

Acceptable Material

The International Journal of Prosthodontics will consider for publication original manuscripts on relevant prosthodontic clinical research and patients' oral rehabilitative needs. In addition, fundamental research articles on new materials and new fabrication technologies, such as digital dental technologies, will be considered, as well as biologically oriented research on tooth- and implant-supported prosthodontics. Finally, systematic and narrative reviews are also applicable for submission if they follow the well-accepted criteria such as PRISMA or other quality guidelines. The accepted manuscripts will be organized into one of the following main journal sections: clinical research, fundamental research, reviews, digital dental technologies, and case reports.

The submitted articles must not have been published or submitted for publication elsewhere, including submission to or posting by a preprint repository. Articles shall primarily be submitted as Long Communications (LC). Short Communications (SC) may be accepted in cases of innovative fundamental or clinical pilot research or for clinical case reports. Both formats will undergo identical review processes. All manuscripts will be checked for plagiarism using plagiarism-detection software prior to review.

The editor-in-chief reserves the right to request that an author change a submission from an LC to an SC, or vice versa.

Manuscript Submission

Submit manuscripts via IJP's online submission service:

www.manuscriptmanager.net/ijp

- Manuscripts should be uploaded as a Microsoft Word (.doc/.docx) file with the images saved as separate high-resolution art files (See "Figures and Tables").

Mandatory Submission Form

The Mandatory Submission Form must be signed by all authors, in the same order as authors are listed on the title page, and uploaded to the online submission service at the time of first submission. The form can be found at:

<http://www.quintpub.com/journals/ijp/submission.pdf>

Manuscript Preparation

The journal generally will follow as much as possible the recommendations of the International Committee of Medical Journal Editors in regard to preparation of manuscripts and authorship (Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals; www.icmje.org/recommendations) and the Glossary of Prosthodontic Terms,

2017, ninth edition (www.academyofprosthodontics.org). Please note that manuscripts that have been submitted to or posted by a preprint repository will not be considered for publication in IJP. Manuscripts should be typed in a 12-point font (Times New Roman) and double-spaced.

Short Communications

Examples of SCs include reports of preliminary results of innovative research, such as pilot studies, or innovative methods for clinical procedures that have not yet been published. SCs must not exceed 700 words, 4 figures with concise legends, and 5 references.

Manuscripts should be double-spaced with a 1-inch margin all around. Please include page numbers and line numbers. Do not include author names as headers or footers on pages.

Please do not include any affiliation information (eg, department or university names or locations) in the submitted manuscript.

Title Page

This should include the title of the article (descriptive but as concise as possible) and the name, degree(s), and professional affiliation of all authors. All listed authors should have contributed to the manuscript substantially and have agreed to the final submitted version. An email address must also be provided for the corresponding author. If the paper was presented before an organized group, the name of the organization, location, and date should be included.

Abstract

For LCs, include a maximum 250-word structured abstract (with headings Purpose, Materials and Methods, Results, and Conclusions). SCs should include a 100-word abstract that can be published on PubMed.

Introduction

Summarize the rationale and purpose of the study within a maximum of 750 words, giving only pertinent references. Clearly state the aim of the research as well as a working (null) hypothesis.

Materials and Methods

Present materials and methods in sufficient detail to allow confirmation of the observations. For clinical research, add detailed information on the ethical committee approval, including the reference number/ code. Published methods should be referenced and discussed only briefly, unless modifications have been made. Indicate in detail the statistical methods used, if applicable.

Results

Present results in a logical sequence in the text, tables, and figures. Do not repeat in the text all the data in the tables or figures; emphasize only important observations.

Discussion

Introduce the discussion with a paragraph summarizing the main research findings, referring to the acceptance/rejection of the (null) hypothesis. Emphasize new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or Results section. Relate observations to other relevant studies; cite recent research; point out the implications of the findings and their limitations. The maximum word count for this section is 1,250 words.

Acknowledgments

Acknowledge persons who have made substantive contributions to the study. Specify grant or other financial support, citing the name of the supporting organization and grant number.

Conflict of Interest

Each article **MUST** have a conflict of interest statement to move into peer review. State any conflict of interest of any of the authors, or include a statement that the authors have no conflicts of interest.

Figure Legends

Figure legends should be grouped at the end of the text and typed double-spaced.

Abbreviations

The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

Trade Names

Generic terms are to be used whenever possible, but trade names and manufacturer should be included parenthetically at first mention. Trademark or registered product signs will be eliminated during editing, so please refrain from using them.

Tooth Numbering

Please use the international (FDI) system. Citing tooth by name is generally preferred.

References

All references must be cited in the text, numbered in order of appearance. The reference list should appear at the end of the article in numeric sequence. Do not include unpublished data (including data from manuscripts posted by a preprint repository) or personal communications in the reference list; cite such references parenthetically in the text and include a date. Avoid using abstracts as references. Provide complete information for each reference, including names of all authors (up to 6). If the reference is part of a book, also include the title of the chapter and name(s) of the book's editor(s). Limit references to those specifically referred to in the text. Use the following style for the reference list:

Journal reference style:

1. Zeighami S, Ghodsi S, Sahebi M, Yazarloo S. Comparison of marginal adaptation of different implant-supported metal-free frameworks before and after cementation. *Int J Prosthodont* 2019;32:361–363.

Book reference style:

1. Garg AK. *Full-Arch Implant Rehabilitation*. Chicago: Quintessence, 2019.

Adherence to Guidelines

Manuscripts not prepared in accordance with these guidelines or written in improper English will be returned with instructions to correct these problems prior to resubmission and review.

Figures and Tables

- All figures and tables should be numbered and cited in the text in order of appearance. Tables can be included at the end of the manuscript or uploaded as separate Word documents.
- All figures must adhere to the following guidelines:
 - Clinical images should be at least 300 dpi at 3.5 inches wide.
 - Images grouped together (eg, 1a–1c) must be saved as individual files (eg, 1a, 1b, 1c).
 - Line art (eg, graphs, charts, line drawings) should be provided as editable vector art (eg, Illustrator or EPS files.)
 - Images containing type should either be saved as a layered file or provided along with a second file with type removed.
- All forest plots will be published online only, as-is, as Appendix Figures.

If after article acceptance the publisher determines that images are of substandard quality for print, authors will be notified that the article will be published in the online edition only unless better images can be provided.

Artificial Intelligence (AI) Use Statement

Authors must disclose whether generative or nongenerative AI-assisted technologies (eg, large language models or image creators/editors) were used to produce part of the submitted work by including in the Materials and Methods or Acknowledgments section detailed information on the specific use of these technologies during the production of the work (eg, as a methodologic component of the study or as aids in the writing), as well as the name of the AI tools employed and their version. Please note that clinical images generated by AI are strictly forbidden.

Editors may decide to reject a manuscript if the use of AI-assisted technologies is considered inappropriate.

Because authors are fully responsible for the accuracy, integrity, and originality of the submitted work, AI-assisted technologies cannot be listed as authors or coauthors. Likewise, to avoid the introduction of bias in the literature, sources created by these technologies cannot be cited. Additionally, authors who employ AI tools to assist their writing, aside from disclosing their use, are expected to carefully and responsibly revise the generated language to prevent the spread of inaccurate or false information.

Peer reviewers may not use AI-assisted technologies in generating or writing their reports because they are accountable for the accuracy and opinions expressed in their reports and this could breach the integrity and confidentiality of the review process, which is based on mutual trust between editors, authors, and reviewers.

As it is likely that further developments in this field will rapidly occur, policies and guidelines related to the use of AI-assisted technologies will be regularly reviewed and changes made, if necessary.

Study Protocol

Clinical trials must be registered in an acceptable clinical trials registry (clinicaltrials.gov, etc). Please provide the registration number (required for interventional studies). The study's registration number should appear in the manuscript following the abstract. We encourage the registration of observational study protocols.

Reporting Guidelines and Checklists

These are listed below and can all be readily found at the Equator Network (www.equator-network.org/). Please note that completed applicable checklists and appropriate documentation (flow diagram, etc) should be uploaded with your submission.

CONSORT—For clinical trials (www.consort-statement.org/)

PRISMA—For systematic reviews and meta-analyses (<http://prisma-statement.org/PRISMAStatement/Checklist.aspx>).

SQUIRE—For formal, planned studies designed to assess the nature and effectiveness of interventions to improve the quality and safety of care (www.equator-network.org/reporting-guidelines/squire/)

STROBE—For observational studies in epidemiology (<http://strobe-statement.org/>).

ARRIVE—For in vivo animal research (www.nc3rs.org.uk/arrive-guidelines)

CARE—For case reports (www.care-statement.org/resources/checklist)

MOOSE—For meta-analyses of observational studies (www.elsevier.com/___data/promis_misc/ISSM_MOOSE_Checklist.pdf)

STARD—For diagnostic accuracy studies (www.elsevier.com/___data/promis_misc/ISSM_STARD_Checklist.pdf)

STREGA—For gene-disease association studies (www.equator-network.org/reporting-guidelines/strobe-strega/)

SPQR—For qualitative research (www.mmcri.org/deptPages/core/downloads/QRIG/Standards_for_Reporting_Qualitative_Research___A_990451.pdf)

COREQ—For qualitative research (www.mmcri.org/deptPages/core/downloads/QRIG/Standards_for_Reporting_Qualitative_Research___A_990451.pdf) (cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf).

Review/Editing of Manuscripts

Manuscripts will be reviewed by the editor-in-chief, one associate/section editor, and one or two reviewers or consultants with expertise within the scope of the article. Papers that draw conclusions from statistical evidence may be reviewed by a statistical consultant. The publisher reserves the right to edit accepted manuscripts to fit the space available and to ensure conciseness, clarity, and stylistic consistency, subject to the author's final approval.

Changes to Authorship

After a manuscript has been accepted, any request for changes to authorship (addition, deletion, or order) must be made by the corresponding author to the managing editor. The reason for the change should be described, with written confirmation of the change by all authors, including any author being added or deleted.

Publication

Every effort is made to publish accepted articles expediently. Authors should address all inquiries regarding this process to the Assistant Managing Editor, Ms Julia Harrison (jharrison@quintbook.com). If you want or need your article published quickly, we offer an expedited service of \$500 for a 1-month turnaround from acceptance to final ahead-of-print publication. Please contact the Managing Editor if you are interested in this option.

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