

### **Specific Comments to Authors:**

The Abstract was poorly organized, some points were hard to be understood.

*Please note the abstract has been modified*

Results 57-58 The number of included patients for SF-36 evaluation were not in consistency.

*Kindly note changes made in Line 57-58*

### **Line 149-151 modified**

*A stable calcar cortical split was seen in the proximal femur in 2 hips at THA with the last broach size used, which required wiring for additional stability.*

Authors should explain more clearly the reason why they chose the anterior approach. And elucidate the advantages of anterior approach in avoiding postoperative hip stiffness.

*Kindly note line 246 -259 explains advantages of lateral approach.*

The modified lateral approach preserves the posterior 2/3 rd of the abductor and is helpful, especially in stiff hips with flexion deformity, as the approach facilitates the anterior capsular release. Flexion deformity in the 45 hips was successfully corrected with this modified lateral approach's extensive soft tissue release. The in-situ neck resection in 26 fused hips was done to prevent damage to the posterior acetabular wall during osteotomy<sup>[4]</sup>. Limb positioning with external rotation of the femur helps in posterior capsular release between the gluteus medius and the iliopsoas insertions. Femoral broaching and optimal sizing without damage to the residual abductor insertion is facilitated by external rotation of the limb with the modified lateral approach. Femoral anteversion assessment is enabled with proximal femur access provided through this approach. The posterior approach could be challenging for femoral neck osteotomy, especially in fused hips with external rotation deformity. Early mobilization after flexion deformity correction with extensive anterior release in these hips improves ROM and prevents stiffness.

Figure 1. Legends are needed for X,Y axis

*Kindly note Legends have been added*

Specific Comments To Authors: The manuscript used SF12 and SF36 scores to assess the benefits of the modified Hardinge approach THA for hip stiffness with flexion deformity in ROM, HHS and QOL. There are several valuable topics that need to be changed. The X and Y axes of the graph need to be labeled. At the same time, the format of the table should be a three line table

Thank you for the comments

***Kindly note the manuscript grammar and language has been modified overall as well as the discussion***

***Line 297 – 301 modified***

*SF 36 in our series was done at the time of follow up which indicated significant improvement in the quality of life after THA in this group of patients with AS. The overall quality of life was good in all the domains assessed. The number of cases may have been too small (69 THAs) for analyzing the short-and mid-term effects of THA in AS, however good scores were obtained in the physical and emotional quotient<sup>[17]</sup>(Table 3)*

***The X and Y axes of the graph has been labelled***

***The tables have been checked and modified***

***KINDLY NOTE the entire manuscript has been checked for grammar and spelling and necessary changes made***

***The text has also been modified as stated above.***