

Guidelines for Authors

The Journal of Oral & Facial Pain and Headache is a quarterly journal that publishes scientifically sound articles of interest to practitioners and researchers in the field of pain, particularly orofacial pain and related conditions such as headache and temporomandibular disorders (TMD).

The journal has adopted the classification systems as below for the research and diagnosis of pain in the head, face, and neck. The journal requires that studies on headache, facial, and cervical pain and TMD to use the diagnostic entities, adhering to the terminology and criteria as in the ICOP, ICHD, and DCTMD when describing and analyzing their data.

A. The International Classification of Orofacial Pain (ICOP), published by the International Headache Society, specifically expands on dentoalveolar, oral, and facial pains and proposes some novel regional pains that may or may not be related to headache. ICOP is freely downloadable (<https://doi.org/10.1177/0333102419893823>). ICOP is aligned with the ICHD, ICD, and Diagnostic Criteria for Temporomandibular Disorders (DCTMD).

B. DCTMD. Studies on TMD are required to adhere to the methodology, terminology, and diagnostic criteria within the publications by Schiffman et al (2014) and Peck et al (2014), which describe the DCTMD. The journal discourages the use of painful TMD as a diagnostic entity. Please visit the INFORM website (www.rdc-tmdinternational/) for patient examination guidelines, forms to use, and a number of invaluable resources needed to plan and perform research on TMD. All are freely downloadable.

C. The International Classification of Headache Disorders (ICHD, version 3, 2018), published by the International Headache Society, covers headaches and most facial and cervical pains. The classification is freely downloadable (www.ichd-3.org/).

1. International Classification of Orofacial Pain (ICOP) Cephalalgia 2020;40:129–221.
2. Schiffman E, Ohrbach R, Truelove E, et al. Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for clinical and research applications: Recommendations of the International RDC/TMD Consortium Network and Orofacial Pain Special Interest Group. *J Oral Facial Pain Headache* 2014;28:6–27.
3. Peck CC, Goulet JP, Lobbezoo F, et al. Expanding the taxonomy of the Diagnostic Criteria for Temporomandibular Disorders. *J Oral Rehabil* 2014;41:2–23.
4. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. *Cephalalgia* 2018;38:1–211.

Notwithstanding, diagnostic research that aims to test existing criteria and propose evidence-based revisions or suggestions on how to develop new criteria are invited, as long as a reference frame to existing classifications is included.

The journal publishes several types of peer-reviewed original articles:

1. Clinical and basic science research reports—based on original research in pain, especially orofacial pain and related conditions.

2. Case reports—provided they are based on important, uncommon, or special cases relevant to orofacial pain and related conditions. Must include a background, well-documented clinical features (history, diagnostic, and management approaches), and a concise and focused discussion. Accepted case reports are normally published online only.

3. Topical reviews—dealing with a subject of relevance to pain, in particular orofacial pain and related conditions.

- 4a. Invited focus articles—presenting a position or hypothesis on a basic science or clinical subject of relevance to orofacial pain and related conditions. These articles are not intended for the presentation of original results. Authors are selected by the editorial board.

- 4b. Invited commentaries—critiquing a focus article by addressing the strong and weak points of the focus article. Authors of the commentaries are selected by the editorial board in consultation with the focus article author, and the focus article and the commentaries on it are published together in the journal.

5. Proceedings of symposia, workshops, or conferences—covering topics of relevance to orofacial pain and related conditions.

In addition, the journal publishes:

6. Literature abstracts—abstracts of selected journal articles.

7. Meeting reviews—highlights of selected scientific meetings.

8. Invited guest editorials—may periodically be solicited by the editorial board.

9. Letters to the Editor—may be submitted to the editor-in-chief; these should normally be no more than 500 words in length.

10. Poster abstracts—presented at the scientific meetings of the AAOP or other affiliated academies (online only).

Review/editing of manuscripts. Manuscripts will normally be reviewed by the editor-in-chief, one associate editor, and at least two reviewers with expertise in the article's subject matter. The journal operates a conventional single-blind reviewing policy in which the reviewer's name is always concealed from the submitting author. External peer review is not mandatory in the journal. After review by the editor-in-chief and/or an associate editor, a decision is made whether to reject the work or to continue the review process. Any works where the editor-in-chief is a contributor will be handled and decided upon by an associate editor. We attempt to begin the review process as rapidly as possible, and a decision is reached as soon as the reviewer's comments are received, typically within 8 to 10 weeks.

Publication. Every effort is made to publish accepted articles expeditiously. Authors should address all inquiries regarding this process to the Managing Editor, Ms Hallie Koontz (hkoontz@quintbook.com).

The publisher reserves the right to edit accepted manuscripts to ensure conciseness, clarity, and stylistic consistency, subject to the author's final approval.

Online only. The journal reserves the right to publish any accepted article in the online version only as determined by the journal's editorial board or staff.

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.

Manuscript Preparation

The Journal 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).

In the submission letter, authors will be required to guarantee that the submission represents original work for first publication in the journal and that it is not being considered for publication elsewhere. The work cannot have been already published other than in abstract form (please acknowledge such), and permissions for the reproduction of any copyright inclusions not owned by the author/s must have been obtained. Submission to the journal explicitly implies that the author/s own all rights to the work. The journal regards copyright infringement, plagiarism, and other related publication malpractice very seriously. Submitted articles are processed employing duplication-checking software.

- **Title page.** This should include the title of the article and the names, academic degrees, and professional affiliations for all authors. A fax number and 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. Please select titles that reflect the core aspects of the work, are easy to read, and describe the study design if relevant (ie, randomized controlled trial, case-control study, cohort study, etc). Concise titles are preferred.

- **Abstract/keywords.** Please include a maximum 250-word structured abstract (with headings Aims, Methods, Results, and Conclusion) and five keywords.

- **Introduction.** Summarize the rationale and purpose of the study, giving only pertinent references. Clearly state the working hypothesis or study objectives.

- **Materials and Methods.** Present materials and methods in sufficient detail to allow confirmation of the observations. Published methods should be referenced and discussed only briefly, unless modifications have been made. Studies involving human subjects must include statements regarding institutional review board approval (including approval number) and patient consent. In the section "Expanded Methodological and Reporting Requirements" a list of specific and relevant reporting methodologies are described. Authors must include the relevant document with the submitted work. Often, the use of a figure to show study design, progress, and processes is extremely useful. Report how many individuals were eligible, how many declined to participate, and how many were lost to follow-up. Animal research requires appropriate institutional approval (including approval number) and must use protocols that conform to the NIH guidelines (Guide for the Care and Use of Laboratory Animals, NIH Publication 86-23).

- **Statistical Methods.** Indicate the statistical methods used, if applicable, in a separate section. Describe all details of the statistical analyses. Use of one-tailed analyses requires clear justification. Indicate the alpha (cut-off) value set for statistical significance. Report all *P* values as ".XX" and do not use "not significant" or its abbreviation. For *P* values between .001 and .10, report the value within three decimal places. For *P* values greater than .10, please report the value with two decimal places. For *P* values less than .001, report as "*P* < .001," except for genome-wide association studies. For group differences, show the appropriate effect measure (eg, relative risk, absolute risk, difference of means).

- **Results.** Present results in a logical sequence in the text, tables, and illustrations. The primary outcome should be presented first, followed by secondary outcomes and subgroup analyses. Do not repeat in the text all the data in the tables or illustrations; emphasize only important observations. If relevant, describe the sample and provide necessary characteristics. Consider the judicious use of tables and/or figures to avoid repeating the same numbers in the text, tables, and figures.
- **Discussion.** Structured discussions are easier to read. Begin with a summary of the findings in order of importance and how these findings compare with previously published studies. 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; point out the implications of the findings and their limitations. Importantly, authors should discuss statistically significant results in view of their clinical importance. Does the result obtained translate into a meaningful clinical effect? Often results may be of statistical significance, but on further examination, may reflect a negligible clinical result.
- **Conclusions.** A succinct summary of major findings that includes bullet points, as below.
- **Highlights.** Authors are requested to include two to five bullet points clearly emphasizing the work's highlights. Insert these after the Conclusions section, above the reference list. Select a heading based on the research area:
 - Clinical research
 - Clinical implications
 - Public health relevance
 - Basic science research
 - Key findings
 - Possible translational implications
- **Acknowledgments.** Please describe the contribution(s) made by each author included in the work. Acknowledge persons who have made substantive contributions to the study but are not in the author list. Specify grant or other financial support, citing the names of all supporting organizations and grant numbers. Note whether authors do or do not have conflicts of interest. If the study had no external funding source or if the funding source had no role in the study, state so explicitly.
- **Figure legends.** Figure legends should be grouped at the end of the text.
- **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.
- **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 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 with page numbers and the name(s) of the book's editor(s).

Journal reference style:

1. Cateano A, Ladeira F, Mendonça M, et al. Underuse of prophylactic treatment among Portuguese patients with primary headache: A retrospective observational study. *J Oral Facial Pain Headache* 2019;33:331–336.

Book reference style:

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

Figures and Tables

- All figures and tables should be numbered and cited in the text.
- Figures and tables can be grouped at the end of the manuscript or uploaded individually.
- Clinical images should be at least 300 dpi at 3.5 in 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.

Note that article acceptance is pending receipt of acceptable original art.

Supplemental Materials

- The same quality specifications and submission rules as for figures and tables apply to supplemental materials
- Supplemental materials will be published online only
- Supplemental materials should be labeled as Fig S1, Table S1, or—in the case of example questionnaires, forms, surveys, etc—Appendix 1
- If a figure or table is of such a length that online only publication is more feasible, or if the information presented is more befitting of a supplemental material, the Publisher retains the right to make existing figures or tables supplemental materials

Expanded Methodological and Reporting Requirements: Ethical or Institutional Review Board Approval: Clearly indicate that the study obtained appropriate approval (or a statement and explanation of why it was not required), including the name of the ethics committee(s) or institutional review board(s) and the number/ID of the approval(s). For human studies, please also add a statement that participants gave informed consent before taking part.

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. Alternatively, the forms may be sent to the editorial office by post, or scanned copies of the handsigned forms can be emailed.

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).

Manuscript Submission

All manuscripts must be submitted via the journal's online submission service (www.manuscriptmanager.net/joph). All items indicated (including permissions and waivers, described below, and signed mandatory submission form) must be uploaded to complete the submission process. Detailed instructions are provided.

Permissions and Waivers

- Permission must be obtained for the use of material (eg, text, photos, drawings) under copyright that does not belong to the author.
- Waivers must be obtained for photographs showing faces.

Article Sharing

- Authors can share their original (preprint) manuscript at any time.
- Authors can share their accepted (postprint) manuscript via noncommercial platforms, such as their institutional repository, after a 12-month embargo period.
- Authors can share the final PDF of their article with a maximum of 50 addressees/recipients. They are granted a nonexclusive, nontransferable limited license, without right of sublicense, to post this PDF on their own personal (noncommercial) website, provided that the website has not been created or maintained by or affiliated with any online provider of dental education information or materials.

July 2020