Dear Sir, Madam,

Thank you very much for supplying us with the comments of the reviewers. They really added to the quality of our paper. We think we were capable of handling all of them. Please find our explanation to the comments below. We also point out the changes we have made in our text. Here and there we also corrected our grammar. We hope this time our article is suitable for publication in your journal.

Also on behalf of the co-authors,

Sincerely yours,

Georges Vles

Reviewer: Gunar Hagglund

1. We used the Modified Ashworth Scale, as is stated in our manuscript. We did not use plusses in our table 3. Both reviewers were right in this. We changed the sentence which stated that the MAS is a 4 point scale. It now says that the MAS is a 6 point scale. We also went back to our raw data and now mention the plusses in table 3.

2. The caregivers questionnaire is now mentioned in the methods. We translated
the questionnaire to English and added it as an attachment.

3. We did not use the questionnaire in group B, but the VAS instead, because
   a. it is not a validated instrument
   b. we learned from literature that the VAS is a reliable instrument to measure
      individually defined treatment goals.1

   Retrospectively, we could have taken the selfmade questionnaire in this group of
   patients. However, our primary goal was to investigate the effect of a new
   treatment modality and not to validate a test. During the study we changed to the
   instrument we thought was most able to detect changes caused by the treatment
   of interest.

4. Group B was not analyzed using the MAS. The MAS is indeed an important
   outcome measure of spasticity, however the assumption that it measures
   spasticity is not entirely right. The MAS measures a broader set of neural and
   musculoskeletal factors of non-velocity-dependent hypertonia in addition to
   spasticity itself.2 Moreover, the test requires some cooperation of patients, which
   is often limited in children or patients with cognitive deficits. Furthermore, using
   the ICF domain of body functions and structures, we were mainly interested in
   the domains of activities and participation.

5. The caregivers questionnaire was taken at 1 and 6 months. The caregivers
   gave a VAS score at 6 and 12 weeks. This difference was due to the fact that the
   first 6 patients were evaluated systematically and in a small protocol, and the
   next 11 patients were evaluated during regular outpatient visits. Retrospectively,
   it would have been better to take both tests at equal intervals. Unfortunately, we
   do not have data of the effect one year after treatment. Indeed, this would be of
   great interest.

6. We already included BTX-A, SDR and ITB in our discussion.

Reviewer: Koji Ohata

1. We added the following text to our manuscript:

   The MAS as a method for the evaluation of the treatment of spasticity in children
   with CP has been disputed before, although in adult populations the reliability of
   the MAS has been demonstrated.3 In a study in children with moderate to severe
   spasticity, a wide variability in test-retest results was reported for the MAS.4 The
   assumption that the MAS purely measures spasticity is not entirely right. The
   MAS measures a broader set of neural and musculoskeletal factors of
   non-velocity-dependent hypertonia in addition to spasticity itself.5

2. We now added the evaluations at both intervals in our tables 1 and 2 as
   requested by the reviewer.

3. We now explain + and – in our legend. A + or – represents a summary of
   improvement or lack of improvement measured by caregivers questionnaire or
   VAS. As our questionnaire is not a validated instrument, we do not feel
   comfortable showing raw data. Instead, we chose to give a sort of summary or
impression noted by the caregivers.

The plusses in the indication column we now changed into squares.

4. As we designed our own questionnaire, it has not been validated. Please find enclosed a copy of our questionnaire. Our primary goal was to investigate the effect of a new treatment modality and not to validate a new test.

5. This is a known transient procedure related event.

6. We used the Modified Ashworth Scale, as is stated in our manuscript. We did not use plusses in our table. Both reviewers were right in this. We changed the sentence which stated that the MAS is a 4 point scale. It now says that the MAS is a 6 point scale. We also went back to our raw data and now mention the plusses in table 3.

References


