the title of the Journal according to the Index to Dental Literature or Index Medicus. State the year of publication, the number of the volume (not the number of the issue) and the first page and last page numbers of the article.

The following conventions should be observed.

Articles

One or more authors:

Shulhof RJ, Nakamura S, Williamson WV. Prediction of abnormal growth in Class III malocclusions. *Am J Orthod Dentofacial Orthop* 1987;71:421-30.

Books

Cite page numbers when relevant; cite edition when relevant.

Graber TM, Swain BF, ed. *Orthodontics current principles and techniques*. St. Louis: Mosby, 1988:370-404.

Mendenhall W. *Introduction to probability and statistics*. 6th edn. Boston: Duxbury Press, 1983:490-524.

Greggs T. Historical perspectives. In: Garber DA, Goldstein RE, Feinman RA, eds. *Porcelain laminate veneers*. Chicago: Quintessence, 1988;1-3.

Case report

A good case report can add to the understanding of a condition/malocclusion, describe a previously unknown condition, complication, or form of treatment. Generally, it reflects the interest, knowledge, and expertise of the author(s).

Give a short **title** and brief **abstract**. In the **introduction** identify the problem clearly, and state why it is unusual. Give a brief review of the literature.

Describe the presentation, course of events, and management - state why it was managed this way. Include a 'health warning' if appropriate. Any unusual features, principles involved in the presentation, diagnosis, and

management should then be **discussed**. This is followed by a **summary**, and a list of **references**.

The **illustrations** should be few, high quality, numbered in the order in which they are described, and in the style of the Journal. All figures should be discussed thoroughly in the text. Only illustrations essential to the results should be submitted. There must be a good reason for the use of colour photographs. Legends and tables must be in separate files or on separate sheets, and must be understandable without reference to the text.

Reference

Lowe C, Sandler J. How to do ... a case report. *J Orthod* 2002;29:143-7.

Reviews, Letters, Comments

Contributors should check recent issues of the Journal for content and approximate length. Letters and brief communications are welcomed and need not concern what has been published in the Journal. We will print experimental, clinical and philosophical observations, reports of work in progress, educational notes and travel reports relevant to orthodontics. We reserve the right to edit all Reviews, Letters and Comments to meet our requirements of space and format. All financial interests relevant to the content of a Review, Letter or Comment must be disclosed.

Some additional points

Spelling and grammar

The spelling reference for non-dental/medical words for the Journal is: *Macquarie Dictionary, Third edition*. The authority for dental/medical terms is *Butterworths Medical Dictionary*. Care should be taken to use the style and punctuation exactly as shown in the current volume of the Journal.

Reading on matters of style

Uniform requirements for manuscripts submitted to biomedical journals, (International Committee of Medical Journal Editors) *British Medical Journal* Vol. 284, 1988.

Style manual for authors, editors and printers, (6th Edition)

Australian Government Publishing Service, Canberra, Australia, 2002.

Proofs/pre-press drafts

Authors will receive an electronic copy for perusal prior to 'typesetting', and a copy of the print proofs prior to printing. No major changes in text are permissible at the print proof stage.

Reprints

The Journal provides the corresponding author with 20 reprints plus an electronic copy of the article. Additional reprints can be ordered through the Editor.

Back issues of the Journal can be purchased from The Subscriptions Manager, Australian Orthodontic Journal, PO Box 576, Crows Nest, NSW 1585, Australia. Email: aso@apcaust.com.au

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