Reviewer #1:

1. Authors should add setbacks encountered during this study and how they were dealt with.

We encountered some difficulties to stabilize the scaphoid to the lunate and I add this part to in the treatment part: As most of the stabilizers of the scaphoid were injured, the scaphoid had become extremely unstable, so it was difficult to stabilize the scaphoid to the lunate in a proper position.

2. Limitations of this study should be mentioned and elaborated in the discussion

Limitations: There are some limitations to this study. First, as a case report, only 1 patient was diagnosed and treated, so there were no group comparisons of other treatment options. Second, the follow-up period was short. As we did not repair the scapholunate interosseous ligament directly during the operation, whether the ligament was healed or just scar-connected was unknown. Further observation is necessary.

Reviewer #2:

- The radiographs show that there are some chip fractures of the capitate and hamate as well as dislocations in the scaphoid, but the images are not very clear. Has computed tomography or fluoroscopic image been used to confirm this explanation? (Before treatment and after treatment) I have added a CT scan in the Figure 1 that showed the chip fractures of the capitate and hamate before the treatment.
- 2. Based on the following reference, if there is a complete rupture in the ligament between the scaphoid bone and the lunite, this injury will be classified as Grade 4. (Geissler, W. B. (2013). Arthroscopic management of scapholunate instability. Journal of wrist surgery, 2(02), 129-135.) However, the manuscript states that this ligament between the scaphoid bone and the lunite is intact, but this injury is classified as Grade 4. Please explain about Geissler grade (grade III, II, I, IV) injuries and what is the basis of your classification?

Grade	Description	Management
1	Attenuation/hemorrhage of interosseous ligament as seen from the radiocarpal joint. No incongruency of carpal alignment in the midcarpal space.	Immobilization
Ш	Attenuation/hemorrhage of interosseous ligament as seen from the radiocarpal joint. Incongruency/step-off as seen from midcarpal space. A slight gap (less than width of a probe) between carpals may be present.	Arthroscopic reduction and pinning
Ш	Incongruency/step-off of carpal alignment is seen in both the radiocarpal and midcarpal spaces. The probe may be passed through the gap between carpals.	Arthroscopic/open reduction and pinning
IV	Incongruency/step-off of carpal alignment is seen in both the radiocarpal and midcarpal spaces. Gross instability with manipulation is noted. A 2.7-mm arthroscope may be passed through the gap between carpals.	Open reduction and repair

The arthroscopy confirmed a complete tear of the radioscaphocapitate (RSC) ligament and scapholunate interosseous ligament(the ligament between the scaphoid and lunate) and the arthroscope can pass through the scapholunate gap obviously. So the Gessiler classification was IV. The lunotriquetral interosseous ligament was intact but it had no influence of the Geissler classification.

3. It is mentioned that the DASH and PRWE scores were 16 and 10, respectively. What is the basis for evaluating and determining these scores? What is the normal range of these scores?

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PATIENT RATED WRIST EVALUATION

Name

The questions below will help us understand how much difficulty you have had with your wrist in the past week. You will be describing your <u>average</u> wrist symptoms <u>over</u> <u>the past week</u> on a scale of 0-10. Please try to provide an answer for ALL questions. If you did not perform the activity in the past week, please <u>ESTIMATE</u> the usual pain or difficulty you would expect. If you have <u>never</u> performed the activity you may leave it blank.

Date

	of pain.	e 14	-1	0. /	i ze	70 (904	0) n hav	e en	ns th her e	at y	ou a rien	tid not ced or
Sample scale -	No P	0 ain	1	2 :	4	5	5 7	8	9 1	0 Vor	a E	ver
RATE YOUR PAIN:			-	-	-							
At rest	0	1	ł	2	3	4	5	6	7	8	9	10
When doing a task with a repeated wrist movement	0	1		2	3	4	5	6	7	8	9	10
When lifting a heavy object	0	1		2	3	4	5	6	7	8	9	10
When it is at its worst	0	1		2	3	4	5	6	7	8	9	10
How often do you have pain?	New	0	1	2	3	4	5	6	7	8	9	10

2. FUNCTION

A. SPECIFIC ACTIVITIES

Rate the amount of difficulty you experienced performing each of the items listed below, over the past week, by circling the number that describes your difficulty on a scale of 0-10. A zero (0) means you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do it at all.

Sample scale →	0 No Difficulty	1	2	3	4	5	6	7	8	9	10 Unable To Do
Turn a door knob using my affected hand	0	1	2	3	4	5	6	7	8	9	10
Cut meat using a knife in my affected hand	0	1	2	3	4	5	6	7	8	9	10
Fasten buttons on my shirt	0	1	2	3	4	5	6	7	8	9	10
Use my affected hand to push up from a cha	ir 0	1	2	3	4	5	6	7	8	9	10
Carry a 10lb object in my affected hand	0	1	2	3	4	5	6	7	8	9	10
Use bathroom tissue with my affected hand	0	1	2	3	4	5	6	7	8	9	10

B. USUAL ACTIVITIES

Rate the amount of difficulty you experienced performing your usual activities in each of the areas listed below, over the pat week, by circling the number that best describes your difficulty on a scale of 0-10. By "usual activities", we mean the activities you performed before you started having a problem with your wrist. A zero (0) means that you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do any of you usual activities.

		-	_		-	_	-	_	_	-	0.000	-
1. Personal care activities (dressing, washing)	0	1	2	3	4	5	6	7	8	9	10	_
2. Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10	_
3. Work (your job or usual everyday work)	0	1	2	3	4	5	6	7	8	9	10	
4. Recreational activities	0	1	2	3	4	5	6	7	8	9	10	
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April-June 1996

4

FIGURE 1. The Patient-Rated Pain and Disability Form.

PRWE score

The range of PRWE score is 0-100, 0 means no pain, 100 means the worst pain and function limitation.

2. DASH 上肢功能评分表																		
THE STATES AND AND AND AND AND A 2 STATES AND					water Las	16. 使用	臂部力量	业或冲击力的业;	余 1<	2	3	4	5					
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请您设想一下,那个项目与您的上!	支功能	状况量	机符合,	,并在	相应等级的	(特)	C Me DI MA AN	ALL A MARKED			-	-	c					
数字上画圈。 请您注意:不管您办	用哪	只手完	成的下列	则活动,	也不管您	19. 火石 王神	的现在分词 化	約121余活动(現)	139 1	2	3	4	0					
是如何完成的,只要求您根据相应	的能力	1回答[引題。 1965-10 - 土	出海加计	10 10 10 10 10	20 祝湯	中面松 亦通	h T' IL	16.	2	3	4	5					
A 部分:请您评估在上1 周内,现1 新定上画圈,显表 1。	5 6 90	相助的	18671, 7	PT WITE	11 122 - YF 404 10 3	21. 无	XXII XA	1.1.95	15	2	3	4	5					
载于工画面, 元农1, 表1 A部分内容						22. 影	自然同家人	、朋友、邻居以	1及 15	2	3	4	5					
項目	活动	能力			1.000	其他人	群社会交	往的程度										
	无	有点	明显	很困	不	23. 影	响您的工f	作或其他日常活	动 1<	2	3	4/	5					
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1. 拧开以拧紧的或新的玻璃瓶盖	14	2	3	4	5	B 部分	: 请您评信	估在上1周下列9	症状的严	重程度	E, 在相	应等级	的数字上画					
2. 写字	14	2	3	4	5	图, 9	已表 2。		表 2	В	部分内容	¥	and the second se					
3. 用钥匙升门 4. 海条师范	14	2/.	3	4	5	饭日			~ ~ ~	症状	民严重程	度						
9. 但會収未 5. 维祥	14	2	3	4	5	24.1				无	轻。	自重	极度					
6. 将物品放到头部上方的小柜子里	14	2	3	4	5						微 1	夏度						
7.繁重的家务劳动(擦地板、洗刷	1<	2	3/-	4	5	24. 14	息时肩、	臂或手部疼痛		14	2 3	4	5					
墙壁)		-	-	1.	-	25. 18	动时肩、	臂或手部疼痛		15	2 3	8 4	5					
8. 花园及院子的劳动(打扫卫生、	1<	2	3.	4	5	26. 肩	、臂或手	部麻木、针刺样	疼痛	1<	2 3	3 4	5					
松土、割草修建化早两木)	10	2	3	4	5	27. 廁	、臂或手	部无力		15	2	3 4	5					
9. 铜木 10. 杨阳杨时为时立府第	14	2	3	4	5	28. 肩	、臂或手)	部僵硬		18	2	3 4	5					
11. 搬运重物(超过 5kg)	14	2/	. 3	4	5	29. 肩	、臂或手	部疼痛对睡眠的	影响	18	2	3 4	5					
12. 更換头部上方的灯泡	18	2	3	4	5	30. 肩	、臂或手:	功能障碍使您感	8到能力	FIS	2	3 4	5					
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5. 穿毛衣	1×	2	3	4	5	限 D/	ISH 值={(A、B两部分值总	总和) -	30 (1	此低值)	}=1.2	.0					
6. 用刀切食品	1<	2	3	4/	. 5	24	11						1000					
7. 轻微体力的业余活动(打牌、新	1<	12	3	4	5	一员	分:						1000					
毛衣等)																		
								P	Please ra	te vou	r ability t	o do the	following activ	ities in the l	ast week:			
1. Opening a tight or new jar			N diffic	No culty O	Mild difficulty O	Moderate difficulty O	Severe difficulty O	Unable 0	Please ra	te you	r ability t	o do the	following activ	No difficulty	Mild	Moderate	Severe	Unable
Opening a light or new jar Writing			N diffic	No culty O	Mild difficulty O	Moderate difficulty O	Severe difficulty 0	Unable 0	Please ra 19. Recre	te you ational	ability t	o do the s in whi	following activ	No difficulty	Mild difficulty O	Moderate difficulty O	Severe difficulty O	Unable
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DASH score

The DASH score ranges from 0-100, 0 means normal function of the upper extremity, 100 means extreme limit of function.

4. The content presented in the discussion section is very large and therefore it is very difficult to understand and compare these explanations. And I think it would be more useful to present this material in a series of tables. I have added some tables in the manuscription and rearrange the frame of the manuscription.