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OPEN PEER REVIEW

The Effect of Baby Walker's Use on Musculoskeletal System and Physical Activity Level

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SUBMITTED	REVISED	ACCEPTED	DOI
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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

2 comments · 1 Jan 2025 – 16 Mar 2025

Referee 1 Reviewer

MAJOR REVISION 1 Jan 2025

Study Design

Type: Cross-sectional study involving 39 children aged 8-14 years.
Participants: Children without severe orthopedic issues, chronic diseases, or neurological conditions. Consent was obtained from parents and children.
Groups: Divided into two groups based on baby walker use: Using Walker group and Walker-Free group.
Ethics Approval: Approved by the relevant ethics committee, ensuring compliance with ethical research standards.

Outcome Measures

Demographic Data: Collected information on gender, age, weight, height, and BMI.
Motor Development and Walker Usage: Parents provided information regarding motor development stages and walker usage details.
Muscle Strength Measurement: Utilized a digital muscle strength meter (JTech Commander PowerTrack) to measure various muscle groups in newtons, with repeated trials for accuracy.
Physical Activity Assessment: The International Physical Activity Scale for Children and Adolescents (IPAQ-C/A) was used to evaluate children's physical activity levels.
Posture Evaluation: The New York Posture Rating (NYPR) assessed posture through a scoring system based on alignment.

Statistical Analysis

Software: Data analyzed using SPSS.
Descriptive Statistics: Frequency and percentage reported.
Comparative Analysis: Mann Whitney U Test used for intergroup and intragroup comparisons, with significance set at $p<0.05$.

Evaluation

Strengths:
Clear inclusion and exclusion criteria enhance the reliability of the sample.
Use of objective measurements for muscle strength and validated questionnaires for physical activity and posture adds rigor to the study.
Ethical considerations are adequately addressed.

Considerations:
The sample size (39 children) may limit the generalizability of the findings.
Further details about the statistical methods used (e.g., specific hypotheses tested) could strengthen the analysis section.
It would be beneficial to include any limitations of the study and potential confounding factors that were controlled for.

Inclusion of Pilot Results: If the pilot study results influenced improvements in the questionnaire, including these findings in the article could provide valuable insights.
Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article.

If you have specific questions about other sections of the article or need further details, feel free to ask!
Inclusion of Pilot Results: If the pilot study results influenced improvements in the questionnaire, including these findings in the article could provide valuable insights.
Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article.
Use new, updated references, such as:
doi: 10.32598/hdq.4.3.119
DOI: 10.3233/WOR-203355
doi: 10.4103/jehp.jehp_1263_20

Associate Editor

MAJOR REVISION 16 Mar 2025

Dear Authors,

Thank you for submitting your manuscript, “The Effect of Baby Walker's Use on Musculoskeletal System and Physical Activity Level,” to IJ Pediatrics. We have now completed the review process, and I am pleased to inform you that the reviewers found your work to be of interest and suitable for publication pending major revisions.

The reviewers have provided constructive feedback to help improve the clarity and presentation of your manuscript. I encourage you to carefully address each of the reviewers’ comments and submit a revised version of your manuscript.

Please include a point-by-point response to the reviewers’ comments, detailing the changes you have made. Once the revisions are complete, submit your revised manuscript through the online submission system. We will evaluate the revised version to ensure all concerns have been adequately addressed.

We appreciate your interest in IJ Pediatrics and look forward to receiving your revised manuscript. Should you have any questions, please do not hesitate to contact me.

Sincerely,
Associate Editor, IJ Pediatrics

Reviewers' Comments Requiring Response:

1. The sample size (39 children) may limit the generalizability of the findings.
2. Further details about the statistical methods used (e.g., specific hypotheses tested) could strengthen the analysis section.
3. It would be beneficial to include any limitations of the study and potential confounding factors that were controlled for.
4. Inclusion of Pilot Results: If the pilot study results influenced improvements in the questionnaire, including these findings in the article could provide valuable insights.
5. Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article.
6. Inclusion of Pilot Results: If the pilot study results influenced improvements in the questionnaire, including these findings in the article could provide valuable insights.
7. Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article.

Recommendation: Major Revision

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Point-By-Point Response to The Reviewers' Comments

Dear Reviewer,

We would like to express our gratitude for your constructive comments on our article, entitled '***The Effect of Baby Walker's Use on Musculoskeletal System and Physical Activity Level***'.

We have carefully made and highlighted relevant revisions in yellow within the text. We hope you find the current version suitable for publication.

Best regards,

1. The sample size (39 children) may limit the generalizability of the findings.

Response to The Reviewers' Comments 1: Dear Reviewer,

We are in agreement with your assessment that the limited number of participants has a bearing on the generalisability of our data. We have reported this as a limitation of our study, due to the fact that it was conducted in a single centre. However, given that our evaluation methods are objective and the paucity of literature on this subject, our data may be of significance to the literature.

We thank you for your feedback and respectfully acknowledge your input.

2. Further details about the statistical methods used (e.g., specific hypotheses tested) could strengthen the analysis section.

Response to The Reviewers' Comments 2: Dear Reviewer,

The statistical analysis section has been revised in light of your constructive feedback. We hope you find the current version satisfactory for publication. We would like to express our gratitude for your insights and respectfully acknowledge your contributions.

3. It would be beneficial to include any limitations of the study and potential confounding factors that were controlled for.

Response to The Reviewers' Comments 3: Dear Reviewer,

The limitation section has been revised in light of your constructive feedback. We thank you for your feedback and respectfully acknowledge your input.

4. Inclusion of Pilot Results: If the pilot study results influenced improvements in the questionnaire, including these findings in the article could provide valuable insights.

Response to The Reviewers' Comments 4: Dear reviewer,

Detailed corrections have been made to the article, with particular attention paid to the findings section. All tables and data have been reviewed and enhanced with a view to improving their fluency. It is our hope that you will find the current revision satisfactory.

Best regards

5. Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article.

Response to The Reviewers' Comments 5: Dear Reviewer,

The article has undergone extensive revision, with particular emphasis placed on the findings and discussion section. It is our hope that the current revision will be found to your satisfaction.

Best regards,

6. Inclusion of Pilot Results: If the pilot study results influenced improvements in the questionnaire, including these findings in the article could provide valuable insights.

Response to The Reviewers' Comments 6: Dear reviewer,

Detailed corrections have been made to the article, with particular attention paid to the findings section. All tables and data have been reviewed and enhanced with a view to improving their fluency. It is our hope that you will find the current revision satisfactory.

Best regards

7. Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article.

Response to The Reviewers' Comments 7: Dear Reviewer,

The article has undergone extensive revision, with particular emphasis placed on the findings and discussion section. It is our hope that the current revision will be found to your satisfaction.

Best regards,

2 Revision 1

3 comments · 5 May 2025 – 10 May 2025

Referee 1 Reviewer

MAJOR REVISION 5 May 2025

hello dear
This is a focused investigation with objective measures, highlighting potential risks of walker use, but it is limited by a small sample size and a retrospective design. Larger prospective studies would be beneficial.
Critique & Recommendations:
Sample Size: A small number of participants (39 children) limits generalizability. Larger, multicenter studies are advisable.
What is your justification?
Recall Bias: A long interval (up to 10 years) since walker use may introduce recall bias and confound results.
What is your justification?
Limited Outcomes: No significant differences in posture or overall muscle strength were found, indicating further research is needed.
Interventions: The discussion links findings to potential orthopedic issues but could suggest concrete preventive or educational interventions.
Potential Confounding: Physical activity, lifestyle, and environmental factors affecting development should be better controlled or discussed.
Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article.
Using new, updated references, such as the following, would be useful for improving the article:
doi: 10.4103/jehp.jehp_516_20
DOI: 10.32598/rj.20.2.190
DOI: 10.4103/ATMPH.ATMPH_109_17
doi: 10.4103/jehp.jehp_1546_20
doi: 10.32598/hdq.4.3.119
DOI: 10.32598/irj.22.2.2004.2
DOI: 10.3233/WOR-203355
doi: 10.4103/jehp.jehp_1263_20

Associate Editor

MAJOR REVISION 10 May 2025

The current article still needs some corrections.
Please consider the reviewer's comments in the new version.

Editor-in-Chief

MINOR REVISION 10 May 2025

In the second round, the reviewer's and associate editor's comments on your work have now been received. I now have the reports of the referees, which suggest that your manuscript needs more corrections.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Response to Reviewer Comments

A focused investigation with objective measures, highlighting potential risks of walker use, but limited by small sample size and retrospective design. Larger prospective studies would be beneficial.

Critique & Recommendations:

Sample Size: Small number of participants (39 children) limits generalizability. Larger, multicenter studies are advisable. What is your justification?

Dear Reviewer,

Thank you for your valuable feedback. We acknowledge that the relatively small sample size (39 children) may limit the generalizability of our findings. However, this study was designed as a preliminary investigation to explore the potential musculoskeletal and physical activity impacts of baby walker use, an area with limited prior research. Due to the narrow age range, strict inclusion criteria, and challenges in obtaining detailed musculoskeletal assessments in young children, recruitment was necessarily limited. Despite this, the findings provide meaningful early data that may inform both clinical observations and parental awareness. We agree that future studies with larger and multicenter cohorts are necessary to confirm and extend these results.

Recall Bias: Long interval (up to 10 years) since walker use may introduce recall bias and confound results. What is your justification?

Dear Reviewer,

Thank you for this valuable observation. We agree that the long time interval since walker use may introduce recall bias. To address this concern, we revised the Limitations section of the manuscript to acknowledge this issue more explicitly. We also added an explanation to justify our methodological approach. Specifically, baby walker use is typically perceived by caregivers as a significant and memorable event, often linked with safety concerns or strong parental opinions. As such, it is more likely to be recalled accurately compared to less notable developmental details. Moreover, we only included parents who clearly remembered whether a walker was used and could confidently report its duration. While this does not eliminate recall bias entirely, we believe it helps mitigate its potential impact. Nonetheless, we recognize this as a limitation and emphasize the need for future prospective studies to validate our findings.

Limited Outcomes: No significant differences in posture or overall muscle strength were found, indicating further research is needed.

Dear Reviewer,

We appreciate the reviewer’s observation. As noted, our study did not reveal significant differences in posture or overall muscle strength between the groups. This may be attributed to the age of participants, the compensatory musculoskeletal adaptations over time, or the relatively small sample size. We have emphasized in the revised Discussion section that these findings underscore the need for larger-scale longitudinal studies to better understand the long-term musculoskeletal effects of baby walker use. The findings, although limited, provide valuable initial data for generating hypotheses in future research.

Interventions: The discussion links findings to potential orthopedic issues but could suggest concrete preventive or educational interventions.

Dear Reviewer,

Thank you for this insightful and constructive comment. In response, we have revised and expanded the Discussion section to include specific preventive and educational recommendations, making the implications of our findings more actionable and clinically meaningful.

We have now emphasised the importance of educating caregivers on the limited developmental benefits and potential risks of walker use, particularly in relation to muscle strength asymmetry and decreased physical activity levels. Furthermore, we highlight the vital role of paediatric healthcare providers in disseminating walker-related guidance during routine developmental assessments.

Additionally, we propose the promotion of age-appropriate, floor-based physical activities—such as tummy time, crawling, and reaching—as safe and beneficial alternatives to walker use. We also suggest the involvement of early childhood intervention programmes and public health campaigns to raise awareness and influence caregiver behaviours.

These additions aim to reinforce the practical implications of our results and contribute to preventive strategies in paediatric developmental care.

Potential Confounding: Physical activity, lifestyle, and environmental factors affecting development should be more controlled or discussed.

Dear Reviewer,

Thank you for this valuable observation. While our study primarily focused on the impact of walker use, we fully agree that physical activity, lifestyle,

and environmental factors are integral to understanding motor development. In response, we have expanded the Discussion section to acknowledge these variables as potential confounders and to discuss their possible influence on our findings. We have also noted that future studies should consider a more comprehensive approach to controlling or stratifying for these factors in order to isolate the specific effects of walker use.

Discussion and Conclusion: A thorough analysis and interpretation of the study findings in the upcoming sections could significantly strengthen the scientific contribution of the article use new updated references is useful for improved such as…

Dear Reviewer,

Thank you for highlighting this important point. We have revised the Discussion and Conclusion sections to provide a more in-depth analysis of our findings, their clinical implications, and how they align with or diverge from previous literature. Additionally, we have updated the manuscript with recent references to ensure the study is contextualized within current research on early motor development, musculoskeletal outcomes, and baby walker use. We believe these updates enhance the clarity and scientific contribution of our work.

3 Revision 2

3 comments · 1 Jun 2025 – 3 Jun 2025

Referee 1 Reviewer

MINOR REVISION 1 Jun 2025

Here is a critical assessment of the article, including 10 major and 10 minor comments:
Major Comments:
Sample Size Limitation: The study's small sample size (39 children) significantly limits the statistical power and generalizability of the findings. Larger, multicenter studies are necessary for more robust conclusions.

Retrospective Design & Recall Bias: The long interval (up to 10 years) since walker use raises concerns about recall accuracy. Future prospective studies would better establish causal relationships and minimize bias.

Cross-Sectional Approach: The cross-sectional methodology cannot establish causality between baby walker use and musculoskeletal or developmental outcomes. Longitudinal studies are recommended.

Limited Outcome Measures: The study primarily focused on muscle strength, posture, and physical activity but lacked detailed gait analysis or comprehensive motor development assessments, which could provide a fuller picture of developmental impact.

Potential Confounding Variables: Factors such as socioeconomic status, parental activity behaviors, and environmental influences were not fully controlled or discussed, potentially confounding the results.

Statistical Analysis & Reporting: Some reported non-significant findings (e.g., motor development stages, posture scores) were presented without detailed statistical context, which could critically impact interpretation.

Overgeneralization of Conclusions: The conclusion suggesting that walker use may delay some motor development stages needs cautious framing, given the small sample and limited evidence.

Lack of Detailed Intervention & Education Recommendations: While the discussion mentions the importance of caregiver education, it lacks specific, actionable strategies or policy recommendations for safer infant mobility practices.

Ethical and Cultural Context: The study recruited from a single hospital, raising questions about cultural practices influencing walker use and generalizability across different populations.

Inconsistencies & Redundancies: Repetitive text and inconsistent formatting in the results and discussion sections impair the clarity and professionalism of the manuscript.

Minor Comments:
Clarity in Motor Development Data: The presentation of motor development stages could be clearer with visual aids such as graphs or timelines.

Language and Grammar: Minor grammatical issues exist throughout, including sentence structure and clarity in descriptions.

Reference Updates: The manuscript would benefit from incorporating more recent and comprehensive references to align with current literature.
Weaknesses: It may contain excessive detail on general musculoskeletal disorders before specifically addressing the target population. A more focused narrative might improve clarity. You must search for new related references in this field, such as the following fundamental studies:
DOI: 10.1016/S2665-9913(23)00232-1
DOI: 10.18502/ijph.v53i11.16944

doi: 10.3233/WOR-220165.
doi: 10.3233/WOR-172619.
https://jhsw.tums.ac.ir/article-1-6168-en.html
doi: 10.32598/RJ.21.2.2444.4
Formatting of Tables & Figures: Tables are somewhat crowded and could be formatted more cleanly for ease of interpretation.

Abstract Nuance: The abstract summarizes key points but could emphasize the study's limitations to provide a balanced overview.

Terminology Consistency: Use consistent terminology for groups (e.g., "walker users" vs. "children who used walkers") throughout to avoid confusion.

Detail in Methods: More detail in describing physical activity assessments and posture evaluation procedures would strengthen reproducibility.

Discussion Depth: Some discussion points are superficial; more in-depth interpretation of findings in relation to existing literature is warranted.
Using new, updated references, such as those mentioned above and below, would be useful for improving the manuscript:
DOI: 10.32598/rj.20.2.190
DOI: 10.4103/ATMPH.ATMPH_109_17
In the area of management:
doi: 10.32598/hdq.4.3.119
doi: 10.4103/jehp.jehp_1263_20
doi: 10.4103/jehp.jehp_350_20
doi: 10.4103/jehp.jehp_1546_20
Typographical Issues: Minor typographical errors and formatting inconsistencies are present, such as spacing and font issues.

Supplementary Material Reference: The manuscript mentions additional files but does not specify their relevance; clearer referencing would help.

Associate Editor

MINOR REVISION 3 Jun 2025

The authors have addressed the majority of our reviewers' concerns. Our reviewer has another comment which is below. Please consider these suggestions in revising your paper.

Editor-in-Chief

MINOR REVISION 3 Jun 2025

In the third round, the reviewer's and associate editor's comments on your work have now been received. I now have the referees' reports, which suggest that your manuscript requires more corrections.

4

Revision 3

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewer 1:

Major Comments:

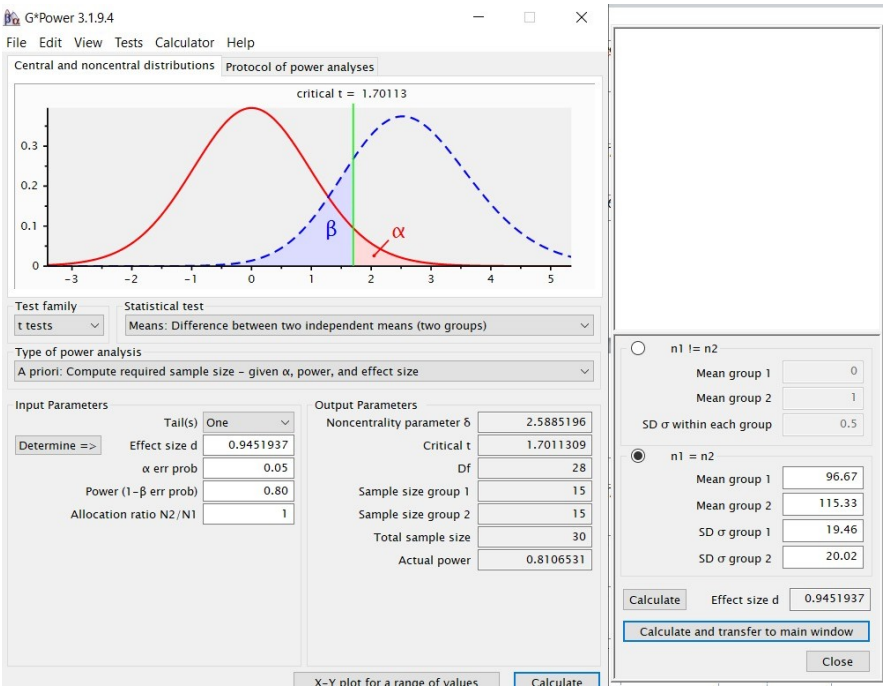
Sample Size Limitation: The study's small sample size (39 children) significantly limits the statistical power and generalizability of the findings. Larger, multicenter studies are necessary for more robust conclusions.

- Dear Reviewer,

Thank you for this valuable feedback. We acknowledge that the relatively small sample size (39 children) may limit the generalizability of our findings. However, this study was designed as a preliminary investigation to explore potential musculoskeletal and physical activity impacts of baby walker use, a topic with limited prior research. Due to the narrow age range, strict inclusion criteria, and challenges in obtaining detailed musculoskeletal assessments in young children, recruitment was necessarily limited. Despite this, the findings provide meaningful early data that can inform clinical observations and parental awareness. We agree that future studies with larger, multicenter cohorts are needed to confirm and extend these results.

Moreover, the sample size was calculated using the G-Power program based on muscle strength measurements in our study. The calculation used a 5% margin of error, 95% confidence interval, and 80% power, yielding a required sample size of 30 participants.

For context, Schopf et al. (2015) conducted a walker usage study with 20 cases, which is comparable to our sample size (Schopf PP, Santos CC. The influence of baby walker usage in the sensory motor development of children in early childhood education. J Human Growth Develop. 2015 Oct;25(2):156–61).



Retrospective Design & Recall Bias: The long interval (up to 10 years) since walker use raises

concerns about recall accuracy. Future prospective studies would better establish causal relationships and minimize bias.

- We appreciate this important observation. We agree that the long time interval since walker use may introduce recall bias. To mitigate this, we included only parents who provided clear and confident recollections about walker use and its duration. Additionally, the use of baby walkers is often a significant and memorable event for caregivers, frequently accompanied by strong opinions or safety concerns, which likely improves recall accuracy compared to routine milestones. Furthermore, children with neurological deficits or later orthopedic problems were excluded to reduce confounding. To ensure objectivity and minimize bias, a double-blind design was employed—both parents and assessors were blinded to group allocation. Nevertheless, we recognize the limitation of the retrospective design and emphasize that future prospective studies are needed to verify our findings. We also note similar retrospective analyses exist in the literature, such as Maciak et al. (2024), who examined postural and motor development in adolescents with a history of early passive uprightness using a comparable methodology (Maciak M, et al. Children (Basel). 2024 Aug 31;11(9):1071).

Research Chart	
1. General health status	
2. Assessment of body posture in a standing position	
3. Functional tests acc. to motor development charts of the DNS concept for the following periods:	a. 0–3 months;
	b. 3–6 months;
	c. 6–9 months;
	d. 9–12 months.
4. One-leg stand test	
5. Alternation test	
6. Test assessing the presence of asymmetric tonic neck reflex (ATNR)	
7. Test assessing the presence of Symmetric Tonic Neck Reflex (STNR)	
8. Romberg test with eyes open and closed (with the use of posturography)	
9. Feet assessment using posturography	

Cross-Sectional Approach: The cross-sectional methodology cannot establish causality between baby walker use and musculoskeletal or developmental outcomes. Longitudinal studies are recommended.

- Thank you for highlighting this limitation. We fully agree that, as a cross-sectional study, our design cannot establish causal relationships between walker use and musculoskeletal or developmental outcomes. Our aim was to identify potential associations and generate hypotheses for future research. We have clarified this limitation in the revised discussion and recommend longitudinal studies to better understand causality.

Limited Outcome Measures: The study primarily focused on muscle strength, posture, and physical activity but lacked detailed gait analysis or comprehensive motor development assessments, which could provide a fuller picture of developmental impact.

- We appreciate this constructive feedback. Our study focused on key physical function markers such as muscle strength, posture, and physical activity. However, we acknowledge the importance of detailed gait analysis and standardized motor

development assessments (e.g., validated developmental scales) to provide a more comprehensive picture. We have addressed this limitation in the discussion and recommend that future studies incorporate these measures to enhance the analysis.

Potential Confounding Variables: Factors such as socioeconomic status, parental activity behaviors, and environmental influences were not fully controlled or discussed, potentially confounding the results.

- Thank you for raising this important point. We recognize that socioeconomic status, parental activity patterns, and environmental factors can significantly affect motor development and physical activity in children. Due to our cross-sectional design and limited sample size, these variables were not fully controlled. We have now explicitly acknowledged this limitation in the discussion and suggest that future research adopt a multidimensional approach incorporating these factors to reduce confounding.

Statistical Analysis & Reporting: Some reported, non-significant findings (e.g., motor development stages, posture scores) were presented without detailed statistical context, which could critically impact interpretation.

- We appreciate this observation. To improve transparency, we have updated the results section to include exact p-values for all findings, including non-significant comparisons. This allows readers to better interpret trends and clinical relevance even where statistical significance is not reached.

Overgeneralization of Conclusions: The conclusion suggesting that walker use may delay some motor development stages needs cautious framing, given the small sample and limited evidence.

- Thank you for this valuable feedback. We agree that our conclusions should be interpreted cautiously. We have revised the conclusion to clearly indicate that our findings suggest a potential association rather than a causal relationship, acknowledging the limitations of small sample size and cross-sectional design.

Lack of Detailed Intervention & Education Recommendations: While the discussion mentions the importance of caregiver education, it lacks specific, actionable strategies or policy recommendations for safer infant mobility practices.

- We sincerely appreciate this suggestion. In response, we have enhanced the discussion section by including specific, evidence-based strategies and policy recommendations to promote safer infant mobility and caregiver education. These include:
- Integrating counseling about walker use into routine pediatric visits,
- Providing clear guidance to caregivers on safe alternatives such as supervised floor play and tummy time,
- Developing community and hospital-based educational programs,
- Launching public health campaigns to raise awareness of walker-associated risks,
- Advocating for regulatory policies and labeling requirements aligned with international guidelines.
- These additions strengthen the practical applicability of our findings.

Ethical and Cultural Context: The study recruited from a single hospital, raising questions about cultural practices influencing walker use and generalizability across different populations.

- We agree with the reviewer that cultural practices and beliefs play a significant role in infant mobility choices, including walker use. As our sample was recruited from a single institution in a specific geographic and cultural setting, this limits the generalizability of our findings. We have now clarified this in the limitations section and recommended that future research involve multi-center and cross-cultural samples to capture more diverse parenting behaviors and practices.

Inconsistencies & Redundancies: Repetitive text and inconsistent formatting in the results and discussion sections impair the clarity and professionalism of the manuscript.

- We thank the reviewer for pointing this out. The manuscript has been thoroughly revised to eliminate redundant statements, improve paragraph structure, and ensure consistency in terminology, formatting, and tone throughout. Additionally, all tables, section headings, and in-text references have been checked and corrected for clarity and uniformity.

Minor Comments:

Clarity in Motor Development Data: The presentation of motor development stages could be clearer with visual aids such as graphs or timelines.

- Thank you for this helpful suggestion. We have updated Table 2 to better present key motor development milestones across study groups, improving clarity.

Language and Grammar: Minor grammatical issues exist throughout, including sentence structure and clarity in descriptions.

- We performed a thorough grammatical and stylistic review of the manuscript. Sentence clarity, verb consistency, and overall structure were improved. Final proofreading was performed by a native English speaker to enhance fluency and professionalism.

Reference Updates: The manuscript would benefit from incorporating more recent and comprehensive references to align with current literature.

We have updated the Introduction and Discussion sections to include several recent and foundational references, including:

- DOI: 10.1016/S2665-9913(23)00232-1
- DOI: 10.18502/ijph.v53i11.16944
- doi: 10.3233/WOR-220165
- doi: 10.3233/WOR-172619

These sources provide additional context and support for our findings.

Weaknesses: It may contain excessive detail on general musculoskeletal disorders before specifically addressing the target population. A more focused narrative might improve clarity.

You must most search for new related references in this field such as fundamental study: DOI: 10.1016/S2665-9913(23)00232-1

DOI: 10.18502/ijph.v53i11.16944

doi: 10.3233/WOR-220165.

doi: 10.3233/WOR-172619.

https://jhsw.tums.ac.ir/article-1-6168-en.html

doi: 10.32598/RJ.21.2.2444.4

- Thank you for your suggestions, the introduction and discussion sections have been edited according to the resources you suggested.

Formatting of Tables & Figures: Tables are somewhat crowded and could be formatted more cleanly for ease of interpretation.

- All tables have been reformatted for clarity. We adjusted column spacing, simplified headings, and added footnotes to explain abbreviations.

Abstract Nuance: The abstract summarizes key points but could emphasize the study's limitations to provide a balanced overview.

- We revised the abstract to include a balanced summary of findings and clearly highlight study limitations, including sample size and generalizability.

Terminology Consistency: Use consistent terminology for groups (e.g., "walker users" vs. "children who used walkers") throughout to avoid confusion.

- We revised the manuscript to ensure terminology is consistent throughout. We now uniformly use the terms “walker users” and “non-walker users” to describe the comparison groups.

Detail in Methods: More detail in describing physical activity assessments and posture evaluation procedures would strengthen reproducibility.

- We have expanded the **Methods** section to describe in more detail the tools and procedures used for physical activity and posture assessments.

Discussion Depth: Some discussion points are superficial; more in-depth interpretation of findings in relation to existing literature is warranted. use new updated references is useful for improved such as above and below mention:

DOI: 10.32598/rj.20.2.190

DOI: 10.4103/ATMPH.ATMPH_109_17

for managements area:

doi: 10.32598/hdq.4.3.119

doi: 10.4103/jehp.jehp_1263_20

doi: 10.4103/jehp.jehp_350_20

doi: 10.4103/jehp.jehp_1546_20

- Thank you for your suggestions, the introduction and discussion sections have been edited according to the resources you suggested.

Typographical Issues: Minor typographical errors and formatting inconsistencies are present, such as spacing and font issues.

- We thoroughly reviewed and corrected all formatting inconsistencies across the manuscript. Font styles, paragraph spacing, table alignment, and citation formatting have been standardized in accordance with journal guidelines.

Supplementary Material Reference: The manuscript mentions additional files but does not specify their relevance; clearer referencing would help.

- All data used in the article are included in the text. Therefore, no supplementary files are required in this version. We have clarified this in the manuscript.

Reviewer Assistant Comments:

These comments were generated by AI based on your manuscript. Please review them and consider incorporating the suggestions to enhance your article.

Based on the provided abstract, the study design appears to be a cross-sectional study. This is inferred from the description of the methods, which involve collecting data at a single point in time from a group of children to compare those who used baby walkers with those who did not.

I will now use the STROBE-cross-sectional checklist to perform the peer review of the abstract. Let's proceed with the review:

Question of the checklist: Is the study design clearly stated?

Peer Review: The study design is not explicitly stated in the abstract. It would be beneficial to clearly mention that this is a cross-sectional study.

Question of the checklist: Are the objectives clearly stated?

Peer Review: The objectives are clearly stated. The study aims to identify differences in physical activity and functionality between individuals who used baby walkers and those who did not during infancy.

Question of the checklist: Is the study population described?

Peer Review: The study population is described as 39 children aged 8 to 14 years. However, more details about the selection criteria and demographic characteristics would be helpful.

Question of the checklist: Are the methods for data collection described?

Peer Review: The methods for data collection are described, including the use of the New York Posture Rating, the Physical Activity Questionnaire for Children, and a digital muscle strength meter.

Question of the checklist: Are the main findings clearly presented?

Peer Review: The main findings are clearly presented, highlighting differences in motor development stages, muscle strength, and physical activity levels between the two groups.

Question of the checklist: Are the limitations of the study discussed?

Peer Review: The abstract does not discuss the limitations of the study. Including a brief mention of potential limitations would strengthen the abstract.

Question of the checklist: Are the conclusions supported by the results?

Peer Review: The conclusions are supported by the results, indicating that using a walker may lead to delays in other stages of motor development and differences in muscle strength.

Major Comments:

The study design should be explicitly stated in the abstract.

The limitations of the study should be briefly mentioned.

Minor Comments:

More details about the selection criteria and demographic characteristics of the study population would be beneficial.

- Dear Reviewer,

Thank you very much for your detailed and constructive feedback on our manuscript. We appreciate the time you took to evaluate our study and provide valuable suggestions. Below we address each of your points:

1. Study Design Explicitness in Abstract

We agree that clearly stating the study design in the abstract enhances clarity. In the revised manuscript, we have explicitly specified that this study is a cross-sectional design to avoid any ambiguity.

2. Inclusion of Study Limitations in Abstract

Thank you for emphasizing the importance of discussing limitations upfront. We have now included a brief mention of the study's limitations in the abstract, specifically regarding the small sample size and the retrospective nature of data collection, which may affect the generalizability of the findings.

3. Additional Details on Selection Criteria and Demographics

We have expanded the abstract to provide more information about the study population, including key inclusion criteria and demographic characteristics such as age range, gender

distribution, and exclusion of children with neurological or orthopedic conditions. This additional detail helps contextualize the sample for readers.

Once again, we truly appreciate your insightful comments which have helped us improve the quality and clarity of our manuscript. We hope these revisions meet your expectations.

Best regards,

4 Revision 3

3 comments · 15 Jul 2025 – 1 Aug 2025

Referee 1 Reviewer

ACCEPT 15 Jul 2025

The corresponding author has largely implemented the requested changes in the revision of the manuscript, and from my perspective, the article is now acceptable for publication.

Associate Editor

ACCEPT 31 Jul 2025

I have received feedback from the reviewer who is satisfied with the requested changes. I believe it can be accepted.

Editor-in-Chief

ACCEPT 1 Aug 2025

Thank you for submitting your manuscript to Inn J Pediatr for consideration of publication. The fourth round of peer review of your manuscript is complete. At this time, your manuscript is acceptable for publication.