



TIPS FOR AUTHORS

Using Standard Terminology, Part 2
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In this column, we continue to discuss often misused prosthodontic terminology. You may find that many of the terms we label “incorrect” are the terms you most often use in communication with staff, patients, and colleagues. While these sometimes informal usages are not inappropriate in the clinical setting, scientific communication is more formal, and for publication, terms whose definitions are shared by the entire worldwide prosthodontic community help us all to communicate new knowledge more effectively.

Remember: Always strive to use the most accurate and current terms to describe your materials, your methods, and your statistical analysis. If you are uncertain, consult the most recent *Glossary of Prosthodontic Terms* (8th Edition) (*J Prosthet Dent* 2005;94:10–92). The *Glossary* should always be your guide when preparing a manuscript.

In the last issue of the *Journal of Prosthodontics*, we discussed some commonly misused terms. Here are some additional examples.

Interim Prosthesis: “Interim prosthesis” is the formal synonym for both “provisional prosthesis” and “temporary prosthesis.” These terms all refer to a prosthesis “designed to enhance esthetics, stabilization and/or function for a limited period of time,” and, although they may be used interchangeably in daily communication, for formal scientific communication, “interim prosthesis” is preferred.

Definitive Prosthesis: The *Glossary* defines a **definitive prosthesis** as “any dental or maxillofacial prosthesis designed for long-term use.” Because this prosthesis is often the final product reported in a Clinical Report, it is often called a “final prosthesis.” However, it is actually inappropriate to ever consider a prosthesis as “final”—over the years adjustments, or even ultimately, replacement of this “final” prosthesis may be necessary.

Interocclusal Record: If you tell a patient that you are going to create an “interocclusal record” or “interocclusal registration,” you are likely to be met with a blank stare. For the patient, a better understood term may be “bite registration,” or “a model of the way your teeth and jaws relate to each other.” And, while “bite registration” may be the more inherently obvious term to describe the process, for scholarly publication **interocclusal record** is preferred.

Impression Taking versus Impression Making: These terms seem interchangeable, and in fact, they do mean the same thing. For a formal report, however, “impression taking” is preferred. Think of how you refer to taking family snapshots. More than likely, you say that you are “taking a photograph” not “making a photograph.” The same holds true for **impression taking**.

Surgical Guide/Template versus Surgical Stent: Authors often interchange the terms “surgical guide,” “surgical template,” and “surgical stent.” Actually, “surgical guide” and “surgical template” CAN be used interchangeably; however, a “surgical stent” is something else entirely. A **surgical guide** or **template** is often used in implant surgery to assist in achieving the proper placement and angulation of implants. It can also duplicate the tissue surface of a prosthesis or, during surgery, help to establish the desired occlusion. A “surgical stent,” however, is “used to apply pressure to soft tissues to facilitate healing,” according to the *Glossary*.

As noted above, the community of prosthodontists is international. Using a common terminology in our formal communications with each other strengthens that community and helps to move the discipline forward. The editorial staff of the *Journal of Prosthodontics* works to support that goal. So, we urge submitting authors to use only the most up-to-date, correct scientific terminology in their submissions and, when in doubt, to consult the *Glossary of Prosthodontic Terms*.

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