

Number ID	Review Info	Specific Comments to Authors	Author Response
03516969	<p>Conclusion: Accept (High priority) Scientific Quality: Grade A (Excellent) Language Quality: Grade A (Priority publishing)</p>	<p>Title. The title reflects the methodology and results accurately 2 Abstract. Fine. 3 Key words. Fine 4 Background. Well written and concise. Clearly sets out the rationale for the study. 5 Methods. These are described well. STROBE guidelines mentioned. 6 Results. I felt that the results reflected the methodology set out. 7 Discussion. Well written. 8 Illustrations and tables. Fine. Overall: Interesting, high quality article.</p>	<p>Comments warmly received.</p>
01209314	<p>Conclusion: Major revision Scientific Quality: Grade C (Good) Language Quality: Grade C (A great deal of language polishing)</p>	<p>Is it really advisable to go for athletic activity after TJR? If the patients in this series went for athletic activity, were they instructed to do so or the surgeons didn't impose any restrictions? What is the long-term outcome in such situations?....please include in discussion section Patients are often able to return to their chosen activity and perform at a similar, if not better, ability in comparison to pre-operative levels. The above statement is not matching with the results of the study. The results show that patients are doing either better or much better after TJR. Patients are able to participate in athletic activity at least weekly, if not more frequently. This is also not matching with the results. The results show that the patients are going for athletic activity more frequently (>2-3 times/wk). A higher rate of return to athletic activity has been observed with later studies and may reflect a more relaxed attitude of surgeons to what their patients may be permitted to do after surgery based on a greater body of evidence. This explanation seems unjustified. It needs referencing. The present study shows that many patients are not returning back to sports just because they don't want to stress there joints /refusal by a doctor. What is the level of evidence to go for sports activity after TJR? Are there better evidences to support this statement? Does this statement indicate the attitude</p>	<p>Many thanks for these comments. The evidence for performance of athletic activity is growing and the first and senior author have published a systematic review on this subject (Athletic activity after lower limb arthroplasty: a systematic review of current evidence. Bone Joint J 2014 96-B (7): 923-7). In that review, it is demonstrated that patients are able to return to athletic activity but not always at the same rate and not always to the same activity and the reasons for this are not clear; the purpose of our paper was to understand these findings. There are no long-term studies into this matter and this is one of this study's recommendations. In our cohort, we specifically selected younger patients without medical comorbidities and multiple joint disease, as these factors have been proven to reduce athletic activity participation post-TJR (see Williams et al. reference in the manuscript). Eliminating these factors would hopefully give us more qualitative reasons behind any failures to return to athletic activity. In the literature, more recent papers have</p>

		<p>of the surgeon in the present series (because all patients went for athletic activity)? First of all, many explanations in the series are based on assumption, all these needs referencing. Secondly, this is a retrospective series and majority of the patients went for athletic activity; the reasons for such a huge return needs a proper explanation. Third, the title of the study should be "Attitude of patients towards athletic activity after TJR", because it is not certain whether the patients should go for athletic activity after TJR or not.</p>	<p>reported higher return to athletic activity rates (Compare the Visuri findings with that of Wyld in the references) and this fact suggests that surgeons and patients may be more relaxed about what patients may be permitted to do following TJR. We feel we have provided appropriate referencing throughout the manuscript for many of the points but would welcome specific points. Although it is a retrospective study, this reflects the majority of similar studies into this subject, but we also support the implementation of prospective studies into this. Finally, we feel that the return to athletic activity has already been established as a priority for younger patients but rather than exploring attitudes, our study aimed to focus on potential barriers to returning to sport as these key points would form the basis for discussion between patient and doctor pre-operatively to make informed decisions and hopefully meet patient expectations as to their athletic capabilities post-operatively.</p>
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