

Dated 10 April 2022

Dr Massimiliano Leigheb
Editor-In-Chief
World Journal of Orthopaedics

Dear Dr Leigheb and the reviewers

Manuscript ID: 74553

Re: Rotational instability of the anterolateral complex of the knee following ACL reconstruction plus lateral extra-articular tenodesis vs anterolateral ligament reconstruction

We would like to thank you for your consideration of our work. We feel the reviewers' comments has been of significant value in improving our work. Please see the table below in how we have addressed the Reviewer's and Editor's comments.

If you have any ongoing concerns, we would of course be happy to make further revisions to the manuscript.

Reviewer	Comments	Author's Response
1	Abstract Results No results that compare the rotational instability of two different techniques are given here. Make clear which structure's re-rupture is mentioned here. Is it LET/ALL or ACL?	This has been amended to include the analysis which directly compared both clinical and mechanical outcomes for LET and ALLR in lines 21-25 . We have amended wording in line 20 to signify that ACL re-rupture rates were analysed with LET and ALLR techniques, and with isolated ACLR.
	Materials and Methods The part in the Results section that explains the selection of studies which include pivot-shift test and IKDC scores should be moved to the Methods section.	We agree with the reviewers' comment. This has been moved to the end of the methods section. Please see lines 127-143
	Results Make clear which structure's re-rupture is mentioned here. Is it LET/ALL or ACL?	We have amended wording to signify that ACL re-rupture rates were analysed with LET and ALLR techniques. Re-rupture

		<p>rates of isolated ACLR was also added for comparison. This can be seen in lines 203-209.</p>
	<p>A comparison of the rotational stability of two techniques could have been made regarding each single stability test used by the studies included.</p>	<p>Thank you for the comment. We agree this would be of value to the reader.</p> <p>The only tests where the data was presented in such a way as to allow for this kind of analysis was with the pivot shift test and the IKDC score both of which showed no significant difference between the two AEAPs (see lines 186-193 for this analysis).</p> <p>We believe that the lack of available data for this comparison demonstrates a reason this review should be available in the published research, as we have identified an area where the literature is lacking. We have acknowledged this in lines 319-321</p>
	<p>Study Characteristics Given the fact that studies with follow-up times less than 24 months are no longer accepted by major journals, such studies could have been excluded. This would provide a more reliable conclusion.</p>	<p>We agree with the reviewer's comment. There were two studies with less than 24months follow up included in the review. It was the consensus of the authors that the large number of patients and the overall quality of the studies meant the data present in these two studies would add robustness to the meta-analysis as such they were included. The authors also felt it would be of value to the reader for the review to be more comprehensive to make the reader aware of the breadth of evidence available on the subject matter. This strengthened the consensus for the inclusion of these studies.</p> <p>We have acknowledged the</p>

		limitations of this approach in lines 331 -338
	Conclusion It is stated in the Results section that AEAP's did not provide any advantage regarding IKDC scores, but in the Conclusion section it is mentioned that AEAP's provide better functional results. Which one is true, and where is the digital data that supports the conclusion?	We apologise for this. The paragraph was poorly worded. We have now clarified this to avoid ambiguity. We have shown improvements in mechanical outcomes, not functional. Please see lines 341-348
	This study aims to compare the clinical outcomes following ACL reconstruction (ACLR) alone or ACLR with either lateral extra-articular tenodesis or anterolateral ligament reconstruction. And found that use of either lateral extra-articular tenodesis or anterolateral ligament reconstruction in addition to ACLR results in improved mechanical outcomes suggesting surgeons should consider augmenting ACLR with an extra-articular procedures in patients with rotatory instability. However, the comparison results of rotary instability between the two techniques are not given.	The results have been re-written to clearly display what has been analysed and discovered as a result. Mechanical outcomes were compared between LET and ALLR techniques, which show no statistical difference. Thus, one technique does not confer more rotational stability than the other. We acknowledge this analysis is limited by the data available to us in lines 319-321 of the manuscript
	The resulting section is not written logically, and the narrative structure is not smooth and needs to be reorganized. Focus on presenting your results in a logical and sequential way, and summarize your findings as appropriate by illustrating key findings from your research, using corresponding charts and tables	Many thanks for this comment. We agree and have re-written the results section. We believe the findings are presented in a much more logical manner
2 (science editor)	In addition, the related ethics and relevant documents are needed.	The company editor-in-chief (below) has stated in that all relevant ethics documents have met the requirements. Are there any additional documents required?
	The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words)	This has been amended. The title is now 17 words in length.

	Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.	This has been formatted accordingly.
3 (company editor-in-chief)	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. In order to respect and protect the author’s intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.	A PowerPoint has been created, which includes all figures. These are all original and the appropriate copyright has been added.
	Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content	The tables have been formatted to now reflect this.