

Reviewer 1

‘Good review. It would be useful if the authors add a section to tell guys there own practice managing these fractures .’

This has been added as an extra section as follows:

The Authors’ Current Practice

Within the affiliated institution of the first author, the default choice for fracture-related hip hemi-arthroplasty is a cemented modular bipolar hemi-arthroplasty, through an antero-lateral approach. The wound closure technique varies, as per the preference of the responsible surgeon, with either skin clips or sub-cuticular sutures used. At present, there is a randomised controlled trial being run in this unit between cemented modular bipolar hemi-arthroplasty prostheses and cemented modular unipolar hemi-arthroplasty prostheses: the result from this may influence the future choice of prosthesis head component selection in the institution.

The second author manages this fracture with a cemented, monoblock hemiarthroplasty through an antero-lateral approach, using a triple wound closure technique, which comprises monocryl, staples and glue.

Reviewer 2

‘The authors present a comprehensive review of the hip hemi-arthroplasty literature to conclude: the posterior approach should be avoided, unipolar is preferable to bipolar, cemented is superior to press-fit, and staples and sutures are equally appropriate. The quality of this manuscript is high. Since hip fracture incidence continues to climb, this manuscript is timely and will appeal to the majority of the readership. This manuscript address some of the major decisions that must be made regarding hip-hemi arthroplasty, however, a follow-up review could be consider to address: pain control, post-dressing, management of blood loss, hip precautions, and rehabilitation. 1 Title. Appropriate. 2 Abstract. Appropriate. 3 Key words.

Appropriate. Please include commas. 4 Background. Appropriate. 5 Methods. N/A. 6 Results. N/A. 7 Discussion. The discussion is clear and concise. 8 Illustrations and tables. Provided xrays are helpful and appropriate. 9 Biostatistics. N/A. 10 Units.

N/A. 11 References. Up to date and appropriate. 12 Quality of manuscript organization and presentation. Very high. 13 Research methods and reporting. Appropriate. 14 Ethics statements. N/A.'

The authors thank the reviewer for his/her comments. They note the suggestion for 'a follow-up review could be consider to address: pain control, post-dressing, management of blood loss, hip precautions, and rehabilitation', and the authors will consider this in due course. No specific changes have been requested for the current manuscript, so none have been made.

Reviewer 3

'The argument is common but still hot since we se in our every day practice methods of treating these fractures with hemiarthroplasty but without proper evidence on various methods/ techniques. The manuscript is interesting and comprehensive of a common issue for orthopaedic surgeons across the world, the hemiarthroplasty for fractures of the neck of femur. The posterior approaches are correlated with higher rates of complications compared to the other approaches and the cemented types of prosthesis are preferable but no real advantage of bipolar on monopolar prosthesis. Also cemented prosthesis are preferable. Every orthopaedic surgeon must read a concise article like this to avoid errors in the delivery treatment of these common but life threatening pathology.'

The authors thank the reviewer for his/her comments. No specific changes have been requested for the current manuscript, so none have been made.