Rebuttal Letter

We sincerely appreciate the reviewers' insightful comments and constructive feedback, which have significantly contributed to enhancing our manuscript. We have carefully considered each point raised and addressed them in detail below. We particularly value the reviewers' thorough attention, which has allowed us to clarify and strengthen our presentation.

Reviewer 1:

1. **Introduction:**
    - The introduction provides a good overview of IFI but lacks a clear statement of the study's objectives. The authors should explicitly state the purpose of the case report and its significance within the existing literature.
    - The introduction should also briefly mention the current gaps in the literature regarding IFI management that this case report aims to address.

Response: We thank the reviewer for this valuable feedback. We have revised the introduction to explicitly state the purpose of this case report, emphasizing the structured physical therapy program's outcomes and its novel approach to IFI management. Additionally, we have incorporated a discussion of the gaps in the literature, particularly the lack of standardized rehabilitation protocols.

2. **Case Summary:**
    - More details on the patient’s baseline functional status and assessment methods should be provided.
    - Clarify the rationale for selecting specific physical therapy interventions (e.g., dry needling, kinesiology taping) and how they were tailored to the patient’s condition.

Response: We appreciate this suggestion and have expanded the case summary to include additional details on the patient’s baseline functional status. Furthermore, we have clarified the rationale for each chosen intervention, explaining its clinical relevance and adaptation to the patient's needs.

3. **Materials and Methods:**
    - The timeline and frequency of physical therapy sessions should be more explicitly described.
    - Justify the use of tele-rehabilitation and discuss its implementation challenges.

Response: We have revised the methods section to include a more detailed description of the intervention protocol, specifying the total duration (8 weeks) and progression of exercises. Additionally, we have justified the use of tele-rehabilitation, outlining its benefits and addressing challenges encountered during implementation.

4. **Results:**
    - Provide more detailed data on the patient’s progress throughout the intervention, including any intermediate assessments.

- Discuss potential confounding factors that may have influenced outcomes, such as adherence to the exercise program or concurrent treatments.

Response: While we agree that intermediate assessments would enhance the results section, the patient did not attend the scheduled mid-point evaluation. Thus, we have acknowledged this limitation. We have also discussed potential confounding factors, including adherence to the rehabilitation program.

5. **Discussion:**
    - Expand on the implications for clinical practice and how this case contributes to existing IFI management literature.
    - Compare findings with previous studies, particularly regarding dry needling and kinesiology taping effectiveness.

Response: We have elaborated on the study's implications for clinical practice and its contribution to the field. Additionally, we have compared our findings with prior studies, though direct comparisons for dry needling and kinesiology taping in IFI management remain limited due to a lack of published data.

6. **Conclusion:**
    - Summarize the key takeaways more comprehensively and suggest directions for future research.

Response: We have expanded the conclusion to summarize the key findings and suggest future research directions, including further investigation of conservative management approaches for IFI.

7. **Figures and Tables:**
    - Ensure all figures are properly labeled and referenced in the text.
    - Expand Table 1 to provide more details on specific exercises and interventions performed.

Response: We have reviewed all figures to ensure proper labeling and have expanded Table 1 to include additional details on the exercise interventions.

8. **References:**
    - Ensure all citations are up-to-date and relevant to IFI management.

Response: We have carefully reviewed the reference list, updating outdated citations and incorporating recent studies relevant to IFI management.

9. **Additional Recommendations:**
    - Provide a more thorough literature review on dry needling and kinesiology taping.
    - Consider including a patient perspective on the intervention.

Response: We have expanded the literature review, adding recent citations supporting dry needling and kinesiology taping in musculoskeletal rehabilitation. Due to the retrospective nature of the study, we

were unable to include direct patient feedback, but we acknowledge its importance and suggest future studies incorporate patient-reported outcomes.

Reviewer 2:

1. **Abstract:**
    - Explicitly state how this case contributes to existing literature, emphasizing the novel combination of dry needling and tele-rehabilitation.

Response: We have revised the abstract to highlight the novelty of this case report, particularly the integration of dry needling and tele-rehabilitation within a structured rehabilitation program for IFI.

2. **Discussion - Limitations:**
    - Address study limitations, such as the single-case design, short follow-up period, and potential placebo effects of dry needling.

Response: We have expanded the discussion to explicitly address these limitations and suggest strategies for future research to overcome them.

3. **Imaging Descriptions:**
    - Ensure consistency in figure labeling between the main text and supplementary material.

Response: We have carefully reviewed and corrected inconsistencies in figure labels across the manuscript.

4. **Comparative Analysis:**
    - Compare outcomes with similar studies to contextualize efficacy (e.g., Lee et al. 2013, Nakano et al. 2020).

Response: We have incorporated a comparative analysis, discussing how our findings align with or differ from previous studies.

We believe these revisions have strengthened the manuscript and aligned it more closely with the reviewers' expectations. We appreciate the time and effort dedicated to reviewing our work and thank the reviewers for their valuable insights. We look forward to further consideration of our revised manuscript.

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