

## Answer to Reviewers

Please find the following response to the edits of our manuscript.

### **Reviewer 02691028:**

1. No revisions
  - Response: N/a

### **Reviewer 02709664:**

1. Please correct dyskinesia with dyskinesis. Dyskinesia does not exist. Please update literature about scapular dyskinesis.
  - Response: Agree with revisions. Dyskinesia replaced with dyskinesis throughout the manuscript. Literature on scapular dyskinesis updated.

### **Reviewer 00503876:**

1. In the introduction part, it would be great if there were comments about the prevalence in public, in throwing athletes sport, or the types of throwing sports in which prevalence most common, etc. In my opinion, such information could be a big help in real practice.
  - Response: This invited review was requested to specifically pertain to posterior impingement in the throwing athlete. The exact prevalence of this condition is unknown due to variations in diagnosing, and the prevalence in the general population is quite small and not relevant to this paper.
2. In the pathophysiology part, it would be helpful if there were detailed description of the mechanism of how internal impingement occurs in kinetic chain.
  - Response: Kinetic chain mechanism description updated for further clarification.
3. In the physical examination part, it would be good if there were clear explanation that depicts it with photos or illustrations. In radiologic evaluation part, typical cases showing x-ray findings such as "Bennett Lesion" and pathologic MRI findings would be a great help.
  - Response: Agree with revision, figures added
4. The treatment part was lacking detailed description of conservative treatment despite its key role in the treatment of this disease. For example, it would be helpful if there were more descriptions or illustrations on how the sleeper stretch or scapular stabilization exercise is performed. Furthermore, it would be good to add an explanation on rehabilitation program, for example, the period of time to perform stretching to a real patient before converting to strengthening, or whether they should be performed simultaneously.
  - Response: Agree with revision, figures added

**Reviewer 00738830**

1. No revisions

Response: N/a