

Dear Sir,

The authors thank the reviewers and editors for their critical review. We appreciate that overall, they have found it good. Some of the queries raised have been answered. All the suggestions have been incorporated. The complete text has been edited using a professional editing service. But the salient changes have been highlighted in red.

Reviewer 1		
This is an interesting study and to a certain extent adequately planned and executed. Please find my comments and suggestions as follows:		
S. No	Query	Response
1.	The title should be amended to: Effect of Osteoarthritic Knee' Flexion Deformity Correction by Total Knee Arthroplasty on the Sagittal Spino-Pelvic Alignment in an Indian Population - A Prospective Study	The title has been changed as per suggestion.
2.	Measurement procedures regarding sagittal spino-pelvic alignment were several and appropriately conducted, however some limitations must be acknowledged, like that the lateral radiograph measurements in a neutral standing position of the whole spine was a static capture, not representative of functional performance. Perhaps the degree of pre-operative knee flexion deformity could have also played a role in the pre-operative sagittal spino-pelvic alignment. Also, that other factors may more readily determine the sagittal spino-pelvic alignment, like physical activity exposure related to standing-walking, posture habits in general, and also a long-term body schema memory, establishing a certain deformity permanently (due to a long term	The suggestions have been incorporated

	knee-flexion contracture), being impossible to reverse even in a three-month post-surgery timeframe. Also, since the knee arthroplasty was performed unilaterally in several patients, perhaps the authors could have also examined the spino-pelvic alignment in the frontal plane	
3.	The knee-spine syndrome is mentioned. To the authors' opinion is the relationship between the 2 body parts described in terms of concomitant deformities or the concomitant pain presence?	Deformities of knee (flexion deformity- loss of extension) leading to symptoms of spine (pain and loss of lumbar lordosis) is Knee Spine syndrome
4.	The definitions of SSPs appear twice in the manuscript (pg.4). Once is more than enough. Pg. 6	Corrections have been made.
5.	"Group A with correction in flexion deformity more than 100 and Group B with correction less than 100". I think the authors mean 10 degrees instead of 100 degrees.	Corrections have been made.
6.	Considering the male-female differences present in SSPs, and since both male and female participants were considered, accounting for gender in the analyses performed in my opinion is necessary.	The suggestions have been incorporated as a separate table.
7.	Can the authors provide a power-calculation for the sample selected? : The results presented may be non-significant, however they may be under-powered also.	Using our primary outcome values. The post hoc power found out to be more than 90% using poer and sample size software
8.	In my opinion, the following phrase on pg. 7 should be omitted: "We also did not substantiate the LBP using a score though we did find improvement in LBP in our follow-up."	Corrections have been made.
9.	This is novel information-no LBP measurement was described in the method section and also the phrase's meaning is incomprehensible (improvement was found, although a LBP score was not used!)	Corrections have been made.

<b>Reviewer 2</b>		
This study aims at studying changes in the SpinoPelvic Parameters (SSPs) in patients of knee OA with/without Knee Flexion Deformity (KFD) undergoing total knee arthroplasty (TKA). The paper is well written and clear.		
10	The imbalance in the size of samples between women and men is not discussed. The sample size of participants is quite limited. Thus, the findings of this study have to be interpreted with caution owing to the small sample size and duration of the study. Even if stated in the title, authors should discuss the ethnic aspects of the study. Symbols should be reviewed: - OA was not defined. - VAS was not defined.	The figures have been appropriately edited and inserted in text
11.	Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes 2 3 Agree	Yes, and agree
12	Abstract. Does the abstract summarize and reflect the work described in the manuscript? Agree	Agree
13	Key words. Do the key words reflect the focus of the manuscript?	Yes
14	Background. Does the manuscript adequately describe the background, present status and significance of the study? Agree	Agree
15	Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Agree	Agree
16	Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Agree	Agree
17	Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear	Agree

	and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Agree	
18	Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends?	Agree
19	9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Yes	Yes
20	10 Units. Does the manuscript meet the requirements of use of SI units? Yes No	Yes
21	11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references?	Yes
22	12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate?	The language has been edited using professional help.
23	Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting?	Yes
24	14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did	Yes

	the manuscript meet the requirements of ethics?	
Reviewer 3		
This study was aimed to investigate the changes in the SSPs in patients of OA knee with/without KFD undergoing TKA. While it may be of interest, several concerns need to be addressed. 1.. 3. 4.		
25	In the abstract section: introduction should be changed as "background", and be shorten.	Corrections have been made.
26	In the introduction section: The relation between SSA of the body and TKA should be clarified.	The relation between SSA of the body and TKA has be clarified.in text
27	In the method section: please explain how the sample size was determined.	The details of sample size calculation shave been incorporated in text
28	In the result section: The result of KFA may have been missed.	It has been added in the text