

## SPECIFIC COMMENTS TO AUTHORS

1. The author should have given numbers to each line and page number for easier reference.

Thank you. The lines have been numbered and the page numbers inserted.

2. In the figure 2 description the radiograph B is mentioned as depicting anterior drawer while it is actually depicting tibiotalar tilt angle. (Page 3 Line 98)

Thank you for the comment. The figures are labeled correctly but I can see that the description that applies to each figure wasn't clearly placed. I've moved the figure description below the figures to make it more clear.

3. Page 6 line 141 "Personal Tendon Tear" should be replaced with "Peroneal tendon tear"

This has been corrected. Thank you for finding that error.

4. Page 9 line 205 "Threshold values of 10° on the anterior drawer test or 10 mm on the talar tilt test" should be replaced as "Threshold values of 10 mm on the anterior drawer test or 10° on the talar tilt test"

Thank you. The correction has been made.

5. The authors have evaluated only two associated conditions peroneal tears and OLT what about the other associated conditions contributing to the pain and how were they excluded ?

While the differential diagnosis in patients with complaints of ankle instability is large, we focused on the two most common associated injuries. As we were looking for associations with just peroneal pathology and OLTs we did not exclude patients with other diagnosed pathologies. In order to make this clear we have adjusted our purpose statement as follows: "the purpose of this study is to determine if there is a degree of instability evidenced by stress radiographs that is

associated with OLTs and peroneal pathology concomitant with ankle ligamentous instability.”

6. As the sensitivity, specificity, PPV and NPV are very low for the conditions described, how are the stress radiographs going to help clinicians in the decision making ? The patients with chronic pain and clinical features of instability will be ultimately subjected to ultrasound or MRI or CT scan to get the final diagnosis.

This is a great point. Our initial pilot study resulted higher statistical performance. The final results as described did not demonstrate stress radiographs to be an independent predictor of peroneal pathology or OLT. While we did not demonstrate practice changing findings, it is important to publish and share clinical results even when they are disappointing. Through this combined global effort we can advance the science of orthopaedics.

7. The conclusion should have a clear message about the utility of stress radiographs.

We have modified our conclusion as follows: “While stress radiographs may assist the surgeon in defining mechanical instability, this imaging study alone cannot be utilized to rule out or rule in concomitant pathology that is associated with ankle instability.”