

A Fluent Electronic Support and Clinical Case Letters: New Formats and More Interactivity Between *Journal of Oral Implantology* and Its Readers

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Welcome to 2012, and in this Black Dragon New Year (theoretically an excellent year for everyone) many changes are coming for *Journal of Oral Implantology* (JOI).

A user-friendly significant change will be the availability of JOI in an electronic flip journal format (available soon from the JOI Web site <http://www.joionline.org/>). Readers will be able to access the entire journal (including advertisements) online. Reading JOI on your smart phone, iPad or other tablet, laptop or desktop computer should enable clinicians and scientists to make better use of the journal. The “printed copy” of JOI and pdf electronic versions of the journal will remain as we currently know them. This new format offers a great potential for more fluent interactions between the authors and the

readers, and it is also an opportunity to adapt some editorial formats to this new way of receiving the information.

An equally significant change to the format of JOI will be the addition of Clinical Case Letters that were introduced in the previous issue of JOI's editorial.¹

These letters will inform readers about an interesting clinical situation or therapeutic alternative. They can also serve as a presentation of a new technique, material, or therapeutic approach. They may also present the first step of a clinical research protocol. Rarity is not essential, but originality is highly recommended.

JOI has a diversity of readers, and it is the desire of this editorial team to provide current cutting-edge information for both our scientifically-oriented readers^{2,3} as well as our clinicians.⁴⁻⁶ Implantology is a still emerging discipline and therefore, basic/clinical research provides valuable information for the clinician. Our desire is to provide both communities with information that will have immediate application, and also provide insight into what the future will offer.

Clinicians desire to read and see the “how to” for solving problems or learning new techniques. Clinical Case Letters will be well documented with multiple quality photographs and shorter written discourses. This will serve 3 purposes:

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1. Allow clinicians to read and understand a clinical case in an efficient manner;
2. Allow clinicians who normally do not publish to have an easier path for constructing a manuscript; and
3. Allow *JOI* to publish more clinical cases per issue.

These letters should contain 3 parts:

1. Introduction. A presentation of a diagnostic or practical clinical problem, or overview of a novel therapeutic logic.
2. Description of the case. It should include the history, examination, investigations, and management/outcome.
3. Discussion. Authors should educate the reader and open the debate on the many therapeutic options and the logic of their choices considering the risks and potential outcomes. Hopefully, this will generate letters to the Editor to facilitate clinical discussion.

Comparable to all letters, there will be no abstract.^{7,8} In these letters, authors should use no more than 1500 words and 25 references. Explanatory and graphic pictures (up to a maximum of 15) are highly recommended in this format.

The *JOI* Editorial staff is looking forward to these changes and encourages our readers to take advantage of the opportunities these advances will permit. These first 2012 changes will allow the *JOI* to

interact more deeply with its readers and to evolve as an even more fluent support for clinical education and research.

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