OPEN PEER REVIEW

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Peer Review Report for "Effects of Innovative Land-based Proprioceptive Training on Knee Joint Position Sense and Function in Athletes with Anterior Cruciate Ligament Reconstruction: A Randomized Controlled Trial"

Author(s): Elie Hajouj, Mohammad Reza Hadian, Seyed Mohsen Mir, Saeed Talebian, Salah Ghazi

Review Timeline:

Submit Date:	21 Nov 2020
Revised Date:	21 Dec 2020
Accepted Date:	20 Jan 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 29 Nov 2020

Dear AE,
This article considers an important topic.
There are some points about the article
1. The exact method of the article is not clear; which proprioceptive exercise has been done for the patients. The author mentioned only warm-up, main exercise, cool down & stretching. The main intervention is vague. It also needs some images from this Innovative method.
2. The Introduction & method, the material is very long, the unnecessary explanation should omit from the article.
Sincerely.

REFEREE: Reviewer | **Revision** (0) — 16 Dec 2020

Dear AE,

The manuscript can be published after answering the ambiguous parts.
I highlighted Them in attached file.
Also an English edition would improve the quality of the manuscript. Thus I suggest an English edition for this paper.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 17 Dec 2020

Dear EIC,
The manuscript needs major revision. The authors should revise it based on the reviewers' comments.
Thanks.

REFEREE: EIC | **Revision** (0) 17 Dec 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs major revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

We appreciate the time and effort that the reviewers have dedicated to providing thier valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on our paper. We have been able to incorporate changes to reflect most of the suggestions provided by the reviewers. We have highlighted the changes within the manuscript.

Here is a point-by-point response to the reviewers' comments and concerns.

Numbered Reviewer Remark and Manuscript Line Number	**Author Response**	**Revised Manuscript Line Number and Text Change**
Reviewer 1:		
Line 69: What did you do about swelling of the knee? Was it one of your exclusion criteria?	Thank you for pointing this out. The swelling was an exclusion criterion if limits doing exercises. we have incorporated this criterion throughout the manuscript. However, in this phse the swelling is minimal.	Line 76: swelling that restricted doing exercises
Line 72: Why didn't you consider the following factors in your exclusion criteria? diabetic rheumatoid history of previous major injuries in the lower extremities, or any known neurological, rheumatic or orthopedic diseases (e.g., patellofemoral pain syndrome).	In athletes of this age 18-35, these diseases are rare. However, our study did not include athletes with such diseases. But we Agree with your suggestion. We have accordingly revised to emphasize this point and take your suggestion into account.	Line 77-78: history of previous major injuries in the lower extremities, or any known neurological, rheumatic, or orthopedic diseases
Line 73: Why didn't you determine the dominant leg?	You have raised an important point here. However, we believe that unilateral ACL reconstruction would be more appropriate because it is more available to collect especially when we have a lack number of patients. Besides, the majority of studies in this field used unilateral ACL reconstruction. Please see. (Pawlak et al 2014), (DM Hopper et al 2003), (Tássia Silveira Furlanetto1 et al 2016)	
Line 75: According to reference 17, patients should have the full range of motion in phase 3, so you should excluded patients	We agree with this and we have revised the ROM throughout the manuscript. However, all subjects included had a full	Line 75: full knee ROM of flexion

whose range of motion was incomplete.	ROM in flexion and extension.	
Line 107-108: why did you select only one angle? why did you select 45° ?	It is evidenced by the research of Beynnon et al , such an angle yields the largest repeatability and sensitivity of the test. However, we have incorporated the reference into the manuscript.	Line 109: REF (18)
Line 109: 10 seconds is not according to your reference. please explain.	Thank you because you raised an important point here. The time for holding a limb is controversial. However, when we did our pilot study, we found that the 5 seconds was insufficient to remember the target angle even if on the healthy subjects. Therefore, to ensure that the reproduced angle was neither random nor too susceptible to luck, we found the appropriate time to be 10 s.	
Line 113: why did you select five trials? What did you do for preventing of learning effect? Please enter its reference.	Currently, there is no consistent evidence base for the recommended number of trials for knee joint position sense in ACLR. However, based on the literature, it is suggested that five trials are adequate for all JPS measurements with “excellent” reliability without any learning effects. For more details please see (Nicola RELPH 2015 in UK, “the measurement of knee joint position sense”, P 124). Also, please see Harry B. Skinner et al 1991.	Line 115: REF (20)
Line 140-141: Based on the severity of patients' pain (5.89 ± 1.04), how did patients done Land-Based proprioceptive training?	For patients, there was no problem at all to do Land-Based proprioceptive training because of pain. Although in the first two sessions there was little pain during the exercise for some patients, but there was no patient who asked to stop the session because of the pain and they did their training	

	effectively and freely (the pain was tottaly tolerable). However, we followed Smith BE et al 2016, who categorized pain level into 3 levels: safe zone (VAS 0-2), acceptable zone (3-5), and high-risk zone (6-10).	
Line 147-148: This sentence shows that the training conditions were not the same for all patients. Therefore, the results of the intervention can be different. Please explain. Were patients excluded from the study if their pain increased during the exercise?	Regarding the first part of your question, the sentence has been revised to remove any misunderstanding of the meaning. For more explanation, all patients received the same 16 clinical exercises explained in (Table 2). Definitely, the order of exercises was the same for all patients and all patients at the end of treatment received the same exercises. Regarding the second part of your question, No we did not exclude any patient because of pain. Our clue was the patients' pain tolerance.	Line 148-149: The exercises were gradually increased in intensity according to individual ability.
Line 159: be omitted	Done. The extra sentence was omitted.	
Line 201: please explain more about the effect of pain on proprioception.	Done.	Line 202-205: However, proprioception is affected by the level of pain after ACLR because it increases the afferent discharge from pain receptors (type III and IV) and consequently it is likely to perturb neuromuscular control about the knee joint and cause abnormal proprioception responses
Reviewer 2:		
The exact method of the article is not clear; which proprioceptive exercise has done for the patients. The author mentioned only warm up, main exercise, cool down & stretching. The main intervention is vague .It also	Although the innovative Land-Based program has been accurately explained in (Table 2), please see (Table 2), we agree with you suggestion to add the required images. We have incorporated it into the manuscript. Please see (Figure	Line 151: (Figure 1)

needs some images from this Innovative method.	1)	
The Introduction & method, material is very long, unnecessary explanation should omit from the article.	Thank you for this suggestion. However, in the case of our study, we strongly believe that the method and materials should be explained well enough that the experiments can be replicated in the future for other researchers.	

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) — 3 Jan 2021

Dear AE,
All the correction is acceptable.
Regards

REFEREE: Associate Editor | **Revision** (1) — 20 Jan 2021

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (1) — 20 Jan 2021

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.