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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 105606

Title: Physical therapy management of ischiofemoral impingement syndrome: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08438605
Position: Peer Reviewer
Academic degree and professional title: MD, PhD
Reviewer's Country/Territory: China
Author's Country/Territory: Saudi Arabia

Manuscript submission date: 2025-01-29
Reviewer chosen by: AI Editor
Reviewer accepted review: 2025-02-02 05:42
Reviewer performed review: 2025-02-02 05:48
Review time: 1 Hour

Content to be reviewed	
Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade A (Excellent)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade B (Very good)

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Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No

SPECIFIC COMMENTS TO AUTHORS

The manuscript presents a case report on the physical therapy management of ischiofemoral impingement syndrome (IFI). While the case is interesting and provides some valuable insights into the management of IFI, there are several areas that require significant improvement before the manuscript can be considered for publication. Below are the specific concerns and recommendations for revision. 1. **Introduction:** - The introduction provides a good overview of IFI, but it lacks a clear statement of the study's objectives. The authors should explicitly state the purpose of the case report and its significance in the context of existing literature. - The introduction should also briefly mention the current gaps in the literature regarding the management of IFI, which this case report aims to address. 2. **Case Summary:** - The case summary is well-described, but the authors should provide more details on the patient's baseline functional status and how it was assessed. This would help readers understand the extent of the patient's impairment before the intervention. - The authors should also clarify the rationale for choosing the specific physical therapy interventions (e.g., dry needling, kinesiology taping) and how these were tailored to the patient's condition. 3. **Material and

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Methods:** - The methods section is somewhat unclear, particularly regarding the timeline and frequency of the physical therapy sessions. The authors should provide a more detailed description of the intervention protocol, including the duration, frequency, and progression of exercises. - The authors should also justify the use of tele-rehabilitation and how it was implemented in this case. Were there any specific challenges or limitations associated with this approach? 4. **Results:** - The results section is well-presented, but the authors should provide more detailed data on the patient's progress throughout the intervention. For example, were there any intermediate assessments conducted during the 2-month period? This would help demonstrate the trajectory of improvement. - The authors should also discuss any potential confounding factors that may have influenced the outcomes, such as adherence to the exercise program or concurrent treatments. 5. **Discussion:** - The discussion is somewhat limited in scope. The authors should expand on the implications of their findings for clinical practice. How does this case contribute to the existing body of knowledge on IFI management? What are the potential limitations of the study, and how might these be addressed in future research? - The authors should also compare their findings with those of previous studies, particularly in terms of the effectiveness of the specific interventions used (e.g., dry needling, kinesiology taping). 6. **Conclusion:** - The conclusion is brief and does not fully capture the significance of the findings. The authors should summarize the key takeaways from the case report and suggest directions for future research. 7. **Figures and Tables:** - The figures are clear and relevant, but the authors should ensure that all figures are properly labeled and referenced in the text. - Table 1 is useful, but it could be expanded to include more details about the specific exercises and interventions performed during each session. 8. **References:** - The references are generally appropriate, but the authors should ensure that all citations are up-to-date and relevant to the topic. Some references appear to be

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outdated, and more recent studies on IFI management should be included. **Additional Recommendations:** - The manuscript would benefit from a more thorough review of the literature, particularly regarding the use of dry needling and kinesiology taping in the management of IFI. The authors should provide a more detailed discussion of the evidence supporting these interventions. - The authors should consider including a patient perspective or feedback on the intervention, as this could provide valuable insights into the patient's experience and satisfaction with the treatment.

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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 105606

Title: Physical therapy management of ischiofemoral impingement syndrome: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08442577
Position: Peer Reviewer
Academic degree and professional title: Chief Physician, PhD, Professor
Reviewer's Country/Territory: China
Author's Country/Territory: Saudi Arabia

Manuscript submission date: 2025-01-29

Reviewer chosen by: AI Editor

Reviewer accepted review: 2025-01-30 14:39

Reviewer performed review: 2025-02-06 06:24

Review time: 6 Days and 15 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? **Yes** Is there any Key Word that is not included in the manuscript title? **No** Do authors' affiliations correspond to the content of the manuscript? **Yes** Does the Abstract contain the contents of each part of the manuscript (IMRaD)? **Yes** Are the Key Words complete? **Yes**

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	Is the content of the Introduction adequate? **Yes** Is the content of the Materials and Methods complete? **Yes** Is the description of the experiments clear and complete? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Are the experimental data of the Results true and reliable? **Yes** Are the quality and resolution of the images up to standard? **Yes** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes** Is the content of the Discussion reasonable? **Yes** Is the Conclusion reasonable? **Yes** Are all references necessary and reasonable? **Yes** Do authors omit important references? **Yes** Are all references related to the topic of the manuscript? **Yes** Do authors only cite their own earlier publications? **No** Is the manuscript's text correct, concise, and clear? **Yes** Will the manuscript's content be of interest to readers? **Yes** Are additional experiments needed for the study? **No** Does the research scope comply with ethics? **Yes**
Scientific quality	Grade C (Good)
Novelty of this manuscript	Grade C (Good)
Creativity or innovation of this manuscript	Grade C (Good)

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Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade B (Very good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No

SPECIFIC COMMENTS TO AUTHORS

Review Report Manuscript Title: Physical therapy management of ischiofemoral impingement syndrome: A case report General Assessment This case report details the successful management of ischiofemoral impingement syndrome (IFI) in a young woman through a structured, multimodal physical therapy program. The manuscript is well-organized and aligns with the CARE checklist, providing a comprehensive overview of the case. The inclusion of imaging, validated outcome measures (NPRS, MSK-HQ), and patient perspective enhances its clinical relevance. The study highlights the role of conservative management in IFI, a condition often underreported and challenging to diagnose. Strengths 1. Adherence to CARE Guidelines: The manuscript satisfies most CARE checklist criteria. The title includes “case report,” and keywords appropriately incorporate “case report.” The abstract summarizes background, case summary, and conclusions. A timeline (Table 1) and imaging figures (Figures 1–3)

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enhance clarity. 2. Methodological Rigor: The use of MRI for diagnostic confirmation and validated tools (NPRS, MSK-HQ) strengthens the reliability of outcomes. The tailored intervention—combining stretching, strengthening, dry needling, and tele-rehabilitation—demonstrates innovation. 3. Patient-Centered Approach: The supplementary patient perspective adds depth, emphasizing the impact of chronic pain on quality of life and the value of structured rehabilitation. 4. Ethical Compliance: Signed consent forms and IRB approval (via King Salman Center for Disability Research) confirm ethical adherence. Areas for Improvement 1. Abstract Background: The abstract should explicitly state how this case adds to existing literature. For example, emphasizing the novel combination of dry needling and tele-rehabilitation in IFI management. 2. Discussion Limitations: While strengths of the approach are highlighted, limitations (e.g., single-case design, short follow-up period, potential placebo effect of dry needling) are not addressed. Including these would improve critical depth. 3. Imaging Descriptions: Figures 1–3 in the main text and supplementary material have inconsistent labels (e.g., Figure 2 in the main text is labeled as "Quadratus femoris muscle edema," but in supplementary material, it is "Reduction of IFS"). Ensure figure numbering and captions match across all sections. 4. Comparative Analysis: The discussion would benefit from direct comparisons with similar studies. For instance, contrast the 70% pain reduction here with outcomes in Lee et al. (2013) or Nakano et al. (2020) to contextualize efficacy. Recommendation This case report is scientifically sound, ethically compliant, and clinically informative. It provides actionable insights into conservative IFI management. However, revisions addressing the above points—particularly clarifying the abstract's contribution, discussing limitations, and standardizing figures—are necessary before acceptance. Decision: Minor Revisions Required

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 105606

Title: Physical therapy management of ischiofemoral impingement syndrome: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08442577

Position: Peer Reviewer

Academic degree and professional title: Chief Physician, PhD, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Saudi Arabia

Manuscript submission date: 2025-01-29

Reviewer chosen by: Huo Liu

Reviewer accepted review: 2025-03-03 01:10

Reviewer performed review: 2025-03-03 12:05

Review time: 10 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? **Yes** Is there any Key Word that is not included in the manuscript title? **No** Do authors' affiliations correspond to the content of the manuscript? **Yes** Does the Abstract contain the contents of each

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	part of the manuscript (IMRaD)? **Yes** Are the Key Words complete? **Yes** Is the content of the Introduction adequate? **Yes** Is the content of the Materials and Methods complete? **Yes** Is the description of the experiments clear and complete? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Are the experimental data of the Results true and reliable? **Yes** Are the quality and resolution of the images up to standard? **Yes** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes** Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **No** Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Yes** Is the content of the Discussion reasonable? **Yes** Are all references necessary and reasonable? **Yes**

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	Do authors omit important references? **No** Are all references related to the topic of the manuscript? **Yes** Will the manuscript's content be of interest to readers? **Yes** Do authors only cite their own earlier publications? **No** Is the Conclusion reasonable? **Yes** Are additional experiments needed for the study? **No** Does the research scope comply with ethics? **Yes** Is the manuscript's text correct, concise, and clear? **Yes**
Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a	No

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revolutionary innovation?	
Does this manuscript report an unconventional innovation?	No
Conclusion	Accept
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No

SPECIFIC COMMENTS TO AUTHORS

Introduction: The revised introduction now explicitly states the study's objectives, emphasizing the novelty of integrating dry needling and tele-rehabilitation into a structured program for IFI. The gaps in the literature regarding standardized non-surgical protocols are clearly articulated, strengthening the rationale for this case report. Case Summary and Methods: Detailed baseline functional assessments (e.g., MSK-HQ scores) and imaging findings (e.g., MRI-confirmed ischiofemoral space reduction) have been added, improving transparency. The rationale for selecting specific interventions (e.g., dry needling for quadratus femoris muscle tension, kinesiology taping for gluteal activation) is well-supported by clinical evidence, enhancing methodological validity. The treatment timeline (8 weeks), exercise progression (resistance band tension matching via standardized charts), and challenges in tele-rehabilitation implementation (e.g., remote adherence monitoring) are clearly described, ensuring reproducibility. Results and Discussion: The inclusion of intermediate pain reduction (NPRS: 9→3) and quality-of-life improvement (MSK-HQ: 12→48) demonstrates the intervention's efficacy. The authors appropriately acknowledge limitations, such as the lack of mid-term assessments and short follow-up period. Comparative analysis with prior studies (e.g., Lee et al., 2013; Nakano et al., 2020)

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contextualizes the findings, while discussions on dry needling and kinesiology taping highlight innovative contributions to IFI management. Figures, Tables, and References: Figures 1–3 are now consistently labeled and referenced in the text, with improved legends for clarity. Table 1 has been expanded to detail exercise protocols, aligning with journal standards. References are updated to include recent studies (e.g., 2022 publications), and PMID/DOI identifiers ensure traceability. Ethical and Format Compliance: All required documents (language editing certificate, CARE checklist, conflict-of-interest statement, copyright agreement) are provided. The "Core Tip" succinctly summarizes the clinical innovation, and the inclusion of an "Audio Core Tip" enhances accessibility. Conclusion: The authors have thoroughly addressed all critiques, resulting in a robust case report that advances evidence-based conservative management for IFI. The integration of tele-rehabilitation, dry needling, and structured exercise protocols offers practical guidance for clinicians. Recommendation: Accept in present form (No further revisions required). Guocai Li. 03-03-2025