

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 29894

**Title:** Lower limb stress fractures in sport: Optimising their management and outcome

**Reviewer's code:** 02924837

**Reviewer's country:** Spain

**Science editor:** Shui Qiu

**Date sent for review:** 2016-09-01 13:47

**Date reviewed:** 2016-09-02 19:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

\*GENERAL COMMENTS: - It is a very good work because it is really important to have correct guidelines about how to act in front of these injuries. - If we talk about stress fractures in sport we must talk also about upper limb stress fractures which are quite common in sports using especially the upper limb such rowing, tennis... In other hand you should change the title of the article. - I understand that the limited number of words and the type of article is a limitation, but I think that the description of every fracture, its treatment and its rehabilitation program is a little bit repetitive.

\*Introduction: - In my opinion it is very important to differentiate the grade of the stress fracture. In posterior chapters you talk about the surgical treatment of the, for example, the tibial diaphysis, and obviously it is not the same if there is a complete fracture (affecting both corticals) than just affecting the anterior bone cortical. This should be explained. \*Optimising the Management and Outcome of Sport-Related Stress Fractures:

- It is true that there are some classifications about the category of the stress fractures, but it is really important, especially in athletes, to look at this from the perspective of the sport they practice. - When the author say: "Even with the high level athlete, it is important to fully concord..." I am not fully agree with this, it is true that you need a guide for the



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treatment but the evolution of the stress fractures sometimes need to change the way of treatment depending on the patient, the type of sport... \*High Risk Sport-Related Stress Fractures: - when the authors talk about treatment and especially rehabilitation, I think that the rehabilitation guides they say are too general to take them as a guideline. - In the Anterior tibial diaphysis description, when the authors say "This review also found that conservative management of these injuries..." --> Again it depends on the stress fracture grade - In the Anterior tibial diaphysis description, when the authors say "For conservative management, recommended rehabilitation techniques comprise activity cessation and limited weightbearing for at least 3 months, with progression of weightbearing and return to loading activities as pain allows" --> This is a too general premise. - These commentaries can be applied to all the descriptions of stress fractures. \*Low Risk Sport-Related Stress Fractures: - In Postero-Medial Tibial Diaphysis --> I have a question: What do the authors think about the role of the periostitis in the development of a stress fracture? Please explain, I think it will improve the information of the article. CASES --> cases are well presented and redacted. DISCUSSION --> correct, it could be longer because there are a lot of issues and topics to discuss about stress fractures in athletes. REFERENCES: If we are talking about stress fractures in sports the authors, as I said before, have to talk about upper limb stress fractures (mandatory). In that case there is a lot of bibliography to add. FIGURES: - It would be great to add more MRI images in the cases that don't have them. It will improve the quality of the cases because, as the authors say, plain RX not always can show the stress fracture. - CCase 2 has just one image.

## ESPS PEER-REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

General: It is an interesting subject, with still a lot to discover and a lot to improve in the field. The article is a good first step towards more evidence based clinical practise. The article can be of bigger help if the authors avoid being too general with statements and recommendations. Major issue is that the goal(s) of the article (how to deal with which specific stress fractures –page 5) are stated too late, too general. Therefore the ‘outcome/take home message’ is not clear enough. The main fractures are only of the lower extremity and are described only after page 5 (too late). The overall structure is good and complete. Unfortunately too much repetition especially in the beginning of the manuscript. Major rewriting is needed in a more to the point and precise style. Step by step: Title: too general, it must be clear about which fractures the reader will read (only lower extremities). Suggestion “Lower Limb Stress Fractures in sport: Optimising their management and outcome” Abstract: too general, in this way it is more a small version of the introduction. Describe highlights of your article. Name in 1 sentence the most important goal, the approach to take (don’t have to name the seven questions, but in what kind following areas), name the sites of the fractures of the high and low risk, name most important findings/recommendations. Key words: add leg or lower extremity



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(instead of optimisation). Core tips: name the high risk and low risk fractures you discuss in your article. Introduction: first part good written. The goals have to be more precise. State that you want to describe the most common stress fractures of the leg and that you choose to divide that into low and high risk fractures and describe why you choose to do. Also it has a big overlap with the 'optimising management' part on page 5. Better add this together and use the 'optimising management' part only the -need for- and the -how to- approach via the 7 areas (and why). prevent repetition. Main body of article: High risk fractures: explain the reason why these certain sites are according to you of high risk (I don't know why you describe exactly this sites at high risk; if you have a common valid reason, describe it in the general part if the reason is for each of these high risk fractures specific, describe it per fracture). In the 5th metatarsal session you talk about risk and benefits from conservative and surgical approach, here you should name which risks and benefits. Take care about being too general. For all fracture sites count: describe which surgical technique should be considered. Low risk fractures: Again name why these fractures are of low risk. Explain the abbreviation FNFS and IM. Cases: clear. Discussion: make 'bridge' between what you advocate in the main body of the text and cases and clinical practise more clear. You wrote an overview, a clear written goal (see introduction) should be reached and described here. What makes your article unique in the existing evidence? What did readers learn? What do you want them to learn? Figures: can be a bit more MRIs (if available) and bigger to make more clear.



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## ESPS PEER-REVIEW REPORT

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<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input type="checkbox"/> Plagiarism	
		[ Y] No	

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Good study