

Dear Reviewers:

Thank you for your interest in our work and for the time you took to review it. We appreciate your constructive criticism and have made the recommended revisions. Point by point responses follow.

Reviewer #1:

1. ABSTRACT – It is unusual to start sentence with number (E.g. “3 groups”) – Please replace with “Three groups”. The same thing has been repeated in multiple locations through the document. Please revise!
 - a. All changes were made throughout the entire abstract and manuscript. Abstract results section was significantly changed and only the first sentence of the results section needed to be addressed regarding this edit. Edits in the manuscript regarding this edit occurred at the following lines: 58-59, 64, 66, 86, 87, 89, 93, 97, 120, 145, 150, 155, and 193
2. ABSTRACT – “weight = 126 pounds” – Please provide weight in kg!
 - a. This was changed to kg
3. INTRODUCTION – The authors stated “Although FIMN is an effective procedure for length stable diaphyseal pediatric femoral fractures, there is concern regarding its use for length unstable fractures” and after that they gave some potential complications of FINM treatment. I totally agree that FIMN is safe and effective method for shaft fractures in pediatric population but before you mention possible complications the authors should highlight some important benefits regarding FINM. Please add following sentence and reference: “The FINM has the benefits of early immediate stability to the involved bone segment, which permits early mobilization and return to the normal activities of the patients, with very low complication rate” (REFERENCE: Scandinavian Journal of Surgery. 2011;100: 208–215).
 - a. This is a great point and a version of your recommended sentence was adopted with the recommended reference at lines 18-22: FIMN of the pediatric femur, which is synonymous with both titanium elastic nailing (TEN) and elastic stable intramedullary nailing (ESIN), provides

immediate-to-early stability to the involved bone segment, permitting early mobilization and allows for return to normal activities with a relatively low complication rate.

4. **METHODOLOGY** – Please provide primary and secondary outcomes of the study.
 - a. This recommendation was fully adopted and a revision for this edit occurred at lines 69 – 72
5. **METHODOLOGY** – In exclusion criteria “(e.g. pathologic fractures or osteogenesis imperfecta) (9), polytrauma necessitating ICU care and/or extensive management of other injuries (may skew data on variables including estimated blood loss (EBL), operative time, time to weight bearing due to the associated injuries) (12), incomplete records (8), or no follow-up visits (12).” numbers in brackets represents number of patients? If the numbers represent the number of patients please replace with n=9 or 9 patients.... The same is in abstract and results sections. Please revise!
 - a. This was a good point and thank you for the recommendation. All numbers were modified to (x patients). *n* is representative of number of fractures. This edit occurred at lines 61, 63, and 64.
6. **METHODOLOGY** – Description of surgical procedure is missing. The authors should describe procedure or use adequate reference!
 - a. The surgical procedure that is primarily carried out at our institution is indicated at lines lines 75-77.
7. **METHODOLOGY** – Description of follow-up is also missing. Please provide detail information regarding follow-up of the patients!
 - a. The process of follow-up at our institution is indicated at lines 77-78.
8. **RESULTS** – Table 1 – In results section the authors performed comparison between the patients with unstable fractures treated with FINM and methods other than FINM. In light of that please remove first column from Table 1 and provide new column with p values!
 - a. A column for p-values was created for both tables (1 and 2).
9. **RESULTS** – The authors should perform new Table to compare stable and

unstable femoral shaft fractures treated with FINM (first two columns from Table 1)

- a. This was carried out, creating two tables, one comparing length unstable FIMN with length unstable treated with other (table 1) and then we compared length unstable FIMN with length stable FIMN (table 2).

10. 10. FIGURES - Figures 2 and 3 are not mentioned anywhere through the text. Please revise.

- a. Figures 1-3 were all addressed. 1 was addressed at lines 95-96, 2 was addressed at lines 107-110, and 3 was addressed at lines 126-131.

11. DISCUSSION – Whether the authors used plaster after surgery? If they are please explain why and for how long? A recently published study on 103 pediatric patients treated with the FINM proved evidence that there is no need for casting and that physical therapy can be started in early postoperative period (Bull Emerg Trauma 2019;7(2):169-175). Please add this statement and reference and discuss in discussion, with your comment regarding your cohort of the patients.

- a. In the materials and methods, we indicated at lines 78-80 that we do not typically cast patients in conjunction with FIMN and we respectfully did not feel it was necessary to include the provided source.