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PEER REVIEW PROCESS

Clinical Orthodontics uses double-blind peer-review system. This means that author and reviewer are not identified for each other. Thus, we ask authors to be patient during the review process, since reviewers are volunteers and donate part of their clinical or academic time to perform this process.

SUBMISSION MANUSCRIPTS GUIDELINES

The number of authors is limited as follows: Original articles should have a maximum of 4 authors, and clinical case reports a maximum of 3 authors.

Submit the articles through the website:

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Organize your presentation as follows.

1. TITLE PAGE

Must comprise the title, an abstract and 3 to 5 keywords. Information about the authors must be provided on a separate page, including authors' full names, academic degrees, institutional affiliations and/or administrative positions. Furthermore, the corresponding author's name, address, phone numbers and e-mail must be provided. This information is not made available to the reviewers.

2. ABSTRACTS

Abstracts must be structured, and with a maximum of 250 words. The structured abstracts must contain the following sections: **Introduction**: outlining the objectives of the study; **Methods**, describing how the study was conducted; **Results**, describing the primary results, and **Conclusions**, reporting the authors' conclusions based on the results, as well as the clinical implications.

Abstracts must be accompanied by 3 to 5 keywords, or descriptors, which must comply with MeSH.

3. TEXT

Texts must contain no more than 3,500 words, including figure captions, abstract and references.

Figures must be submitted in separate files (see item Figures).

Insert the figure captions also in the text document to guide the article layout.

3.1 Clinical case reports

The case report consists of a detailed description of clinical cases, through which important details about the case, treatment objectives, explanation of the orthodontic procedures used and the treatment results are presented.

Case report must be organized in the following sections: **Introduction**, **Diagnosis** (list of problems), **Treatment objectives**, **Treatment alternatives**, **Treatment plan**, **Treatment progress**, **Treatment results**, **Discussion**, **Conclusion**, **References** and **Figure captions**.

3.2 Original articles (with clinical application)

The text must be organized in the following sections: **Introduction**: outlining the objectives of the study; **Material and Methods**, describing how the study was conducted; **Results**, describing the primary results; **Discussion**, and **Conclusions**, reporting the authors' conclusions, as well as the clinical implications; **References** and **Figure captions**.

3.3 Aligners and Digital Orthodontics

The Aligners and Digital Orthodontics section is indicated for articles that include Digital Orthodontics, alignment techniques in general, as well as the description of techniques that include digital planning.

For this section, structured abstracts must obey the following structure: **Introduction**, brief description of the technique or appliance and **Conclusion**; Maximum 250 words and accompanied by 3 to 5 descriptors, or keywords.

The content of the text must include the following sections: **Introduction**, **Description of techniques** and / or appliances, **Conclusion**; **References** and figure captions, containing a maximum of 1,200 words and 15 images.

3.4 Clinical Expertise

The Clinical Expertise section is indicated for articles that aim to report the use of new orthodontic techniques and / or materials, as well as exposing technological development and innovation and orthodontic appliances that act as a solution for various cases.

For this section, structured abstracts must obey the following structure: **Introduction**, brief description of the technique or appliance and **Conclusion**; Maximum 250 words and accompanied by 3 to 5 descriptors, or keywords.

The content of the text must include the following sections: **Introduction**, **Description of techniques** and / or appliances, **Conclusion**; **References** and figure captions, containing a maximum of 1,200 words and 15 images.

4. FIGURES

Digital images must be in JPG or TIF formats, CMYK or grayscale, at least 7-cm wide and 300-dpi resolution.

Each image must be submitted in separate files.

In the case that a given illustration has been previously published, the caption must give full credit to the original source.

The author(s) must ascertain that all figures are cited in the text.

The images sent must include:

- Pre- and post-treatment intraoral photographs on the right side, front and left side.
- During treatment intraoral photographs on the right side, front and left side.
- Pre- and post-treatment upper and lower occlusal intraoral photographs (optional).
- During treatment upper and lower occlusal intraoral photographs (optional).
- Pre- and post-treatment facial photographs of profile, frontal view and smiling (smile photography is optional).
- Pre- and post-treatment panoramic radiographs.
- Pre- and post-treatment telerradiographies.
- Initial and final cephalometric tracings.
- Superimposition of cephalometric tracings or tomographic images.

5. GRAPHS AND CEPHALOMETRIC TRACINGS

Files containing the original versions of graphs and cephalometric tracings must be submitted.

It is not recommended that such graphs be submitted only in bitmap image format (not editable).

The tracings may be improved or redesigned by the journal's production department at the editor's discretion. However, *Clinical Orthodontics* is not responsible for creating specific drawings for authors.

6. TABLES

Tables must be self-explanatory and should supplement, not duplicate the text.

Must be numbered with Arabic numerals in the order they are mentioned in the text.

A brief title must be provided for each table.

In the event that a table has been published previously, a footnote must be included giving credit to the original source.

Tables must be submitted as text files (Word or Excel, for example), and not as non-editable image.

7. ETHICS COMMITTEES

Articles must, where appropriate, refer the Ethics Committees approval.

8. REQUIRED STATEMENTS

All manuscripts must be accompanied by the following statements, to be filled at the time of submission of the article:

8.1 Assignment of copyright

Transferring all copyright of the manuscript for Dental Press International if it is published.

8.2 Conflict of interest

If there is any commercial interest of the authors in the research subject of the paper, it must be informed.

8.3 Human and animal rights protection

If applicable, inform the fulfillment of the recommendations of international protection entities and the Helsinki Declaration, respecting the ethical standards of the responsible committee on human/animal experimentation.

8.4 Informed consent

Patients have the right to privacy, which should not be violated without an informed consent.

9. REFERENCES

All articles cited in the text must appear in the references list.

All listed references must be cited in the text.

For the convenience of readers, references must be cited in the text by their numbers only.

References must be identified in the text by superscript Arabic numerals and numbered in the order they are mentioned in the text.

Journal title abbreviations must comply with the standards of the “Index Medicus” and “Index to Dental Literature” publications.

Authors are responsible for reference accuracy, which must include all information necessary for their identification. References must be listed at the end of the text and obeying the Vancouver Standards (http://www.nlm.nih.gov/bsd/uniform_requirements.html). The following examples should be used:

Article with up to six authors

Sterrett JD, Oliver T, Robinson F, Fortson W, Knaak B, Russell CM. Width/length ratios of normal clinical crowns of the maxillary anterior dentition in man. *J Clin Periodontol*. 1999 Mar;26(3):153-7.

Article with more than six authors

De Munck J, Van Landuyt K, Peumans M, Poitevin A, Lambrechts P, Braem M, et al. A critical review of

the durability of adhesion to tooth tissue: methods and results. *J Dent Res*. 2005 Feb;84(2):118-32.

Book chapter

Almeida MR. Princípios da biomecânica em Ortodontia: conceituação e aplicação clínica. In: Almeida MR. Mini-implantes extra-alveolares em Ortodontia. Maringá: Dental Press; 2018. cap. 1, p. 18-76.

Book chapter with editor

Breedlove GK, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wiecezorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

Dissertation and thesis

Beltrami LER. Braquetes com sulcos retentivos na base, colados clinicamente e removidos em laboratórios por testes de tração, cisalhamento e torção [dissertação]. Bauru (SP): Universidade de São Paulo; 1990.

Electronic format

Almeida MR, Pereira ALP, Almeida RR, Almeida-Pedrin RR, Silva Filho OG. Prevalence of malocclusion in children aged 7 to 12 years. *Dental Press J Orthod*. 2011 [Access in: 2018 May 20]; July-Aug16(4):123-31. Available from: http://www.scielo.br/pdf/dpjo/v16n4/en_a19v16n4.pdf.10. Clinical Trial Records

10. CLINICAL TRIALS REGISTRATION

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- » www.clinicaltrials.gov
- » <http://isrctn.org>