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PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 65041

Title: High- and low-intensity percutaneous electrolysis short-term effectiveness in patients with Patellofemoral Pain Syndrome: A pilot study

Reviewer's code: 05518077
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: United States
Author's Country/Territory: Spain

Manuscript submission date: 2021-02-26
Reviewer chosen by: Ya-Juan Ma
Reviewer accepted review: 2021-03-17 16:27
Reviewer performed review: 2021-03-20 04:20
Review time: 2 Days and 11 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this manuscript submitted to the World Journal of Orthopedics. This pilot study sought to determine the effects of various needling techniques in the management of trigger points in persons with patellofemoral pain. Below, please see my comments which I had regarding your manuscript which I hope can be used to enhance the quality of your paper. Major points - I see a single author listed for this manuscript, however numerous other individuals were listed as blinded assessors or assistants. Why were they not involved in the authorship? - The questionable validity and reliability of trigger point palpation should be presented, since the intervention and results are based on investigator palpation (Rathbone, Clin J Pain 2017; Myburgh, Arch Phys Med Rehabil 2008). - Please describe how you calculated the needed sample size. Was a power analysis done? While you say this is a pilot study, I fear this study is under powered. You mention a small sample in future directions, but this needs to be further explained. - The title speaks to effects on pain management, but you do not mention DN which was also effective. Also, you capture pain only with a subjective report. You could say PPT measures pain sensitivity, but you would also have to demonstrate that pain-free individuals have higher PPT than others, which may or may not be the case (Rio, Pain Med 2018). It may better reflect the study to say immediate changes in reported pain sensitivity? Minor points - Line 75: effective how? Pain or function? Navarro-Santana MJ, Clin J Pain 2020 suggests DN is not effective for all variables tested. 'the evidence' you mention is a single study? - Dry needling and trigger point dry needling should not be confused, as TDN speaks to a specific type of approach, whereas a number of approaches fit under the umbrella of DN. Please clarify in your introduction. - Line 86-9: This should be followed by a statement noting the clinical/therapeutic utility. Why would someone use it in clinic? - Between lines 92 and

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93, there needs to be more to bridge the purpose statement. Why would you look at PPT and how is it relevant in this population? Why would trigger points be relevant to this population and what would exploration do to improve clinical management? - Participants: were they allowed to take medication during the study? Last 48 hours? Were they treated elsewhere for PFP in recent months? Does 'any musculoskeletal or neuropathic condition' include concomitant conditions – PFP is a musculoskeletal condition.. - Please explicitly state participants were blinded to group allocation, if they were. Similarly, explicitly state the assessor was blinded. - Line 132-3. Please rephrase hyperalgesic – which speaks to peripheral/central sensitization rather than most painful. Active trigger point – meaning that it was recreating a characteristic pain report? Was it the typical PFP complaint? - Be more specific with the discussion on needling. Line 139 – They all participants have a twitch response? Did you piston the needle until a twitch was found? It was placed for 30 seconds (static?) and then connected to the electrical device? You used the HIPE x 10 seconds, LIPE x 30 seconds, what about the DN group? What do you mean hemostasis was performed x 1 minute? The lack of these specifics would make it hard to replicate. - Please remove SKAPP and just use VAS, since it seems that you're only asking about a pain response. What pain induced during the procedure did you ask about? Worse pain? Initial pain? Twitch pain? How long did the induced pain last? Was the PPT of the TrP the same as PPT at the site of needle application – this is unclear in numerous spots in the manuscript. - Line 189-90 – please add a reference for your reported effect sizes - Line 200 – you note both groups were comparable, but were there any statistically significant between group differences? - The main findings paragraph should be split into multiple sentences. - Line 222-4 – that statement is untrue based on the reference provided. Trigger point management is not a priority in PFP based on current evidence. - Line 240 – replace 'likely' with possible