

Dear Editor,

On behalf of my co-authors, I am writing to submit the revised manuscript entitled "THE ANTEROLATERAL COMPLEX OF THE KNEE: STATE OF THE ART".

We thank for the comments and useful suggestions that have helped us to improve our paper considerably. As you may see in the point-to-point answers below, we changed our manuscript according to your suggestions.

**Answers to Reviewer commentary:**

- Comment: "1. Language needs to be refined to further improve its accuracy. There were some small mistakes."
- Response: The manuscript has been edited for English by another native English speaking author and corrections have been made in order to improve the accuracy.
- Comment: "2. MAGNETIC RESONANCE IMAGING (MRI) and ARTHROSCOPY section may be merged into one section such as Identification of ALL."
- Response: The two sections have been merged into one as suggested to simplify the structure of the text
- Comment: "3. The author needs to upload the final and complete version of the paper and not the one with the annotations."
- Response: The definitive text has no comments or annotations
- Comment: "4. Add more images of relevant and important literature studies for readers such as MRI."
- Response: As suggested we added original MRI images from our archives

- Comment: “5. As a review article, the authors should add a prospection section that may provide research directions or suggestions for further RCT/level one study in the field.”

- Response: As suggested we added a prospection section in which we recommend further research directions:

(Page 17) “A more complete and comprehensive understanding of ALC has encouraged surgeons to perform combined reconstructions to improve clinical results and long-term outcomes.

It should be noted, however, that the heterogeneity of the reviewed studies does not allow to obtain results that are valid for every reconstruction technique.

Although recent studies have shown the efficacy and safety of these techniques [80,81], randomized clinical trials and level one studies are required to analyze the superiority of a LET or ALLR technique over the others in terms of ALRI reduction and total revision rate. “

- Comment: “[...] however it is not clear whether, apart from surgical benefits they have recorded any biomechanical or functional benefits of this technique. Therefore, the statement in the conclusions that "In a scenario where there is no demonstrated superiority of one technique over the others the authors decided to use the Cocker Arnold Mod. LET as an anterolateral procedure deciding to perform it according to patient's characteristics (such as an high grade pivot shift, hyperlaxity, Second's fracture) and functional demands" is more based on surgical preference rather than hard data.”
- Response: As suggested we added a section in which we illustrate biomechanical and functional benefits supported from international literature:

(Page 12) “The Cocker Arnold technique has proven effective in patients with a preoperative pivot shift 2+ or 3+ in decreasing the phenomenon and reducing the ALRI<sup>[60]</sup>. Good results were also found in ACLR revisions in high function demand patients with an excellent return to sport rate<sup>[61]</sup>.

We usually perform this procedure because of results reported in literature and surgeon preference. Evaluation of biomechanical or functional benefits of this procedure goes beyond the purpose of this paper