

WLG 38552

Reviewer Revision: Responses and Changes

Reviewer #1

The pretty well written paper with interesting topic! I have no any major remarks except that the Introduction is written too long and Discussion is too short and the last paragraph in Discussion that should be a summary of the implications of findings is missed. Increased length of Discussion. The overall implications are there, the specific order in which they are presented is a stylistic preference.

Reviewer #2

I have assessed the paper with the name of "Decreasing recurrent bowel obstructions, improving quality of life with physiotherapy: Controlled study" My opinions are as follows;

Title: Main idea is clear and understandable.

Abstract: Abstract is readable.

Introduction: Previous pertinent literature cited and discussed. Therefore, introduction is adequate.

The necessity for the study is clearly indicated.

Methods: Study design is appropriate to achieve study aim.

Results: The results are too long. The consequences have to be explained in detail, though.

Results section should be shortened.

Discussion: The discussion part is very short. The discussion section should be rewritten by comparing the literature with its own findings. Done

References: References are updated and accurate.

Also references are relevant and comprehensive. But, the number of references used must be reduced somewhat.

Reviewer #3

Dear Authors, I find the topic interesting. However, I have some concerns those need to be changed or clarified throughout the text.

Abstract Aim: Could you clarify the main aim with a sentence.

Methods: Could you add the number and the characteristics (age, sex, etc) of the cases and controls, treatment methods in brief and the number of treatment sessions. **Done here, and later in paper**

Conclusion: In the methods you mentioned the problem as "recurrent SBO". However, at the conclusion you pointed out as "adhesive SBO". Please clarify it. **Done.**

Introduction "Manual physical therapy (mPT), also known as physiotherapy,..." the expression is not true. It can be clarified as "manual physical therapy as a method of physiotherapy and rehabilitation applications". **Done.**

Could you please give references for the following sentence regarding to CPA. "The Clear Passage Approach (CPA), a specialized mPT regimen, hypothesized to deform the adhesions that cause SBO episodes, has been demonstrated as effective in decreasing adhesions, pain, and improving QOL in subjects with recurrent SBO." **These references were added.**

In the following sentence you mentioned no treatment is available. ("...there is currently no treatment available to patients with known adhesions who are currently not obstructed to reduce recurrence, pain or need for further surgery"). However, it might be appropriate to mention the effectiveness of manual therapy regarding to the reference of Rice, 2016). However, the number of studies may be very few or the outcomes may be poor. **These references were added.**

Please add the aim and the hypothesis of your study.

The number of reference you cited for manual therapy are too much and they are not up-to date. **The CPA uses a large number of modalities, referenced in the text. These references are important to the overall description of the methods used and allows the total methods section to be concise.**

Methods Subjects Please add your ethical allowance code.

It may be appropriate to use "flow chart" instead of "study diagram" for the case and control flow. **Figure 1 was not changed to comply with the reporting guidelines.**

You mentioned you get the outcomes of the patients treated at the affiliated clinics. Please include the information about the affiliation process and the number of clinics.

Sample size Your explanation about having sufficient power is not appropriate. If you have enough power with having 25 subjects per group why you analyzed 103? Please calculate your own power regarding to your main outcome and statistical analyses with a program such as GPower or etc. Moreover, please add your reference for the sample size calculation and the program.

We changed the section headed Sample size calculation now read Power Considerations where we give detailed explanation of how we obtain at least 80% power to detect a difference in the mean domain score of 1 point in two domains. The simulation were carried out with the statistical software R, for which we now provide a reference. The program that underlies this power consideration can be requested from the corresponding author.

Treatment What do you mean whole-body manual therapy? What was the frequency and duration of the sessions?

Please add more references to support the treatment method. You only referred the terminology document. **Updated.**

The reference (33) did not include any information about the "Wurn technique", it includes just the name. Please clarify. **Done**

Statistical Analysis You don't need to refer Tables in this section. Disease Scoring It should be mentioned in detail. **Given in detail needed for PT to replicate. Otherwise methods too long.**

Results The following sentence should be removed in this section and added discussion part as a limitation. ("Because treatment group participants had more complex histories and symptoms, their improvements likely had more of an impact on daily function than people in the control group.") **Done.**

It seems that the intervention group and the controls are not homogeneous or similar enough to compare. There is a big difference between ages, and some other parameters. How would you explain this? May it be possible to represent controls and the intervention group at the same table in some of the tables? **The tables were not combined to maintain the overall readability. The main inclusion criteria for the control subjects was an SBO in the last 3 years in adult subjects.**

Discussion You clearly declare that this is the first controlled study. Then you directly point out that the results were similar to the previous study. This may cause a dilemma. Could you clarify? This part should be improved. Although the literature is limited you have to defend and compare your results. You may point out the surgical results. **Resolved any confusion between pilot study and this prospective controlled study.**

Conclusion There is no conclusion at all. **Added Conclusion**

References The references are not up to date. As long as you mentioned recurrence or operative situations I strongly recommend to add the references from 2017 and 2018 **Added 2 of the 3. The first is not highly applicable due to the ileus to SBO transition and time frame**

(Kang WS, Park YC, Jo YG, Kim JC. Early postoperative small bowel obstruction after laparotomy for trauma: incidence and risk factors. *Ann Surg Treat Res*. 2018 Feb;94(2):94-101. doi: 10.4174/astr.2018.94.2.94. Epub 2018 Jan 30.

Lorentzen L, Øines MN, Oma E, Jensen KK, Jorgensen LN. Recurrence After Operative Treatment of Adhesive Small-Bowel Obstruction. *J Gastrointest Surg*. 2018 Feb;22(2):329-334. doi: 10.1007/s11605-017-3604-x. Epub 2017 Oct 13.

Hajibandeh S, Hajibandeh S, Panda N, Khan RMA, Bandyopadhyay SK, Dalmia S, Malik S, Huq Z, Mansour M. Operative versus non-operative management of adhesive small bowel obstruction: A systematic review and meta-analysis. *Int J Surg*. 2017 Sep;45:58-66. doi: 10.1016/j.ijssu.2017.07.073. Epub 2017 Jul 17.

Review Tables Please include p values for the demographics.