

Reviewer #1:

**Specific Comments to Authors:** There are at least 2 instances where A to E assessment is mentioned, but it is never defined.

**Dear Reviewer, thank you very much for your comment. We have now defined the A to E assessment and have referenced it accordingly.**

Reviewer #2:

**Specific Comments to Authors:** Dear authors, I hope you are doing well. The paper reads well and I think could be accepted with some conditions: 1. The title is not common as you yourselves have mentioned in the your manuscript. So, I do not think if the paper could be among the priorities of WJO. 2. A recent paper has been published with the same topic and your paper doesn't add that much practical items to the literature. [https://journals.lww.com/jaaosglobal/Fulltext/2021/12000/Subtalar\\_Dislocations.14.aspx?context=LatestArticles](https://journals.lww.com/jaaosglobal/Fulltext/2021/12000/Subtalar_Dislocations.14.aspx?context=LatestArticles) Another previous paper is published in somewhere else too: <https://link.springer.com/article/10.1007/s00264-015-2910-8> 3. Your epidemiological section is weak. There is no comparison between males and females and the references for incidence rate are not valid (references 7 and 8). I recommend you to review the papers evaluating different patterns and characteristics of Talar injuries and mention the combinations of subtalar dislocations with type of Talar fractures. This would shed a light on how the orthopedic/foot and ankle surgeons should be suspicious to find the subtalar dislocation.

**Dear reviewer, thank you very much for your comment.**

- 1. We have now changed the title to “Subtalar dislocations – Mechanisms, Clinical Presentation and Methods of Reduction”**
- 2. We have now added the comparisons in incidence for males and females, in the epidemiology section. Also, we have removed the references 7 and 8 as you had rightly mentioned, were not valid.**
- 3. Regarding the combinations of subtalar dislocations with type of talar fractures, we have created a separate section named “Clinical presentation with associated talar injuries” and have added a table comprising of the associated bony injuries with each type of subtalar dislocation.**