

Dear Editor-in-Chief,

We would like to begin by thanking you and your reviewers for considering our Review, *Management of Achilles Tendon Injury*, for publication in your Journal.

Having read the comments, we have revised the paper and attached it as a Word document allowing you and your reviewers to edit and comment. Please note this revised paper also includes a new author, Charles Gibbons who reviewed the manuscript and helped structure it.

This letter details the response to the reviewers' comments individually. Responses to similar questions have been grouped together. We, however, preface that much of the criticism of this paper is based on its format. As this is not a study in the traditional sense of the word, the standard format of Introduction, Methods, Results and Discussion no longer applies. This review consolidates the current knowledge on the management of Achilles tendon injury and that presents this information in what we felt was the most coherent manner for the reader.

"The Objective of the study was not provided (in the abstract)"

"Basic information was provided in the Introduction section and no justification was offered to perform such review."

"Keywords and time frame should be explained and justified in Methods section (of the abstract)"

"Results were not provided (in the abstract)."

"Conclusion is too wordy and is rather confusing as some information about the assessment was provided as well (The application of Ultrasound assessment of tendon gap....)."

We feel the objective of the paper is implicit in its title and the Introduction section goes on to highlight the importance for such a review, which may already be evident to many readers of your Journal. It is not common for reviews to provide abstracts, but we simplified the contents of our paper the best we could. We have reworded certain parts of the Conclusion of our abstract in light of one reviewer's comments that it is can be rather confusing. We included some information regarding the assessment as we felt it was an important point raised by our review.

"Limited databases were searched. In order to systematically review on any subject, all available databases should be searched."

"The Cochrane Library was not mentioned in the abstract."

"This part (Search Methods) should be presented in Methods section."

"Why search was performed up to June 2011?"

"Was there any specific reason to exclude the rest of published data or not to search published data from 2011 to 2014?"

"The searching strategy should be based on PRISMA guidelines and the flow chart of PRISMA should be provided."

“How many articles were found and of those how many were found suitable to proceed?”
“How were the quality of studies and how they were assessed and graded?”
“Why other databases were not included and searched?”
“No inclusion/exclusion criteria, etc were defined.”
“No quality assessment was performed.”
“How many studies were found in different databases?”
“How many were eligible based on the purpose of the study, etc.?”
“Were there any differences in selected studies in terms of their qualities?”

We chose PubMed database as this is a comprehensive store of quality peer-reviewed journals. It includes Cochrane Databases. This has been transferred to the Methods section. The search was performed up to 2011 to include studies evaluating current practices rather than novel techniques not in regular clinical practice. A PRISMA chart has been provided. All relevant article in English and on PubMed were included. The nature of studies was mentioned, namely if they were randomised controlled trials, retrospective studies etc. We envisaged this would give the reader some indication as to quality of the study. We elected against extensive evaluation of individuals studies so as to keep the material succinct and palatable for readers.

“If it was performed on published papers up to 2011, why reports on the last ten years were selected? If it was decided to select the papers published within last ten years why in Table 1, study published in 1992 was included?”

We had noted, in our Search Methods, that whilst reports published in the last ten years were preferentially cited, but older frequently-cited references were also included for discussion. The study by Saleh et al (1992) published in the *Journal of Bone & Joint*, is one that warranted such inclusion, especially for comparison against more recent studies.

“If the purpose was to guide readers to find the most appropriate treatment for patients with Achilles tendon injury, their main focus should be on the management of such patients. They were categorized treatments into conservative and surgical treatments but were not provided different studies with different approaches and were not qualitatively assessed. This is the missing part and major gap in this study.”

The purpose of the study was not to identify a single optimum treatment modality but was rather to present the available options. Indeed we do not believe there is single free-floating single best treatment option. The most appropriate option depends upon the expertise of the unit. Our evidence shows that some large centers manage Achilles tendon ruptures almost exclusively non-operatively with excellent results. It is difficult to envisage that such centers would achieve equally good results if they changed to operative fixation on the bases of a multi-center meta-analysis. This is potentially largely

due to a lack of the requisite expertise. The same would apply in units where operative repair was the mainstay of management if they changed to non-operative management. Rather the objective to make clinicians aware of the current practices with attendant risks and benefits. This aids in patient counselling and provides a platform for internal audits leading to improvements in patient experience and care.

“I did not understand, what was the purpose of the authors to provide "Presentation" and "Radiology" sections here.”

“There is no "Method" section.”

“No Discussion section was provided.”

As mentioned earlier, the format of this review does not follow the traditional format, which suits studies well. We have adopted a format that conveys the important issues with regard to Achilles tendon injury. This involves having an Introduction and Presentation sections. We felt a separate Radiology section was warranted due to the importance imaging plays a part in the management of Achilles tendon injury.

We thank you again for your consideration of our paper in your journal.

Kind regards,

Vivek Gulati