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Journal Name:	Asian Journal of Research and Reports in Neurology
Manuscript Number:	Ms_AJORRIN_42208
Title of the Manuscript:	STROKE SEVERITY VARIATIONS IN A 12 MONTH PROSPECTIVE STUDY INVOLVING SUB-ACUTE STROKE SURVIVORS WITH AND WITHOUT COGNITIVE IMPAIRMENT IN NNEWI, NIGERIA
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	The authors report a potentially interesting clinical study, with the aim to assess the influence of PNF and TSBT on stroke severity recovery in patients with and without cognitive impairment. The results of the study suggest that a 12-months PNF and TSBT intervention improved stroke recovery significantly, with broader effects in non cognitive patients. The study is potentially interesting but can be improved if the following considerations are addressed: 1. Change "stroke" by "ischemic stroke" in the Title. 2. The Introduction is too long, please reword it focusing on the rationale and including a clear description of the study objectives. 3. Describe the acronyms used (ex: CI, NCI, in Introduction) 4. It would be interesting to know the different ischemic stroke subtypes in the study population. 5. In the Discussion section, it would be interesting to include a comment regarding that half of the patients with a first-ever lacunar infarct have mild cognitive impairment of subcortical vascular features and its presence may be a predictor of subcortical vascular dementia in the medium-long term (see data and include a comment of the studies published in: Ann Neurol 2012; 72: 351-362; J Neurol Sci 2007; 257: 160-165). 6. As a future line of research, it would be interesting that authors include a comment about the analysis of stroke severity not only in first-ever strokes, but also in recurrent strokes. Cognitive impairment is a frequent finding in patients with multiple lacunar infarction recurrences and it's associated with increased risk of cognitive impairment of vascular type (J Neurol Neurosurg Psychiatry 2007; 78: 1392-1394). This study should be added and commented on. 7. The Discussion should be shortened, and the conclusions should be summarized in a clear and consistent form. 8. Check reference #23	1. Stroke changed to ischemic stroke in the Title 2. The discussion has been substantially reduced. From initial 1257 to 929 words, attempts was also made to focus on the rationale of the study objectives 3. The acronyms such as CI, NCI etcetera have been explained as cognitive impairment and non-cognitive impairment. 4. The participants had mostly cerebral ischemia of the middle cerebral artery (MCA). Based on radiological reports, participants in the present study, had the highest frequency of affectation within the middle cerebral artery, at the following regions; the insula, putamen, operculum, and superior temporal cortex, as well as the inferior and superior occipito-frontal fascicles, superior longitudinal fascicle and uncinate fascicle. Line numbers 205 to 110 5. a. The authors wish to however appreciate the fact that half of the patients with a first-ever lacunar infarct have mild cognitive impairment of subcortical vascular features and its presence may be a predictor of subcortical vascular dementia in the medium-long term which will impact negatively on stroke severity. Even though cognitive dysfunction in lacunar stroke patients may commonly be overlooked in clinical practice but is presumed to be as important as motor and sensory sequelae. b. We advocate that as a future line of research that analysis of stroke severity not only in first-ever strokes, but also in recurrent strokes. This is necessary as cognitive impairment is a frequent finding in patients with multiple lacunar infarction recurrences and it's associated with increased risk of cognitive Impairment of vascular type. [33]. 6. The discussion has been shortened and conclusions summarized in clear and consistent terms. 7. The reference number 23 in the previous manuscript is now number 20 in the revised manuscript. It has been revised to read 'Auri B: Motor Recovery in Stroke. Physical Medicine and Rehabilitation. Medscape. 2016 https://emedicine.medscape.com/article/324386-overview'



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Minor REVISION comments		
Optional/General comments		