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Retrospective Study

Associations among pain catastrophizing, muscle strength, and physical performance after total knee and hip arthroplasty

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Dear Editor, and Reviewer 1, 2, and 3

We are grateful to the **Editor**, and **Reviewer #1**, **#2**, and **#3** for their insightful comments and useful suggestions, which have helped us considerably to improve our paper.

Editor

Our manuscript has edited by the language professionals.

Reviewer #1:

Following this suggestion, we have added reference.

Reviewer #2:

1. All the participants provided written informed consent.
2. Following this suggestion, we have modified following paragraphs: In changes of pain related variables, the changes in postoperative pain intensity associate with changes in physical performance within 16 days after either TKA or THA.
3. If VAS score improved from 37 to 17 the percent change was 45.9%. We have modified following paragraphs: The variables of percent changes between pre- and post-operation were quantified. It was calculated dividing post-operation score by pre-operation score.
4. We have added “percent change of”.
5. In this version, we have modified following paragraphs: The VAS and PCS at postoperative at 14-day in THA was less than in TKA, consistent with previous study

6. Following this suggestion, we have modified following paragraphs: For example, treatment that incorporates a cognitive-behavioral intervention can lead to reduction in pain catastrophizing concurrent with reduction in pain-related activity interference and disability among persons with persistent pain. The intervention targeted a decrease in maladaptive behaviors, an increase in adaptive behaviors, identification, and correction of maladaptive thoughts and beliefs, and an increase in self-efficacy for pain management. It was introduced to reduce pain and psychological distress and to improve physical and role function. Medical staff should expand their evaluations beyond traditional demographics and medical status variables to include pain-related psychological constructs when addressing perioperative participants.

Reviewer #3:

Thank you for your kind comments.

We believe these modifications lead to a further improvement of the article and look forward to the final decision.

Yours sincerely,

Kazuhiro Hayashi