

Dear Prof. Lian-Sheng Ma:

Thank you very much for your letter and advice. We have revised the manuscript with tracked changes, and would like to re-submit it for your consideration. The response to your comments are listed below this letter. We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

With best wishes,

Yours sincerely, Siyuan Ma

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**Answer to the comments**

**Reviewer #1:**

Q1. Title. The title is appropriate and it reflects the main subject which the author wants to highlight.

**Answer:** Thank you for approving our job.

Q2. Abstract. In the conclusion part of the abstract, separate message can be given to the people/patients and the stake holders of the health care system to improve quality care towards burn rehabilitation.

**Answer:** Thank you for your wonderful advice. We added the “Precise instruments and equipment, accurate measurement methods, objective monitoring indicators and standardized guidelines or suggestions are helpful to improve the quality of burn rehabilitation treatment.” in the Abstract according to your suggestion.

Q3. Key words. No. 1. Secondary injury 2. Case report : are not appropriate key words

**Answer:** Thanks, We have changed the keywords “inappropriate rehabilitation” to “**ill-suited rehabilitation treatments**”, changed the “Secondary injury” to “**injury**”, deleted the keyword “case report”.

Q4. Background The manuscript adequately describes the background, present status and significance of the study.

**Answer:** Thank you very much.

Q5. Discussion. It mainly elaborates the problem in the administrative part of development of 3 tier health care facility for burn rehabilitation which is being repeated multiple times in the manuscript and in the conclusion at the end. Rather than it should discuss the scientific part of burn rehabilitation methods and common mistakes. Also the discussion part does not include the experiences and methodology by other authors which is the gist of discussion. No scientific knowledge is imparted at the end of discussion.

**Answer:** In our opinion, the secondary injuries of burn rehabilitation treatment are mainly caused by the imperfection of the current burn rehabilitation treatment system, which is a systematic problem, rather than due to the lack of ability of some specific burn rehabilitation treatment techniques. The systematic problems include not only the specific rehabilitation treatment technology, but also the popularization of burn rehabilitation treatment concept and training of treatment technology, standardization and unity of burn rehabilitation treatment process and

operation, development of burn rehabilitation treatment equipment and the optimization of burn rehabilitation treatment process. Therefore, we think that it is of great significance to discuss how to establish and improve the third degree burn rehabilitation treatment system, which is more helpful to reduce the secondary injury caused by burn rehabilitation treatment than simply discussing or popularizing specific burn rehabilitation treatment knowledge and technology.

**Q6. References.** Too many number of reference has been cited which are irrelevant to the topic under discussed. Many mistakes in reference writing style like reference no 4, 6, 8,11,15 is incorrect .

**Answer:** Thank you very much. According to your requirements, after revision, there were 15 references only, and the format of all the references was adjusted too.

**Q7. Quality of manuscript organization and presentation.** The introduction and case report part is well written in detail. But discussion part is not well scripted.

**Answer:** Thank you for your helpful comment. The discussion section has been seriously and thoroughly revised from the content level, logic level and language expression.

**Q8. Conclusion:** It is not well formulated. Again it highlights the administrative problems in rehabilitation of burn victims which is already mentioned in the discussion.

**Answer:** Thanks a lot. We have thoroughly changed the “Conclusion” into “Close attention should be paid to the burn rehabilitation system to reduce the secondary injuries caused by ill-suited rehabilitation treatments. The system should include specialized hospitals (burn rehabilitation centers), community hospitals, and family rehabilitation. Precise instruments and equipment, accurate measurement methods, objective monitoring indicators and standardized guidelines or suggestions are helpful to improve the quality of burn rehabilitation treatment. Additionally, more attention should be paid to burn rehabilitation for children.”

#### **Reviewer #2:**

**Q1:** Greetings I read your manuscript. You have highlighted an important aspect of rehabilitation related injuries in burn patient. While the manuscript has new message, I have a few minor concerns Title: Please replace the term 'inappropriate' with a better term, e.g. ill-suited. Inappropriate appears to denote malpractice, while these are actually preventable complications.

**Answer:** We have changed all inappropriate into ill-suited in the manuscript according to your kindly suggestion. Great thanks.

**Q2: Keywords:** Use MeSH words.

**Answer:** Thanks, We have changed the keywords into “ill-suited rehabilitation treatments, injury, burn rehabilitation system, burn”.

**Q3: The manuscript is too lengthy. Please try to shorten it.**

**Answer:** Thank you for your kindly suggestion. According to your comment, we revised our manuscript. The new manuscript has more than 700 words less than the original manuscript.

#### **Reviewer #3:**

**Q1:** Very well written with very good points and suggestions. It is my experience that family compliance is enhanced with written instructions for rehabilitation, were the families and patients given any type of material to take home? Perhaps you may wish to give flyers or pamphlets on rehabilitation for home use since verbal instructions are quickly forgotten. Perhaps add a little more detail on the length of rehabilitation treatments for each patient. How long were they

supposed to rehabilitate, how long did they actually, was rehab only at home or were there scheduled appointments, how often?

**Answer:** We are quite in favor of your suggestion. The method of written instructions for rehabilitation was indeed better than verbal instructions. In fact, these specific operation methods are included in the third-level burn rehabilitation treatment system. For example, the skills training, problem feedback, and training of family rehabilitation providers. The length of rehabilitation treatments for each patient was presented in the figure legend of each case. In addition, these patients presented in our manuscript were accepted the Whole course rehabilitation treatment, not only at home, but scheduled by the rehabilitation plans, include hospital or outpatient treatment and community rehabilitation.

Q2: English is acceptable and sentence structure is well written.

**Answer:** Thank you for approving our job.