

## Format for ANSWERING REVIEWERS



April 13, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9291-review.docx).

**Title:** Management of proximal humerus fractures in adults

**Authors:** Leonidas Vachtsevanos, Lydia Hayden, Aravind S Desai, Asterios Dramis

**Name of Journal:** *World Journal of Orthopedics*

**ESPS Manuscript NO:** 9291

The manuscript has been improved according to the suggestions of the reviewers and editor:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewers

- (1) A section on classification of proximal humerus fractures has been added to the introduction
- (2) Discussion has been revised to include requirements for good outcomes
- (3) The role of radiological investigations has been added under radiological assessment
- (4) Each subtitle has been modified to make the indications and complications of each management option clear, though no specific 'best fitting' patient group has been appointed to each treatment method. This was impossible, as each patient group may benefit from several treatment methods, based on individual patient characteristics and multiple other factors that are difficult to classify in a simplistic manner and form the basis of the decision-making complexity in the treatment of these fractures.
- (5) Operative treatment has been added as section headline to include all reconstruction and replacement options.
- (6) The advantages of nails in the management of pathological fractures have been highlighted
- (7) Author surgical techniques have not been added, as this would not be objective evidence-based practice, to be included in a review of current best evidence and there was anyway no uniform technique that was used by all of the authors.
- (8) A section on the treatment of borderline fractures with high risk of osteonecrosis has been added towards the end of the reconstruction section, with further elaboration in the replacement section.
- (9) The suitability of primary reverse polarity shoulder prosthesis use in the elderly has been highlighted in the reverse polarity total shoulder arthroplasty section.
- (10) Evidence-based techniques of prosthesis height and version estimation during implantation have been added and the benefits of modular implant use highlighted.
- (11) A concise treatment algorithm could not be produced, as the multifactorial basis of decision-making in the management of these fractures was impossible to summarise effectively in the form of a schematic flip chart.

3 References and typesetting were corrected.

4 The manuscript has been typed in UK English and edited by the authors, who are native speakers of

English.

Thank you again for publishing our manuscript in the *World Journal of Orthopedics*.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'L. Vachtsevanos', written on a light blue background.

Leonidas Vachtsevanos MBBCh, MRCSeng  
Department of Trauma & Orthopaedics  
Morrison Hospital  
Abertawe Bro Morgannwg University Health Board  
Swansea, SA6 6NL  
United Kingdom  
E-mail: Leonidas@doctors.net.uk