

Response letter

First, we would like to thank the editor and reviewers to spend some of their valuable time in revising this manuscript. Our responses on your valuable comments are listed below. The whole manuscript was revised for any grammar issues by the Department of English in our university.

Reviewer 1:

The author described a newly developed technique called dynamic scapular recognition to treat adhesive capsulitis. And they tried to investigate the effect of this technique on shoulder pain, range of motion, and disability in diabetics with shoulder adhesive capsulitis. The methods are detailed. However, it is almost impossible to draw a such complex conclusion through only one case. There are many causes of adhesive capsulitis, and the mechanism is complex. The structure of the manuscript is acceptable, and it should be used to investigate a series case in my own opinions.

Response: Thank you for your valuable comment. We did not reach to a strong conclusion based on our findings. We used “may” to weaken the conclusion because we agree with you that it almost impossible to draw a such complex conclusion through only one case. Also, we added “upcoming studies are considered necessary to conduct a randomized controlled study to reach a strong conclusion on this effect of the technique in diabetics with adhesive capsulitis”

Reviewer 2:

In this manuscript, the authors investigated the effect of dynamic scapular recognition exercise on shoulder adhesive capsulitis in patients with diabetics. A single case was involved in this study and scapular upward rotation, shoulder ROM of flexion et al. were evaluated. Significance was identified for the comparison between pretreatment and posttreatment. This is a well-designed case report and some new findings can be identified as well.

- The authors stated that the patient presented with diabetes mellites and unilateral AC (stage II) in line 56, not sure which diabetes or AC is the primary diagnose, is AC secondary to diabetes? If that's the case, how the diabetes wasn't cured in the previous 6 months based on the statement in line 59?

Response: Thank you for your valuable comment.

- How the authors ruled out contraindications for the treatment of dynamic scapular recognition exercise is unknow. Is joint dislocation or fracture also allowed to accept this therapy?

Response: Thank you for your valuable comment.

- Did the authors monitor the blood glucose level during the treatment? Or just unnecessary?

Response: Thank you for your valuable comment.

- In the section of Examination, all tests are just physical examination, would a X-ray, CT or MRI not be useful?

Response: Thank you for your valuable comment. The patient was first diagnosed with an orthopedist who was responsible for asking and evaluating the case based on X-ray, CT or MRI examination.

- How were the 12 exercise sessions performed?

Response: Thank you for your valuable comment. Each exercise session included performing dynamic scapular exercise that was performed for 15 min/session and 3 sessions/week for 4 weeks. The patient was instructed to stand up and perform the maximum possible active shoulder abduction by paying more attention to scapular movements. The therapist stood behind the patient and put one hand over the superior border of the scapula and the other hand on the inferior angle of the scapula to guide and correct any abnormal scapular movement.

Any time interval for the 3 sessions per week, or 3 sessions were performed in a row a single day?

Response: Thank you for your valuable comment. The 3 sessions were performed every other day. We added this to the manuscript.

- Figure 1, is there any way to outline the scapula in the photo so the reviewer could be able to better understand how the procedure was precisely conducted?

Response: Thank you for your valuable comment. We outlined the scapula in the photo to increase the reviewer understanding to our technique.