

**JWFO Author Guidelines for
Case Reports**

The JWFO welcomes case report submissions and will publish interesting, succinct, stimulating and well documented high quality treatment reports on a regular basis. The JWFO provides a forum for discussion and critique of case reports published in the Journal. The JWFO encourages the submission of challenging cases that reflect considerable difficulty in the diagnosis, treatment planning, treatment implementation, and retention aspects of orthodontic treatment. We encourage the use of videos that may provide extra information to readers. The records, including cephalometric tracings and superimpositions (Fig. 1), should be of the highest quality. Case reports should follow the general manuscript submission guidelines of the Journal with respect to format and style, i.e. double spaced, use of a current version of Microsoft® Word, appropriate patient releases, images not embedded in the body of the submitted manuscript, image format and resolution, legends, and reference style format. The specific template for case report preparation and submission includes:

Introduction

The author(s) should present a description of the general aspects or problems associated with the specific case. Only a brief and relevant literature reference is required and the entire introduction should not exceed several paragraphs.

Etiology and Diagnosis

This important section serves as a summary of the dento-facial diagnostic findings focusing upon unique diagnostic characteristics of the specific case presented. The Angle classification should be used and enhanced by cephalometric and soft tissue descriptions. The author should direct attention to the diagnostic records for validation of the diagnostic assertions presented. The contributing factors and/or etiology of the malocclusion should be included in this section along with any relevant commentary about periodontal status, potential complications, and other factors that might impact upon the treatment plan. This section should include an orderly problem list unique to the case presented.

Treatment Objectives and Alternative Treatment Plans

This section builds upon the previous section by addressing treatment objectives based upon the "problem list" presented in that section. Treatment objectives need to be directed to the maxilla, mandible, maxillary and mandibular dentition, occlusion, and overall facial esthetics. How will the treatment plan affect the vertical, transverse, or antero-posterior planes of any of these aforementioned structures?

Presenting viable alternative treatment plans and the reasons why the clinician selected a specific treatment plan must include a discussion of the advantages, limitations, and risk/benefit factors of all treatment options presented.

Treatment Progress

The clinician should present an orderly and easy to follow stepwise sequence for the actual treatment of the patient. The specific orthodontic appliance utilized, any adjunctive devices, length of orthodontic treatment, and special circumstances encountered during treatment should be mentioned including the level of patient compliance.

Interim records (particularly, intra-oral photographs) are encouraged and will serve to add clarity to in-treatment treatment procedures.

Departures from the original treatment plan (if appropriate) should be included in this section.

Treatment Results

The results of treatment including whether treatment objectives were met with respect to therapeutic intentions affecting the maxilla, mandible, maxillary and mandibular dentition, occlusion and overall facial esthetics should be succinctly described.

Results should include standard cephalometric superimpositions of pre-treatment and post-treatment stages including regional superimpositions to demonstrate changes in the maxilla, mandible, and maxillary and mandibular dentition.

Case Retention

This is a section that often is minimized and should be an integral part of the case presentation.

by the patient, and any available evidence supporting the use of the specific retention regimens selected by the clinician should be mentioned.

Case Discussion

The discussion section is an opportunity to assess the merits of the initial diagnostic and treatment planning, and treatment implementation procedures. This section should also include specific references to appropriate literature and whether there is existing supporting evidence (high quality or otherwise) to validate the assertions made in any of the case report sections by the clinician.

Conclusions

A concise review of the most salient aspects of the case presented and the insights gained by the treating clinician(s) should be presented.

References

References cited in any part of the case report should be listed using the general author guidelines of the JWFO.

Figure 1 - Example of partial (maxilla and mandible) and total superimpositions.

