

Dear Reviewer,

We are grateful for your careful analysis of our paper and the very informative comments. Please find below our replies to your comments.

*Title, Abstract, and references; Abstract is well written and representative of the article. References are cited properly and included recent and relevant ones. Manuscript; The authors have depicted the available screening programs and their pros and cons. The reasons for withdrawal of recommendations by various countries. The disadvantages present screening system as it is school based, it doesn't take care the rights of children, it is not centered either the person or population concerned. And the importance of shared decision making. Explained regarding problems of people centered programs in children perspective. Again highlighting the issues associated with present methods like the definition of scoliosis is curvature more than 10 degree and treatment is only required for those curves over 25 degrees. Again only a small percentage will require treatment because a small percentage of children shows progression of scoliosis to that level. But there are some point needs to be addressed by the authors.*

Our primary aim in this paper is to highlight the prevailing discrepancies among both guidelines and recommendations on screening for scoliosis, especially in terms of people-centeredness and in terms of screening understood as a preventive service rather than as a test. Our aim was not to propose an opinion or to present a guideline for whether to screen for scoliosis. We wrote this paper to highlight issues corresponding with the contemporary criteria for preventive screening, such as respecting peoples' voices and ensuring shared decision making, as well as the risks of overdetetection and overtreatment. They are underrepresented in contemporary scoliosis screening recommendations and statements, regardless of their direction.

We emphasize in the title that there are still 'old dilemmas' and that there are 'no straight solutions' in the issue of screening for scoliosis.

*So many facts are repeated throughout the article this may cause some disturbances to readers. There appears to be a disparity in your objectives in the abstract (Therefore we present one more crucial, but underrepresented in the discussion, issue of understanding and implementation of the contemporary principles of person-centred care, standards of preventive screening, and guideline development, in the context of screening for scoliosis.), and in the introduction (In this opinion review we will discuss the prevailing question whether "to screen or not to screen for adolescent idiopathic scoliosis).*

Thank you for these comments. We have revised the text, especially the statements that you have indicated, to make the message more clear and understandable. Specifically, we have cleared the introduction section by highlighting the aim of discussing the issue of understanding and implementation of the contemporary principles of person-centred care, standards of preventive screening, and guideline development, in the context of screening for scoliosis. The discussion of the old dilemma of whether to screen or not to screen for scoliosis is a more general statement, which we have included to indicate the problem, but also to form the paper in a manner of an opinion and discussion style and to attract the attention of the readers. Our aim was to contribute to this discussion rather than to present solutions.

*In the conclusion you have not given any opinion regarding whether to or not to do screening test for scoliosis. What is your guidelines for newer person centred screening for AIS. According to your article, The "Unique Needs of the Adolescents" statement promotes the Patient-Centred Medical Homes. Bright Future guidelines recommend spine examination during individual Adolescent Periodic Health Visits. From this description it is not clear if screening should be done during periodic health visit by adolescent. What about the adolescents in areas where health visits are not mandatory?*

We have rearranged this paragraph so that your suggestions are included. Nonetheless, we have sustained the debatable style as to keep to our aim of presenting the dilemmas and uncertainties regarding the problem matter and as an invitation and stimulus for further discussion.

*Again in the concluding paragraph you have mention that the aim of your review is paper is to highlight the issue of screening understood as a preventive programme, rather than as a test. You have to correct these discrepancies.*

Thank you again for this point. We have reconsidered the paper throughout to make it more clear and consecutive.

*Any way it was a nice article which give an insight to the flows in the present screening for scoliosis. And how to develop a person cantered screening tool based on evidence base medicine. Regards.*

We thank the Reviewer for this valuable input to our paper. We hope that our replies and amendments are satisfactory.

Please note that we have added acknowledgements to our co-author at the end of the manuscript.

With regards,

On behalf of all authors,

Maciej Płaszewski