

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: In this paper, the authors described the feasibility of PNE to improve the NP of a male patient with strong spontaneous pain in the affected upper limb. It is of interest to recognize the feasibility of applying PNE according to the circadian rhythm of pain. However, there remained some minor problem needed to be solved. 1. Did the patient only received PNE once lasting for one hour? 2. What is the level of PNE dosage? 3. One month is relative shorter than normal reported PNE duration time. Did the author performed 3 months follow up? 4. If walking was found to improve the NP of this patient. Was there some relationship between the intensity of walking and degree of NP reduction? If yes, please specify in discussion part.

Comments from the reviewer:

1. Did the patient only received PNE once lasting for one hour?

Response:

Thank you for your comments. Patient education on three points, including PNE, was only provided once, for one hour. We have added a sentence (page 13).

Comments from the reviewer:

2. What is the level of PNE dosage?

Response:

Thank you for your comments. PNE was administered once for less than one hour, as explained earlier. The PNE conducted in this study was based on previous studies, and explained the neurophysiology related to pain and the necessary tools for pain management to patients without medical knowledge in an easy-to-understand manner. We have added a description of the actual PNE that took place to aid in understanding (page 13).

Comments from the reviewer:

3. One month is relative shorter than normal reported PNE duration time. Did the author performed 3 months follow up?

Response:

Thank you for your comments. No, we did not conduct a 3-month follow-up. In the future, we would like to study the mid- to long-term effects of short-term PNE interventions such as this one.

Comments from the reviewer:

4. If walking was found to improve the NP of this patient. Was there some relationship between the intensity of walking and degree of NP reduction? If yes, please specify in discussion part.

Response:

Thank you for your question. The results of the reassessment showed an increase in the percentage of LIPA to 1.5 to 3.0 METS in the afternoon hours. The increase in LIPA in the afternoon may not reflect walking only in this patient; it is likely that the LIPA contributed to the decrease in NP, as interpreted after the initial assessment. We have added an explanation of this point to the Discussion section. (page 15)

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: It is an interesting case report of NP. The authors describe in detail the pain scores of the patient. However, they do not provide patients with viable rehabilitation options except increased exercise. Are all available rehabilitation methods ineffective? The authors should provide data on available rehabilitation methods for the patient and explain whether these methods are meaningful to the patient. If no other rehabilitation was performed, the author should provide a detailed description of the rehabilitation procedures performed by the patient over the eight years.

Response:

Thank you for your question. For this patient, the main strategy was to educate them based on the results of the early assessment and to increase light intensity activities in the afternoon. Because we focused on patient education, based on the relationship between pain circadian rhythm and physical activity, we did not administer other rehabilitation interventions. Therefore, as you pointed out, we have added the rehabilitation procedures administered over the 8 years since the accident, to the best of our knowledge, to the History of Present Illness section (page 7).