Dear colleagues,

Thank you on behalf of all the authors for taking the time to review our work.

We have taken careful note of the comments, and suggestions made - which were genuinely helpful.

In light of this we have completely rewritten significant portions of the manuscript, in order to address previous problems with language fluency, content where needed, and also general readability. This has also included deletions, and alterations in the nomenclature used to improve precision, and ensure consistency throughout.

The changes should be evident within the revised manuscript, but please do let us know should anything be unclear, or you require any further clarification. We also provide a brief commentary with respect to some specific points highlighted below.

1- I believe you mix a lot of different type of fractures, Jones described years ago an specific fractures of the proximal joint of the 5th metatarsal bone, but these injuries are produced by diverse traumatic mechanism so treatment is quite different. In the abstract you assert that conservative treatment have good outcomes, but I believe there are different approaches for the different type of these proximal fractures.

We agree with you, and we thank you for highlighting this t. In order to address this we have added the definition that Sir Robert Jones published in 1903 - as being 1/3 inch from the base.
We also agree with you on the fact that we should alter our language so as to not be overly certain about the non-operative treatment. This is indeed a controversial area. We have therefore modified the manuscript, accordingly.

2- In page 6 of the manuscript, you show a picture of and tubercle avulsion and you conclude that nonunion is uncommon, but you must be careful with this assertion as if there is not a proper immobilization and if distance bteween fragments is more than 3-4 mm there will be no bone healing, though it is possible a good function with nonunion of this fracture.

Avulsion fractures with no bone contact develop a pseudoarthrosis that can be functional. In table I you show the different radiological images of these fractures, but type 2 and 3 do not agree with the classical description fo Jones. At least as I knew.

We have made a full revision of the classifications to provide clarity and consistency related to the Jones type 5th metatarsal fracture, including table modification.

3- In the treatment, page 8 you talked about conservative treatment with casts, shoes. boot, but is there any places for shoe inserts???

We have duly performed a literature search but were unable to obtain any relevant articles for this - but thank you for suggesting - this was certainly relevant and represented an interesting area to look into in more detail.

4- In page 12 you speak about a plantar plate. I want to ask you, if the problem is in relationship to tension forces on the lateral part of the bone due to adductis of the forefoot, in order to control these forces, plantar location of the plate does not seem a good choice. On the other hand as you say some lines below there are potential complications ought to hardware prominence. In the same page I agree with you that fractures around diaphysis must be addressed with bone graft to improve healing process. It seems quite difficult to damage the nerve during placement of the guidewire in young sportsmen with good cortices if you have done a previous reduction of the fracture. Other think is you place the wire without reduction that it is not a recommendable procedure.

We agree with you on the fact that the nerve injury is not common and in addition certainly measures can be taken to further decrease this risk as we mention within the manuscript. However, we do believe it is a significant risk and worthy of mention.

5- You include in the non-surgical treatment neck fractures of the 5th metatarsal bone, but these are distal fractures and I guess your title says Jones' fractures that are proximal or mid-shaft fractures non distal ones.

We agree with you, this was indeed an error and it has been duly corrected within the revised manuscript.,

**References**

1. Jones R. I. Fracture of the base of the fifth metatarsal bone by indirect violence. Annals of surgery. 1902 ;**35**(6):697. [PMID: 17861128] [PMCID: PMC1425723]

Sincerely,

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