Reviewer #1:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: Dear authors, The authors reported a case of delayed healing of a clavicle fracture treated with LI-ESWT. Although the manuscript is well written, it is unclear whether LI-ESWT was effective in this case. The reviewer feels that the patient may have been cured by plating alone without LI-ESWT. The author showed the images after 3 months. In fact, there is a clear gap around the fracture site, which is common with plate fixation. If Figure D had been a radiograph at 6-month follow-up, I think it would have added more credibility to the efficacy of the LI-ESWT.

Response: Thanks for this critical and professional comment. Currently, there is a lack of consensus among orthopaedic surgeons in the assessment of fracture-healing, especially after a fracture has been plated [PMID: 18762645]. The guideline by International Society for Medical Shockwave Treatment (ISMST) defined the timepoint of delayed union as 3-6 months after fracture. Meanwhile, recent evidence showed that CT scanning after three months of clavicle fracture, especially for symptomatic patients, showed comparable findings beyond six months [PMID: 33897851]. Besides, the current patient was symptomatic in 3 months after surgery. Given above, the diagnosis of the delayed union of clavicle fracture in the current case seems reasonable. However, we must admit you are right - that the rational of the diagnosis was not clear enough, so we rearranged the rational accordingly.

Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: Dear editor and authors, The authors reported their successful experience of treating a delayed union of clavicle fracture by applying low-intensity extracorporeal shock wave therapy (LI-ESWT). This is a very interesting approach to raise awareness of using this non-invasive tool as an alternative to surgery in the treatment of delayed union of clavicle fracture. Nevertheless, I recommend the following amendments.

In Abstract, CASE SUMMARY, mo should be expanded as months. Avoid using abbreviations in abstract.

Response: Thanks for this suggestion and we corrected this accordingly.

In main text elsewhere, you may use mo as abbreviation, but it should be expanded the first time it appears in the main text.

Response: Thanks for this suggestion and we corrected this in its first appearance.

I appreciate that an informed consent was obtained from the patient. An approval from the institutional review board and ethics committee should also be presented. Please include your institution with approval number in the ethical approval statement in the revised text.

Response: Thank you for this suggestion! We obtained the IRB approval from our institution

according to your suggestion and we noted this in the revised manuscript.

In Abstract, CASE SUMMARY, you stated “radial, 0.06mJ/mm2, 3Hz, 3000 shocks”. However, in TREATMENT, you stated “The therapeutic parameter was 0.057 mJ/mm2, radial pattern, 3 Hz and 3000 strikes.” These descriptions were inconsistent. What actual dose did you use? Why did you choose the specific dose and sessions? Please discuss my aforementioned concerns in details.

Response: This inconsistency was because the value of dosage of 0.057mJ/mm^2 was rounded up to 0.06mJ/mm^2. Your comment is helpful, and we uniformed the values to 0.057mJ/mm^2 in case of causing confusion. The rational we applied this set of parameters (low intensity, i.e., EFD $\leqslant$0.08 mJ/mm^2) was that (1) the clavicle was superficial and the patient experienced considerable pain after surgery, so we decided a low single dose treatment strategy in hope of reducing side effects; (2) previous study showed that multiple sessions of ESWT had greater efficacy than single sessions from the perspective of the clinically cumulative effect, so the patient received multiple sessions of treatment despite in low dosage.

The demonstrated case was a victim suffering from midshaft clavicle fracture. Please reflect this in your title to be more specific as distal clavicle fracture may lead to a different story.

Response: Thank you for this valuable suggestion. Accordingly, we changed it to midshaft clavicle fracture in the title, abstract and main text.

The follow-up time for this patient was 7mo. Please comment on length of follow-up time.

Response: Thank you for this comment. The plan for follow-up was set as 3 months and 6 months after treatment. But the patient postponed the follow-up schedule for a month due to personal reason. So the follow-up timepoints became 4 months and 7 months accordingly.

In CASE PRESENTATION, Chief complaints, collarbone should be two separate words.

Response: Yes, you are right. Collarbone can be “collar bone” in British English. Our manuscript was based on American English, so we maintain the expression of “collarbone” here. [https://www.collinsdictionary.com/dictionary/english/collarbone].

To my knowledge, VAS: pain scale - Units: mm?

Response: Thank you for this concern. The VAS is a continuous scale comprised of a horizontal (HVAS) or vertical (VVAS) line, usually 100 mm long, anchored by two verbal descriptors (i.e., “no pain” and “worst imaginable pain”) The unit of VAS should be mm (0-100), according to existing evidence [PMID: 3785962] [PMID: 22588748] [MID: 29321111]. And 0-100 mm VAS scale has been used in high quality evidence [PMID: 29182798] though 0-10 scale is also frequently used. Here the patient’s actual pain intensity was measure by the ruler as shown below, so we maintain the “mm” units.

Figure. The VAS scale this study used.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Well written

Response: Thank you for reviewing this manuscript!