

# Management of proximal biceps tendon pathology

Dear Reviewers and Editors,

The authors of this team thank you for your time spent in evaluation of this manuscript. We hope that you found this article valuable to the readership of *World Journal of Orthopedics*. The reviewers have provided excellent feedback to increase the impact of our article. We have revised the manuscript per the reviewer comments and feel that this has substantially increased the quality of this paper. Please find these revisions below with specific changes highlighted in the author response column. To facilitate viewing our response to reviewer comments, a supplemental file has been added to the submission that contains these responses in a table format. The reviewer's will find that the manuscript also reflects the same highlighted changes. We hope that all comments were sufficiently addressed. If there are any additional concerns with this manuscript, please do not hesitate to contact us.

Sincerely,

Joseph N. Liu, MD

## RESPONSE TO REVIEWERS

Reviewer Comment	Author Response
<i>Reviewer #1</i>	---
Add some more information about the role of ultrasounds and MRI in biceps disorders, here are some useful, recent papers: <a href="https://doi.org/10.5114/ms.2021.105006">https://doi.org/10.5114/ms.2021.105006</a> , doi: 10.5603/FM.a2018.0012	Thank you for your critique. We have added the following to discuss the utility of ultrasound in aiding LHBT pathology detection:  "Additionally, ultrasonography is a fast, cost-effective, and radiation-free diagnostic method for shoulder and has been used for LHBT instability, dynamic examination of the tendon, examination of hypoechogenic areas, and increased tendon diameter <sup>[71,72]</sup> . While ultrasound techniques are useful in detecting LHBT pathology with a sensitivity between 50-96% and a sensitivity of 98-100%, it is less helpful in diagnosing partial-thickness tears <sup>[71,73,74]</sup> . Regardless of its faults, ultrasonography techniques should be used in conjunction with MRI when examining LHBT pathology."
Add some information about the new techniques in biceps tenotomy: DOI: 10.5603/FM.a2018.0012, DOI: 10.5603/FM.a2018.0012 and please develop this issue.	Thank you for this feedback. We have included conclusions from the recommended articles in our discussion of ultrasonography for shoulder evaluation above. Furthermore, we have included the following to discuss the development of newer techniques in biceps tenotomy:  "In recent studies, surgeons have tried to address some of these complications by testing arthroscopic techniques to limit distal migration of the LHB after tenotomy to minimize and even eliminate the occurrence of the Popeye deformity <sup>[94-97]</sup> . Other studies have reported ways to improve the efficiency

	of arthroscopic biceps tenotomy by using a biceps squeeze maneuver <sup>[98]</sup> . This is a simple method that entails manually squeezing the biceps muscle belly while performing the arthroscopic biceps tenotomy in order to shorten and tension the intra-articular portion of the tendon. In doing so, this technique improves the efficiency and safety of the procedure without adding additional cost."
There is an error: "and and musculocutaneous nerve injury[109-111]."	Thank you for this suggestion. We have changed the phrase to the following:  "and musculocutaneous nerve injury <sup>[117-119]</sup> ."
Some recent information about the important issue of rehabilitation in biceps disorders could be interesting for readers, you can support a recent paper e.g. DOI: 10.3390/jcm9123938	Thank you for bringing forth this point. We have included the following paragraph regarding rehabilitation from your recommended article that we hope your readers will find interesting:  "One theory that has been challenged recently is the duration of postoperative rehabilitation. <i>Zabrzyński et al</i> attempted to test different rehabilitation protocols in tenotomy versus tenodesis groups with the tenotomy group undergoing a personalized postoperative rehabilitation protocol <sup>[164]</sup> . They found that patients who underwent tenotomy with a shortened postoperative rehabilitation protocol were able to achieve better clinical outcomes and ensure faster return to sports activity compared to those who underwent tenodesis <sup>[164]</sup> ."
Biceps tenotomy vs tenodesis, you should support some recent papers, I recommend meta-analysis or systematic review due to high level of evidence, e.g. <a href="https://doi.org/10.1016/j.asmr.2021.02.010">https://doi.org/10.1016/j.asmr.2021.02.010</a>	We appreciate this recommendation and added the following:  "Recent systematic reviews and meta-analyses by <i>MacDonald et al</i> , <i>Zhou et al</i> , and <i>Kooistra et al</i> confirm the findings that there is no evidence-based difference in LHB tenodesis versus tenotomy when evaluating shoulder function, pain, or biceps-related strength <sup>[165-167]</sup> ."
Figures 1-8, is there a permission to publish these figures adapted from other journals?	Thank you for addressing this issue. After review, three of our images are from open access articles which permit unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. For the other four images that are not from open access articles (Figures 3, 4, 6, and 7), we have included the licenses.
<i>Science Editor</i>	---
1 Scientific quality: The manuscript describes a Review of the machine learning in orthopaedic surgery. The topic is within the scope of the WJO. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The article is a very good review. The presented statements proves the understanding of machine learning tool. Some sentences need to be polished. The questions raised by the reviewers should be answered; (3) Format: There are 4 tables and 6 figures; (4) References: A total of 90 references are cited, including 33 references published in the last 3 years; (5) Self-cited references: There are 1 self-cited references; and (6) References recommendations (kindly remind): The authors	Dear science editor, thank you for your evaluation of this manuscript. We appreciate your time spent in review.

have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to <a href="mailto:editorialoffice@wjgnet.com">editorialoffice@wjgnet.com</a> . The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.	
2 Language evaluation: Classification: Grade B. 3 Academic norms and rules: No academic misconduct was found in the Bing search.	Thank you for your comment.
4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJO.	Thank you for your support. We hope your readership appreciates the novelty of our review.
5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions.	Thank you for this correction. We have included the following in our revised manuscript:  "Author contributions: All authors made significant contributions toward the preparation of this manuscript. Lalehzarian SP wrote the article, critically revised the article, and participated in the final approval of the version to be published. Agarwalla A critically revised the article and participated in the final approval of the version to be published. Liu JN designed the work, critically revised the article, and was responsible for final approval of the version to be published."
5 Issues raised: (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.	Thank you for raising this issue. We have compiled a PowerPoint of all images used including figure titles and proper citations.
5 Issues raised: (3) If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights.	Thank you for raising this concern. After review, three of our images are from open access articles which permit unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. For the other four images that are not from open access articles (Figures 3, 4, 6, and 7), we have included the licenses. Additionally, we have cited all reference sources in our references list.
6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.	We are highly appreciative for your feedback and acceptance.
<i>Company editor-in-chief</i>	---
I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Orthopedics, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.	Dear company editor-in-chief, thank you for taking the time to review our article.