Instructions for Authors

Text Article Specifications

The production of a text article is an important and necessary part of the JOMI publication process. The complementary text allows authors to elaborate on their narration with further details regarding case history or operating techniques, while also improving its accessibility and indexability, increasing the likelihood that the video-article will be viewed and cited.

A Note on Authorship Order

Author order for the article can be selected by the attending surgeon, but would default to:

- First author: Major contributor to the text article, often a resident.
- Remaining authors: Other contributors to either the video or the text article.
- Principle Investigator/Last author: Attending surgeon if they are not the first author

Manuscript Preparation

All text articles should be submitted as a Word document (.doc, .docx, or Google Doc) using this form: https://forms.gle/EyCjznBrSM62nJgJ9

The main text should be written in prose. No bullet points, enumerated lists, or other similar formats are permitted. Paragraphs should be separated by a blank line, no indentation. Please default to AMA style.

Article Structure

Please use the following headings to structure the text article. A template is found here.

Title Page

The title page should contain the following information:

- Title (this should match the title in the video; If a new title is provided, it will be updated in the video)
- All authors' names, credentials, and affiliations in the order they should appear for the citation.
- Contact information for the corresponding author(s)

Abstract

100 words minimum, 300 words maximum

Please provide a structured abstract that includes a brief description of the clinical procedure, its applications, and its use in this specific case. No reference citations should appear in the abstract.

Keywords

3 minimum, 10 maximum

Case Overview

1500 words maximum

Details of the case and procedure, including patient history, relevant indications, diagnostics, and surgical technique. The recommended subsections are as follows:

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Background

A short introduction, highlighting the size and the scope of the surgical problem and a brief mention of how the procedure in the film solves the problem.

Focused History of the Patient

A very brief history of present illness. For Dental/OMFS case submissions, include a brief history of present illness, including age, gender, American Society of Anaesthesiologist score (ASA), BMI, indication for surgery, comorbidities, and history of any previous surgery. Preoperative treatments, surgical workup, and blood test results should also be briefly presented if relevant for the case.

Physical Exam

Pertinent findings on exam, either from the patient discussed in the current case, or generic findings of similar patients.

Dental Records

Include any relevant Dental and Periodontal charts and scores, Vitality Tests results, pictures of cast models analysis (with or without articulator mounting) and any other additional relevant preoperative information.

Imaging

Plain films, CT, or MRI of the patient, to be uploaded separately from the text.

Natural History

… of the condition being treated, where applicable.

Options for Treatment

Consider that patients will be reading this article. If there are no viable alternatives, please state why this is the case.

Rationale for Treatment

What are the goals of treatment?

Special Considerations

If there are groups of selected patients who may derive particular benefit from the procedure, please mention them here. Please also mention patients for whom the procedure is contraindicated and why.

Discussion

1500 words maximum

A detailed description of the surgical procedure and techniques demonstrated in the video. May also include background information about the procedure, evolution of techniques, outcome data, relevant clinical studies, and future advancements.

If follow-up information is available for the patient, it may be included here.

Equipment

Please list any special equipment, tools, and implants used in the procedure along with the companies that manufacture them. Omit common tools.

Disclosures

Please provide relevant disclosures. If there are none, please simply write “Nothing to disclose.”

Statement of Consent

Authors may use JOMI’s default statement of consent:

> “The patient referred to in this video article has given their informed consent to be filmed and is aware that information and images will be published online.”

Please note that all patients must remain anonymous unless they explicitly agree to be credited for their participation. There should be no identifying information included in either the video or the text article.

References

Please provide a list of references according to the AMA Manual of Style. All references should be cited in the text of the article and be listed sequentially according to their appearance in the text.

Journal titles should be abbreviated according to their listing in the PubMed Journals database. Please be sure to include DOIs for all electronic sources.

Acknowledgments

All funding sources and other non-author contributors may be acknowledged here.

Tables and Figures

Tables

All tables must be labeled in sequential order and given a short descriptive title, e.g. **Table 1. Occurrence of Refractory GERD in Patients Over 50**. Labels should appear above the table. In-text references to the table should be capitalized (e.g. Table 1) and should not use words such as “above” or “below.”

Figures

Figures should be of professional quality and all text within the figure should be clearly legible. Each individual figure should be one .jpg or .png image. Please submit each individual .jpg or .png file separately regardless of its inclusion in the Word document.

All figures must be labeled in sequential order and given a short descriptive title and a clear, concise description, e.g. **Figure 1. Laparoscopic Donor Left Kidney Nephrectomy Incision Sites** *A diagram demonstrating the position of port installations for a laparoscopic donor left kidney nephrectomy. One 5-6 cm incision is made to enter the abdominal cavity. Two 12 mm incisions are made, one at the navel and one at the left upper quadrant. One 5 mm incision is made in the upper abdomen on the midline*. Labels should appear above the figure, while descriptions should appear below the figure. In-text references to the table should be capitalized (i.e. Figure 1) and should not use words such as “above” or “below.”

Procedure Outline

A procedure outline will be presented alongside the main text. You may be asked for (and you may submit) a procedure outline, which will be adjusted to match the case report.

Learning Comprehension Questions (Optional, but Preferred)

Please provide 10 multiple choice questions that can serve as a quiz at the end of your article to assess viewer’s understanding of the key steps and principles of the procedure.

Author Inquiries

All questions and concerns about the text article submission process may be directed to one of the following members of the editorial team.

Managing Editor: **Christopher Boisvert**
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