

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

The author needs to write amount of lignocaine (in ml/gm) and type of steroid with dose.

Thank you for kind mention. According to the comment, we described the type and dose of the drug used for injection and added them in Line 162 to 163 and 219 to 220 as follows; 'A solution containing 1 ml of Triamcinolone 40mg/ml and 4 ml of 0.2% Ropivacaine was injected'

The pain score need to be mentioned in VAS. After injection, how much improved should be expressed in VAS.

Thank you. According to the comment, we added the following information related to pain score.

Line 163-164: After injection, the visual analog scale (VAS) for pain was improved from 8 to 1.

Line 220-221: After injection, the VAS was improved from 7 to 1.

Only flexion was painful or flexion-external rotation or flexion-internal rotation...please provide details. The amount flexion and rotation with abduction/adduction at which it was painful need to be mentioned.

Thank you for valuable comment. As suggested, detailed physical examination findings are described as follows.

Line 147-150: The patient had pain when active hip flexion was more than 30 degrees, and pain was aggravated during passive extension-abduction-external rotation (Patrick test). Passive flexion-adduction-internal rotation (anterior impingement test) and active flexion-internal rotation were not performed due to the risk of posterior dislocation.

Line 204-206: She had pain when active hip flexion was more than 30 degrees, and pain was aggravated during Patrick test. Anterior impingement test and active flexion-internal rotation were not performed due to the risk of posterior dislocation.

Any dynamic test done during arthroscopy need to be mentioned.

As suggested, we added the followings;

Line 178-182: Because tendon release was performed in the central compartment with applying hip joint traction, any dynamic test to identify impingement between the tendon and anterior edge of the cup was not performed

during IPT release. However, after releasing tendon and hip joint traction, IPT tenting over the cup was not demonstrated with hip extension in the peripheral compartment.

Line 242-243: No dynamic test was performed during procedure, but IPT tenting over the cup was not observed after releasing the traction.

The author need to mention neurovascular status after surgery.

Thank you for your comment. The neuro-vascular status showed no abnormality after surgery in both patients. We added this in line 183 to 184 and 244 to 245.

The author need to mention the muscle power particularly the flexor group after IPT release.

We already described the flexor muscle power after IPT release in case 1. We added muscle power grade in case 2 on line 248-250 as follows.

‘Flexor muscle power improved to grade 4 to 5 at 6 months postoperatively, but did not return completely to the same level as that of the opposite side at the final follow-up visit.’