

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thank for the opportunity to review this paper. I believe that the Dynamic Stabilization technique has merit and should be consider by more surgeons. However there are statements in the discussion that make it seem that you are advocating for this technique over the posterior stabilization based on theory. Can you present that theory more clearly in the discussion then? Through the paper it is presented that the posterior stabilization is more common but the dynamic stabilization should be consider even though the long-term outcomes are not necessarily better than the long-term outcomes from the posterior stabilization. Please use the Track Changes in the Word document and consider changing fixation to lumbar fixation throughout the paper.

Response to reviewer #1

Thank you for your very kind comments.

I totally agree with you: Dynamic Stabilization technique has merit and should be considered by more surgeons. My main objective in writing this editorial is to encourage more spinal surgeons to use the Dynesys system clinically for the treatment of degenerative diseases of the lumbar spine. Indeed, based on the design theory of the dynamic stabilization system, the Dynesys system should have a better clinical outcome than fusion surgery.

Based on your comments, I have added the following to the discussion section: **It has been postulated that pedicle-screw-based systems function as a tension band resulting in offloading of the disc possibly resulting in functional improvement. To date, the Dynesys system remains the most widely implanted posterior nonfusion pedicle screw system. The primary biomechanical objective of pedicle-screw-based system devices is to maintain movement as much as possible while reducing spinal instability to achieve uniform load transfer. A large number of clinical studies have found that Dynesys system can maintain partial segment movement and prevent adjacent segment degeneration.**

I have used the track change in Word document to change the fixation to lumbar fixation throughout the article.