

World Journal of Orthopaedics reviewers,

We would like to thank the reviewers for their very valuable comments and suggestions.

We were able to make changes based on these comments and feel that with these additions and revisions the manuscript is significantly better and hopefully will be acceptable.

Below is the summary of the changes performed.

| Reviewer #1 Comment                                                                                                                        | Reply                                                                                                                                                                                                                                                                                                                                                                                    | Change done in the manuscript                                                                                                                                                                                                                                     |
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| What is the clinical application / relevance of the Epidemiologic Investigation of Pediatric Distal Humerus Fractures?                     | Thank you for the insight. We agree our manuscript needs to plainly report the intended application of our results. With an ever-evolving youth population, the relevance of this updated epidemiological investigation should more accurately characterize both what injuries occur and how they are being treated. We have added a line detailing this at the end of the introduction. | “The clinical application of this investigation is intended to better predict injury patterns and counsel patients on of modes of treatment.”                                                                                                                     |
| The operative data to include follow up, as the outcome depends upon the result.                                                           | We agree follow-up would be an ideal metric to include in the results, however; this data comes from a insurance claims database and does not include follow-up. It only includes data for hospital encounters. We have included a line detailing this within the limitations section.                                                                                                   | “The data is retrospective in nature and from a de-identified insurance claims database, so we were unable to read operative notes, review radiology exams, and analyze patient factors such as mode of injury, time from injury, body mass index and follow-up.” |
| Is the male preponderance in the data regarding ME fractures hypothesised to occur due to mismatch between muscular strength and ME fusion | Thank you for pointing out this confusion. Our data did not support this historic claim. We have changed the wording to easier show that it was in previous studies that demonstrated a male preponderance. I have also                                                                                                                                                                  | “In previous studies ME fractures occur more frequently in a male population, likely due to mismatch between muscular strength and ME fusion site. <sup>7-9</sup> ”                                                                                               |

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| site explained by actual data on the mode of injury?                                                                                                        | included an additional reference that expounds upon this fact by identifying this injury in male arm wrestlers.                                                                                                                                            |                                                                                                                                                                                                                                                                   |
| How was the data in Table 4 subjected to statistical calculation?                                                                                           | We have revised table 4 to include a “total” column. The statistical results were achieved with a one-way analysis of variance. We have better explained that within the <i>Statistical Analysis</i> section.                                              | “Ordinal data was analyzed with a Chi-Square test or a one-way Analysis of Variance for multiple variables”                                                                                                                                                       |
| Was the hospital records not accessible for the relevant data collection? This could have overcome the listed study limitations.                            | This is the largest limitation of our study. The data we received is intended for insurance companies and merely contains demographic information and codes related to diagnosis and treatment. It has already been de-identified upon our inspection.     | “The data is retrospective in nature and from a de-identified insurance claims database, so we were unable to read operative notes, review radiology exams, and analyze patient factors such as mode of injury, time from injury, body mass index and follow-up.” |
| For any epidemiological data on trauma, the initial focus is on the mode of injury so as to institute relevant preventive measures, which is not available. | Similarly, and unfortunately, the data we received is intended for insurance companies and merely contains demographic information and codes related to diagnosis and treatment. We have included a sentence highlighting this in the limitations section. | “The data is retrospective in nature and from a de-identified insurance claims database, so we were unable to read operative notes, review radiology exams, and analyze patient factors such as mode of injury, time from injury, body mass index and follow-up.” |
| What are the implications of the study and how does it relate to the current Pediatric Orthopedics?                                                         | We appreciate this feedback. We have included a line at the end of the conclusion plainly stating the clinical implications.                                                                                                                               | “These results will more accurately predict the fracture and treatment of distal humerus fractures in an American pediatric population.”                                                                                                                          |