

Dear Chief Editor

Thanks a lot for your nice feedback and the valuable comments of dear reviewers. We tried to revise the manuscript accordingly, as much as possible. Now, we hope this version will fulfill the requirements of your prestigious journal.

Yours

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thank you for putting together this manuscript (MS). In general, this is a reasonable MS for a variety of sports medicine personnel. I believe, this is too long and makes you to lose your interest in reading. I would recommend making the MS shorter and make it to the point with providing the level of evidence (LOE).

I would also encourage the authors to avoid using direct quotations, particularly without using the “”. I just checked one section (see below), so, you need to double check the entire MS to avoid using word by word quotation even if you cite the source.

[Reply: Thanks for your attention, we double checked the manuscript and minimize the similarity by rephrasing.](#)

Be consistent with citations. Sometimes you have a space before the “[]” and sometimes you don’t. Follow the journals criteria.

[Reply: The due corrections were made.](#)

Be consistent with your headings/subheadings in terms of using capitals for the first word and second word. Subheadings should be different than the headings.

[Reply: The due corrections were made.](#)

Be consistent. Use “grade 1, 2, 3” or “grade I, II, II.”

[Reply: It was corrected.](#)

You have to establish early in the MS what you are going to use for the LOE.

[Reply: As it was not possible to conduct systematic search on all relevant clinical aspects of ankle sprain in a narrative review article, and because there was not enough evidence about many questions, we just cited the level of evidence according to what was stated in the original systematic review articles without intervention or modification.](#)

Use abbreviations very cautiously. Spell out when you use them first in the MS. For example, you used “ADT” in “Physical Examination” section without spelling it out.

[Reply: The due corrections were made.](#)

If possible/allowed, I would recommend putting all the important LOE's in one table, so the readers can easily see them.

Reply: As authors in this narrative review did not conduct systematic search like systematic reviews and also due to the variety of different recommendations, it is not possible to do this nice comment.

Specific comments: Abstract Second line; what do you mean about "trauma?" how about non-contact twisting ankle? Is that a traumatic case? Be clear and consistent.

Reply: Trauma was replaced by "injury" which includes both noncontact and contact injuries.

Line 8; I would recommend adding "for the majority of cases" at the end of the sentence starting "Imaging is...."

Reply: The due correction was made.

Headings I would recommend start your headings with "Introduction." "Epidemiology" can be a separate heading/subheading, or part of the introduction.

Reply: It was changed to INTRODUCTION.

Epidemiology Line 17; change "good" with "favorable."

Reply: It was replaced.

Last paragraph of the "Introduction" should be a sentence discussing the aim of your manuscript.

Reply: We add this sentence.

Risk factors Line 2-3; Delete the "(involve individual characteristics)" and "(related to factors outside the body)."

Reply: These were deleted.

History Line 7; "point tenderness" and "ecchymosis/hematoma" are objectives (signs) and should be moved to physical examination sections. Alternatively, you can use "bruise" here.

Reply: We corrected this mistake.

Physical Examination First sentence; you cannot R/O fracture by physical exam!

Reply: We replaced R/O with "looking for" the fractures.

Line 3; "hemorrhaging" is not an appropriate term here! What is that mean here?

Reply: It was deleted.

Line 5; How about "medial ankle sprains?"

Reply: We changed the "typical ankle sprain" to typical "lateral ankle sprain".

Line 23; I personally do not like the term "tear." It is not a medical term. What is that mean?

Reply: This term has been used in different descriptions of ADT and Talar tilt test results and we used it accordingly.

Grading Line 2; what is "no" mean here? "No tear?" what is the different between normal ligament/no sprain and grade I?

Reply: The due correction was made.

Line 11; what is "hematoma" mean here?

Reply: It was changed.

Plain radiography Line 7; Change "lateral" to "medial."

Reply: We corrected this mistake.

Line 18; Change "valid" to "validated."

Reply: Correction was made.

Ultrasound You need a reference for your second sentence.

Reply: It was added.

Treatment & rehabilitation How about cryotherapy for vasoconstriction in very acute phase (first hour) to decrease the amount of bleeding and swelling.

Reply: The due correction was made.

Line 16; please explain why "thermotherapy" may cause "injury exacerbation."

Reply: It was explained.

Add a sentence before starting the "Analgesic and anti-inflammatory medications" discuss about RICE being likely safe to do.

Reply: It was added.

Opioid analgesics 2nd line; Change "meaningfully."

Reply: It was deleted.

Other pharmaceutical agents Line 6; No need to spell out PRP for the second time.

Reply: It was removed.

Bracing and immobilization Line 48; How about "maximum?"

Reply: We did not find any data regarding the maximum time.

Foot orthosis Line 6; Change "authorities."

Reply: It was changed to "experts".

Strengthening exercises Line 15; Spell out "PNF."

Reply: It was spelled out.

Neuromuscular and proprioceptive exercises Line 28; Change "depending to" to "depending on."

Reply: It was changed.

Sports-specific exercises Line 2; delete "mean."

Reply: It was deleted.

Surgical therapy Last sentence; Change "its greater financial cost"

Reply: It was corrected.

Return to sports You should not use word by word of the ACSM guideline. IN general, if you are using word by word, you should use direct quotation marks. I would recommend summarize these recommendations into 2-3 sentences rather than multiple bullets.

Reply: We summarize it according to your nice recommendation.

Self-reports variables Line 11; be consistent. Either you use abbreviation for a "tool" or you don't use abbreviation at al.

Reply: We added all abbreviations.

Figure 1 & 2 should be combined into "figure 1" as I don't see a reason to splint them.

Reply: Both figures were combined:

Figure 3. • I disagree with referring to "orthopedic surgeon" with + malleolar fractures. I would change it to "treat appropriately and refer to orthopedics if indicated." Primary care sports medicine physicians are able to manage a majority of these fractures nonoperatively. • The same for "navicular fracture..."

Reply: The due corrections were made.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)
Specific Comments to Authors: accepted

Reviewer #3:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The manuscript presents a comprehensive review of acute ankle sprains, from basic anatomy to clinical evaluation and management and follow-up. I really enjoyed reading this review. The article is long enough to encompass a wide variety of topics but difficult to read in one sitting. It might fit well in a mini-series split by (i) anatomy and acute management and (ii) rehab and return to play.

Reply: It is up to dear editors' decision. We can split the manuscript. However, we think keeping all relevant information in a single article may be more helpful for clinicians.

As the manuscript is applicable to both orthopedists and general practitioners, a basic anatomy figure to point out relevant ligaments and bones would be helpful.

Reply: The proposed figure (Figure 1) were added.

While the title specifies athletes, the information in this article applies to all populations, though with major emphasis on athletes. The Conclusion emphasizes the multiple myths and mistakes in ankle sprain care without referencing athletes.

Reply: It was corrected.

A more fitting title might be, "Acute ankle sprain: Clinical aspects, myths, return to play, and algorithmic approach"

Reply: We think this new title may be more confusing and prefer that the title remains unchanged.

A few minor capitalization errors are made early in the manuscript, including "Rice" and "Immobilization" in the abstract, and "The" in the 3rd paragraph of Epidemiology. Please review the manuscript carefully for other errors.

Reply: The due corrections were made.

A brief definition of syndesmotoc injuries could be provided in the 2nd paragraph of Epidemiology.

Reply: It was added.

"ADT" under Physical Examination needs to be defined previously. I assume this is anterior drawer test?

Reply: It was corrected.

The statement under Bracing and Immobilization, "Brace should be worn for a minimum of 6 months after an acute ankle sprain..." should include the words "moderate to severe" per the given reference.

Reply: It was added.

Under Strengthening Exercises, "PNF" needs to be defined. I think this refers to proprioceptive neuromuscular facilitation, correct?

Reply: The due correction was made.

Under Return to Sport, the consensus statement from the American College of Sports Medicine is missing a reference.

Reply: It was added.

Under Taking All Together in an Algorithmic Approach, 3) ... "this comparison seems meaningless" might be more reasonably stated, "this comparison may be less meaningful...."

Reply: It was replaced by "less meaningful".

The Figures' red title bar with white lettering seems difficult to read. Figure 3's red font against a gray background is difficult to read. Figure 3: "Ankle Re-examination" splits into 3 groups that are initially difficult to follow. Instead, the split could be in two parts: Pain & Swelling present or not, then Limited ROM or not in the no Pain & Swelling pathway. Figure 3: "Go to next phase" implies further instruction on the algorithm, which is not given. This might be addressed in a footnote to the Figure or in the body text. The final line "Further assessment" might be more appropriately "Individualized assessment."

Reply: Due corrections were made in figures.

Again, congratulations on assembling this large amount of work and presenting it in such a cogent manuscript!

4 REVISE THE MANUSCRIPT

4.1 Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision: Please visit: <https://www.wjnet.com/bpg/GerInfo/291>.

4.2 Preparatory work for revising your manuscript: (1) [Original articles](#); (2) [Review articles](#); and (3) [Case report articles](#).

4.3 Editorial office's comments: Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a review of the ankle sprain in Athletes. The topic is within the scope of the WJO. (1) Classification: Grade A, Grade B and Grade C; (2) Summary of the Peer-Review Report: The manuscript presents a comprehensive review of acute ankle sprains, from basic anatomy to clinical evaluation and management and follow-up. However, there are some issues should be addressed. The Figures' red title bar with white lettering seems difficult to read. The questions raised by the reviewers should be answered; and (3) Format: There is 1 table and 3 figures. A total of 201 references are cited, including 8 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade A, Grade B and Grade B. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the Bing search. The CrossCheck results showed the similarity to be high. Please rephrase these repeated sentences.

Reply: Similarity index was lessened significantly.

4 Supplementary comments: This is an invited manuscript. The study was supported by Akdeniz University Research Foundation. The topic has not previously been published in the WJO. The corresponding author has not published articles in the BPG. 5 Issues raised: (1) I found no "Author contribution" section. Please provide the author contributions; (2) I found the authors did not provide the original figures. 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; (3) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (4) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

Reply: These issues were addressed and corrected.

6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

(2) Editorial office director: I have checked the comments written by the science editor.

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript and the relevant ethics documents, all of which have met the basic publishing requirements, and the manuscript is conditionally accepted with major revisions. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report and the Criteria for Manuscript Revision by Authors. Before final acceptance, authors need to correct the issues raised by the editor to meet the publishing requirements.

4.4 Requirements for figures: Please provide the decomposable Figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "**54922-Figures.ppt**" on the system. The figures should be uploaded to the file destination of "Image File".

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Reply: PMID and DOIs were added.

4.7 Requirements for article highlights: If your manuscript is an original study (basic study or clinical study), meta-analysis, or systemic review, the "Article Highlights" section should be provided. Detailed writing requirements for "Article Highlights" can be found in the Guidelines and Requirements for Manuscript Revision.

4.8 Language quality: Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence

structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

5 STEPS FOR SUBMITTING REVISED MANUSCRIPT

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Step 2: Manuscript Information

Step 3: Abstract, Main Text, and Acknowledgements

Step 4: References

Step 5: Footnotes and Figure Legends

Step 6: Automatically Generate Full Text Files

Step 7: Upload the Revision Files

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