Reviewer's report

Title: Reverse LISS plating for intertrochanteric Hip Fractures in elderly patients

Version: 1  Date: 28 June 2009

Reviewer: Michael Zlowodzki

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Major Compulsory Revisions

The AO classification is not useful for proximal femur fractures. It is much more useful to know 1) how many of the fractures had a subtrochanteric extension, 2) How many were reverse oblique, 3) how many had a comminution of the posterior-medial cortex, and the remainder stable. Please present your results separately for those groups and the remaining stable fractures. (This is essentially the Evans classification)

What was the weight –bearing protocol for the patients?

The first paragraph of the discussion states “The key to understanding the problem of hip fractures was once addressed by Koval and Zuckerman 8, who stated that "all too often, the operation is successful in terms of healing of the fracture but the patient is unable to regain the pre-injury level of function and independence. Based on the view that hip fractures are a complex coupling of fragile patients with fragile bone, an optimal treatment method should address both issues9. We think that the reverse LISS plate is such a system.”

Since no functional outcomes are presented in this study this paragraph should be deleted.

The methods sections contains actual results. All numbers related to the sample population need to be presented in the results (avg. age, fracture classification etc)

Table 1: You can’t say that the alignment and range of motion is “normal”. You either have to delete those two column of present the actual values. Delete “side” – it’s irrelevant whether the left of right side was operated on. What is the “Traumatic Hip Rating Scale.”

Figure 3: Some of the screws penetrate the far cortex. Is that on purpose? Did you try to achieve bicortical fixation in all fractures. It looks like two of the screw are not locking screws, but actual lag screws. You did not mention that in your surgical technique! Please add. How often did you do that? Always?

Figures 4 and 5 demonstrate that the locking screws are backing out. Given the current interest in locking plate for proximal femur fractures it would be very important to know how often that happened in this study. Please add this to your results.
A major downside of this study is that no functional outcomes are presented. Limitations of this study need to be presented in the discussion section.

In conclusion this data is worth to be publish, but only after an extensive revision as outlined above. I will address minor revisions once this paper is brought into a publishable shape by the authors.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.