

PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 59674

Title: Hello, can you hear me? Orthopaedic clinic telephone consultations in the COVID-19 Era- a patient and clinician perspective

Reviewer's code: 05402639

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Professor, Research Scientist, Teacher

Reviewer's Country/Territory: Mexico

Author's Country/Territory: United Kingdom

Manuscript submission date: 2020-10-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-10-20 15:05

Reviewer performed review: 2020-11-09 23:34

Review time: 20 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Medicine is one of the most challenging human activity. New scientific evidence, changes in humanity's situations (economic, politician, etc.) and especially health crises require constant and sometimes, urgent readjustment [QJM. 2020 Nov 5;hcaa299. doi: 10.1093/qjmed/hcaa299.]. This is particularly important in the current COVID-19 pandemic [Am J Manag Care. 2020 Sep 1;26(9):e274-e275. doi: 10.37765/ajmc.2020.88478]. The teaching, research and clinical activity will undergo permanent changes that will hardly suffer setbacks (e.g. a nuclear world war that destroys our civilization). Thus we must change our traditional perception of medicine from an exclusively utilitarian aspect (where the objective is the cure or mitigation of a disease) to a way of thinking, putting the integral care of the patient (using any ethically valid method and / or instrument at our disposal) as our highest priority. In this context, medicine at distance is a necessity that will change our perception of medical reality. The use of technologies, previously unthinkable for patient care, to help in this process is a requirement that each medical specialty must delineate in the best possible way. New primary research is required as fuel to delineate this new reality. The article in review provides new data on the use of telephone calls for patient care in a busy orthopedic clinic in England. Authors recruited 100 non-consecutive patients within 48 hours after a telephone consultation and clinicians to evaluate his/her level of satisfaction and willing to continue this kind of clinical care. They found that 9 of 10 patients were satisfied and 4 of each 5 were willing to continue this methodology. Even more, 7 of 10 clinician were satisfied and 80% agreed to continue this protocol. Unfortunately, this study lacks important points to get valid conclusion. The most important weakness is the absence of statistical analysis. Although this is an observational study it does not exempt to use, per example; a reliable scale to stablish internal and external validity. Why the author did not make an alpha of



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Conbrach? They had at least 5 items with five levels of response. At least five hundred data. Why do not they enter a database for basic statistical analysis? It would be important stablish a baseline with the affluence before COVID-19 pandemic. How many patients did they see and how it has been changed the telephone consultation? Do they stablish a satisfaction questionnaire similar before? I want to know the differences on age, sex, motive of consultation and comorbidity of the patients because I think a young patient maybe would be more satisfied to use this method than, e.g. retired people or aging. It would be in a table despite there were no statistical differences. Finally, I think this is very important and need to be published with the observation I made.