



TIPS FOR AUTHORS

Planning the Photographs for a Clinical Report

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Journal of Prosthodontics

Sharing special clinical expertise has a long tradition in dentistry. In the United States, this tradition dates back to the nineteenth century when dentists regularly traveled many miles to meet with colleagues and share innovative approaches to clinical problems.¹ Today, prosthodontists around the world share expertise in the Clinical Reports section of the *Journal of Prosthodontics*, using a combination of words and illustrations to document a specific approach to patient treatment. Using visual elements to document the clinical prosthodontic patient requires advance planning. What are some of the elements of this process to keep in mind?

The basic requirements begin with investing in a good digital camera and learning how to use it efficiently. Digital color photographs are the standard, although slide images may be digitally scanned for use in your report. Digital photography allows the capability of cropping images, improving contrast, or combining several images in a single picture. Although many excellent single-lens reflex digital cameras available today work well for both intraoral and personal use, we recommend purchasing a camera specifically for use in documenting your clinical cases. Choosing an appropriate digital camera, and learning what is appropriate and ethical when manipulating digital images, are extremely important topics. Space constraints prevent elaboration of these topics here, but our next "Tips for Authors" will discuss digital cameras in more detail, followed by a column on digital image manipulation. Our next "Tips for Authors" will discuss digital cameras in more detail; following that, we will discuss digital image manipulation. Additionally, at the ACP's 2007 Annual Session in Scottsdale, AZ, the *Journal* will host a Writers' Workshop on digital photography.

Here are several suggestions to keep in mind when planning photographic illustrations for a Clinical Reports manuscript.

- **Plan ahead.** This is the key to producing a valuable and complete clinical report. When a planned patient treatment seems to offer material for a worthwhile clinical report manuscript, include *in the treatment plan* itself a list of the photographs you will take. Following the format of the American Board of Prosthodontics, Parts II–IV (See "Guide for Certification" at www.prosthodontics.org/abp/certification), will provide you with a list all of the possible intraoral photographs you could possibly need. Although probably not all of these photographs will be necessary for your report, having this variety and quality of images available will allow you to select the ideal images for illustration of a publishable report. The images will also be useful for your practice portfolio to show patients who are contemplating extensive prosthodontic treatment.
- **Manage every patient treatment as if you were documenting it for a Clinical Report manuscript or for one of the clinical parts of the American Board of Prosthodontics.** Often, patient treatment is in progress before a unique problem presents itself requiring the prosthodontist to "think outside the box," resulting in a solution worthy of sharing with colleagues in a published report. In another situation, treatment of a patient with a particular general health problem may result in an exceptionally excellent clinical outcome worthy of documentation. In both situations, if the "before" photographs have not been taken, the potential learning tool available in the photographic images can never be recovered, and the knowledge gained will remain with only two people, the treating prosthodontist and the patient. Take that "before" picture, and you are able to share 1000-fold your knowledge and perhaps help hundreds of other patients as a result.

- **Be sure to plan for the final “after” photo as well** – don’t let it be just an afterthought. Allow time during the delivery appointment for taking both intraoral and extra-oral full-face photographs with the completed prosthesis in place. Then if the patient is lost to follow-up, that clear documentation will not be lost forever. The patient will need to consent to the image being used if it is a full-face image with the eyes shown such that the patient is identifiable. This will frequently be necessary, especially for esthetic or maxillofacial prosthetic treatment, to be of benefit to your readers. The consent forms are available on the Manuscript Central website.
- **Take several digital images at each point in the treatment** to ensure that you will have the best possible illustrations and that you will have more than one photograph of each stage from which to choose.
- **Plan to include radiographs when relevant to your discussion.** These images may be taken either as digital radiographs or as conventional films that are photographed digitally later.
- **Be sure to include photographs of the fabrication process if the images will illustrate a unique or unusual approach to a clinical problem.** Make sure the images are sufficiently enlarged and are on a contrasting, attractive background. Keep a piece of black or dark navy velvet cloth available in the office to use as a background in photographing appliances prior to insertion.
- **The inclusion of an extraoral photograph of the finished prosthesis will be informative for your readers. You may want to zoom in on a feature that will be of particular interest.**

Finally, bear in mind that, although digital color photographs are the standard, color photos are expensive to publish. In the interests of maintaining the *JP*’s costs at an acceptable level, the editorial staff will need to evaluate page proofs and may decide to print some images in black and white when to do so will not compromise the information.

To summarize, as you compose your Clinical Report, remember that illustrations represent a crucial part of your communication. Compose and select them as carefully as you do the words for your sentences. And remember, a picture is worth a thousand words, so make each picture count!

Reference

1. American Dental Association, Transactions 1859, p.12

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