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PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 42178

Title: Return to Sport following Scaphoid Fractures: a Systematic Review and Meta-Analysis

Reviewer's code: 01047751

Reviewer's country: United Kingdom

Science editor: Ying Dou

Date sent for review: 2018-09-13

Date reviewed: 2018-09-18

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SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting and useful review of the relevant data. However, there are a numbers of points where the paper might be improved. The following are mainly in the order of the text and not in order of importance. 1. In the abstract it might be made



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clear that RTS refers to time since the conservative or surgical procedure. Was there any information on the time from injury to the procedure? 2. The literature search section in materials and methods might include information on how disagreements were resolved between the authors as to whether or not a paper should be included? Did each author really scan almost 30,000 titles? This seems very time consuming! 3. It should be made clearer in the materials and methods section how the combined RR estimate for RRS of 1.09 (1.00-1.18) was derived. I can reproduce this by a simple comparison of the overall rates 81/83 and 69/77, but mention of a random effects meta-analysis is made. While this might have produced the same answer, it is not clear how the various individual study 100% rates were dealt with, nor how the authors coped with the fact that some comparisons were within-study and some between-study. I wonder also whether it might be better to present these results as relative risks of failure, i.e. a RR of 4.31 (on a single two group comparison). This might be more meaningful to many readers. 4. Figure 1 could be reorganized slightly by combining the top two boxes. As it is, it looks as if the 6,083 results of the database search found 131 abstracts to be assessed for eligibility, while 29,552 of the 23,600 results from other sources were excluded (clearly impossible). Also the bottom right-hand box seems to have no right-hand edge. 5. It might be useful to define somewhere what "pre-injury level of sport" means and how such information was obtained. Does "level" mean playing in the same league as before, for example, or playing with the same degree of ability? 6. Table 2 is referred to initially in the materials and methods section when it is really a result. It would be better to introduce Table 2 in the results section immediately after the search section summarizing the types of information it contains. In any case the content and structure of Table 2 needs thought. It might be better to restrict it to what are characteristics of the studies, giving the results separately, perhaps in a table linked to the meta-analyses results. Besides Table 2 being too busy, there are



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some points that need attention, including no information on where the study was conducted (“location” confusingly referring to location of the injury), sex or age of the patients, and lack of clear linkage of the abbreviations used to the column where they apply, and use of abbreviations that do not occur (e.g. PCS). 7. The statistics section of the material and methods refers to cohorts of “sufficient” size. What is sufficient? 8. It is stated in the materials and methods section that the 12 statistic was used, but I see no reference to it in the results section. 9. In the results section, I suggest incorporating of much of the first sentence of “patient demographics” into the “search” section. In any case, the heading “patient demographics” hardly applied to what is in the third paragraph below. 10. In paragraph 2 of the discussion, there is a reference to “similar” studies. Similar in what way? Presumably studies of other types of fracture. 11. The conclusion section refers to the risk of surgical complications. Do the papers considered provide any information on the extent of this? There are also a number of places where the English could be slightly improved. In the order of the text: Data sharing statement : “The technical appendix are available.....” Abstract: RESULTS sentence 1 : “..... and three case series” Next sentence : “..... and eight on surgical management (n = 83)” Next sentence : “..... and the mean RTS was”. Similarly for the first sentence in the following paragraph. Could similarly insert the word “mean” later in the paragraph. Paragraph beginning “On meta-analysis” : One could delete all the commas before RR and 95% CI. Introduction line 2 : “occurring at a rate” Introduction para 2 line 2 : “in the anatomic snuffbox” Introduction para 2 line 4 : is “tenderness in the anatomical snuffbox or scaphoid tubercle.....” meant? Is it “anatomic” or “anatomical”? Introduction para 4 line 9 : “recommend” reads easier than “advise for” Introduction para 4 line 13 : “..... practice” of these injuries still remains varied.....” Results Fracture Location para 4 line 2 : There seen to be seven references for using the Herbert classification, despite only four studies using it. Management para



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2 line 3 : “..... provided the patient with a specific” Functional assessment page :
There are two places on this page where the word figure should start with a capital F
Next page – Surgical Management para 3 : Should end “..... (6-9) weeks.” Discussion
page 2 first main para : The English of the sentence beginning “This is likely accounted
for by.....” could be improved by avoiding colons and semi-colons, and not repeating
“compared to ORIF” three times. Discussion final para : Should start “The final
limitation comprises the variety”

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No