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September 11, 2016

Re: Manuscript Revision

I am enclosing the revised manuscript entitled "Review Article: Fifth Metatarsal Fractures and Current Treatment" for publication in The World Journal of Orthopedics.

I have copy and pasted the peer-reviewers comments and highlighted how comments have been addressed in the revision. In the revised manuscript, new content is highlighted in yellow and text that has moved sections from the previous manuscript is highlighted in green.

Reviewer #1

The manuscript should be restructured in review format. [The revised manuscript is restructured according to the World Journal of Orthopedics minireview submission guidelines.] Studies about metatarsal fractures should be evaluated in systematic way and the data should be supported with tables. [Table 1 has been created to summarize studies that have compared various nonoperative treatment options.] English language should be revised. Discussion is choppy and does not flow smoothly. The manuscript needs further refinement. [Major revisions have been done with addition and removal of content and organization of text. The discussion has been improved upon by changing the organization with multiple sections being re-arranged to improve flow of ideas. The sections of text that have been re-arranged are highlighted in green in the revision of the manuscript.]

Reviewer #2

Authors did a good job in reviewing the fifth metatarsal fractures and current treatment options.

Reviewer #3

Authors did a good job in reviewing the fifth metatarsal fractures and current treatment options.

Reviewer #4

good review paper, but can be improved by further discussing the Jones classification [See classification section, which has been expanded upon to include literature that has reviewed the use of classification systems in studies on the proximal fifth metatarsal. Also, in this section is a more thorough explanation of the Jones fracture and how it applies to treatment. New information added to the manuscript is highlighted in yellow in the text.] and treatment based on the type of fracture [treatment based on type of fracture is discussed in nonoperative and operative treatment, which describes treatment according to the classification created by Dameron as well as the Torg classification.], as well as technicalities regarding intramedullary screw fixation: what is the ideal length of the screw? diameter? see paper "Multiplanar CT Analysis of Fifth Metatarsal Morphology: Implications for Operative Management of Zone II Fractures" by DeSandis [this paper is discussed in the operative treatment section]. Finally, I would adjust the title and/or content of the paper. Are we talking about stress fractures or trauma? [Stress fractures and trauma are discussed. In the revision, the differences between these fractures types and the recommended treatment are outlined. Additionally, the lack of differentiation in the literature between the chronicity of fractures at the base of the fifth metatarsal is explored.] In fact, if a patient presents with fifth met stress fracture AND a hind foot varus, you may treat the fracture non operatively, but you MUST realign the hind foot [Hindfoot varus is now discussed in indication for surgery section.]