



**SDI Review Form 1.6**

Journal Name:	<a href="#">Asian Journal of Orthopaedic Research</a>
Manuscript Number:	<b>Ms_AJORR_40915</b>
Title of the Manuscript:	<b>Antero-medial Closed Enucleation of the Talus: A case report</b>
Type of the Article	<b>Case Study</b>

**General guideline for Peer Review process:**

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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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)
<b>Compulsory</b> REVISION comments		
<b>Minor</b> REVISION comments	<p><b>Line 62:</b> You mentioned that the immobilization with splint was two weeks then by the cast for three weeks (above knee cast) and finally more three weeks by below knee cast. What is the value of immobilization by the splint to begin with over the beginning by the cast at first?</p> <p><b>Line 64:</b> As the case was internally fixed, why the rehabilitation program has not been started early?</p> <p>The goals of rehabilitation such as reduction of stiffness and improving the blood circulation in that area may promote healing and prevent the chance of occurrence of avascular necrosis.</p> <p><b>Line 83:</b> Determine which type of enucleation that conservative treatment can be succeeded to solve the problem. If you meant that all types of enucleation can be treated conservatively, please clarify that in this paragraph.</p> <p><b>Line 91:</b> You mentioned that the immobilization by the cast was recommended for eight weeks. Does it mean that the splint which you mentioned at first is like the cast?</p> <p><b>Line 101:</b> I think that the word "inevitable" is opposing the idea of lines 87 to 89 stating that open reduction of antero-medial and antero-lateral enucleation should be done only when the conservative treatment was failed. According to your experience, write a clear statement about this issue in the discussion section answering the question if surgeons can follow procedures of open reduction in such cases directly or wait for closed reduction and conservative treatment at first.</p> <p><b>Plagiarism Issue –</b> <a href="https://app.ithenticate.com/en_us/dv/0425?lang=en_us&amp;o=35965524">https://app.ithenticate.com/en_us/dv/0425?lang=en_us&amp;o=35965524</a> (22%)</p>	<p>Thank you for your valuable comments. The corrections have been made and highlighted.</p> <p><b>Line 62 / 91:</b> An immobilization with a splint was associated for 2 weeks which allows a control of the skin condition.</p> <p><b>Line 64:</b> The patient presented an associated external malleolus fracture. The tibio-talar joint was not internally fixed. This injury implies massive capsular and ligamentous damage. ➔ That's why the rehabilitation program was not early initiated.</p> <p><b>Line 83:</b> Clarified.</p> <p><b>Line 101:</b> Clarified.</p>
<b>Optional/General</b> comments		