TIPS FOR AUTHORS

Writing the Clinical Report

by Nellie Kremenak, PhD
Manuscript Editor, and
Mark W. Richards, DDS, MEd
Clinical Reports Section Editor
Journal of Prosthodontics

In this issue of the *JP*, we begin a new series of Tips for Authors, each of which will focus on a particular category of manuscript. In consultation with each Section Editor, I will identify and discuss the requirements for each category of report. We begin with Clinical Reports.

Clinical Reports are brief (maximum 1,000 words) reports of innovative clinical patient care relating to prosthodontic treatment. These reports document practical approaches to well-defined clinical or technical problems encountered in prosthodontic practice. The author of a Clinical Report might address such topics as atypical esthetic challenges, approaches to managing medically compromised or special needs prosthodontics patients or solutions to problems presented by the patient with less than ideal implant placement. For example, a Clinical Reports manuscript may describe a complex prosthodontic treatment involving a Class III or IV patient (see ACP Classification Systems cited below[1–3]). Such patients are often medically compromised and/or have problems requiring complex treatment plans involving reduced interocclusal space and the need for restoring occlusal vertical dimension. These are only a few examples of the many topics appropriate for a Clinical Report.

The Clinical Report usually describes treatment of a single patient. If the report involves multiple patients, the manuscript will be considered for the Clinical Science Section. If the report focuses primarily on a particular technique, the manuscript will be forwarded to the Techniques and Technology section editor.

As you write, keep in mind the basic outline of your report: first an untitled introductory section which establishes the context for your report, followed by a short, detailed description of the patient's condition and treatment and, finally, a brief discussion summarizing the relevance of the treatment and characterizing its relationship to previously published reports on the same topic.

Preceding the report, of course, will be an *unstructured* abstract of no more than 150 words. Although the abstract will appear first in the manuscript, it may be easier to actually compose it after you have written the main body of the paper.

The Introductory Section. Here you will describe for your reader the specific problem to be addressed, discuss the way or ways in which that problem is usually managed and briefly call the reader's attention to any previously published reports that have discussed solutions to the same or a similar problem. Limit your literature review to only those published reports that are directly relevant. Keep your focus relatively narrow.

The Body of the Clinical Report. Begin with a description of how the patient presented for treatment, including the patient's chief complaint, and history. All diagnostic, treatment, and laboratory procedures, along with treatment results, should be described. If the history and findings include extensive medical and dental findings pertinent to treatment, subheadings may be used to assist the reader in reviewing the information. Although not a requirement, your diagnosis and treatment may be conveniently reported in a list or step-by-step format. We encourage you to use the ACP Classifications Systems[1–3] to describe your patient's initial oral condition (prior to initiation of treatment).

The Discussion. Although brief, the concluding discussion is important because it helps the reader to evaluate your clinical report both in the context of relevant published literature and in the practical realities of clinical practice. In this section, briefly identify how this report contributes to the literature on the subject. And, finally, summarize the way or ways in which use of your clinical treatment can enhance prosthodontic care and improve clinical practice.

Although brief, the carefully crafted Clinical Report provides the thoughtful clinician with an opportunity to share his or her expertise with colleagues and can make an important contribution to optimal patient care.

References

1. McGarry TJ, et al: American College of Prosthodontics, Classification system for the completely dentate patient. *J Prosthodont* 2004;13(2):73-82.
2. McGarry TJ, et al: Classification system for partial edentulism. *J Prosthodont* 2002;11(3):181-193.
3. McGarry TJ, et al: Classification system for complete edentulism, The American College of Prosthodontics. *J Prosthodont* 1999;8(1):27-39.