PEER-REVIEW REPORT

Name of journal: *World Journal of Orthopedics*

Manuscript NO: 66683

Title: Implementation science for the adductor canal block: A new and adaptable methodology process

Reviewer's code: 02488945

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Lecturer

Reviewer's Country/Territory: India

Author's Country/Territory: United States

Manuscript submission date: 2021-04-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-03 06:06

Reviewer performed review: 2021-04-05 04:03

Review time: 1 Day and 21 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

The article "Adductor canal block implementation and femoral nerve block deimplementation: a new look at implementation science" though well written, needs the following considerations as the article misses describe the method or methods adopted for deimplemenation and implementation. The study had ended in June 2017, so what took so long to write this article while the implementation had taken much shorter time.   The fact that Adductor Canal block (ACB) is superior to Femoral nerve block (FNB) was already known to the institute and hence this project falls into "Know-do" category and not "do-know" category so why carry out a study to show that ACB is superior to FNB. The "do-know" category requires a five pronged approach which is not described by the authors. The "know-do" category requires a three pronged approach which not described either. In this article the readers have to know what exactly the institute do to make all anesthesiologists perform ACB and not FNB. The above needs to be presented in the flow chart, mentioning how the faults in implementation in this particular project were identified at your institution. Also, how the target population was informed and how clinical practice rules were disseminated to the clinicians. Was there any annual report created? This article needs major revision and until then I do not advocate to publish it.

PEER-REVIEW REPORT

Name of journal: *World Journal of Orthopedics*

Manuscript NO: 66683

Title: Implementation science for the adductor canal block: A new and adaptable methodology process

Reviewer's code: 05319796

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: United States

Manuscript submission date: 2021-04-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-01 21:02

Reviewer performed review: 2021-04-08 17:54

Review time: 6 Days and 20 Hours

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

SPECIFIC COMMENTS TO AUTHORS

I suggest adding an action-related information gap to the keywords. A section on the comparison of the results of the femoral and adductor block should be included in the discussion section.