Dear Sir/Madam,

We thank the Reviewers for their comments on our manuscript. Many general points have been raised by both reviewers. We will respond to these below. We then respond to comments made by each reviewer.

The first comment is that, as specified in the submission process, this manuscript falls within the remit is a technical modification of a published technique, and has therefore been submitted in the 'Technical advance' category of BMC Musculoskeletal Disorder, a fact which may have not been evident in the communication between the Editorial Office and the Reviewers. As such, we merely wish to describe and discuss the technique used. As recommended by Professor Karlsson, we have therefore omitted the details of the 12 patients from the paper.

We developed this less invasive technique on account of more than 50 patients operated on using our previously described and published techniques (McClelland 2002, Young 2005, Maffulli 2005, Pintore 2001). This has been added to the text in the Introduction and Discussion. The inclusion provides justification for the development of the less invasive rather than open technique, and we would like to thank both reviewers for stressing the importance of this.

We appreciate that there are a large numbers of figures used. As suggested, we have reduced the number by one, having removed the figure previously titled Figure 7. We consider the remainder of the figures to be essential to adequately demonstrate the technique. BMC Musculoskeletal Disorders is published on line, an ideal medium on which to publish such descriptive texts. Space is less critical on electronic rather than in paper journals, and this allows multiple figures to be used.

Both reviewers have commented on the appearance of some of the figures. Figures now titled 8 and 13 have therefore been sketched by a Medical Illustrator.
Additional Individual Comments are as follows:

Professor Zwipp:

We have added in the discussion why the tendon of peroneus brevis is used rather than the tendon of peroneus longus. To our knowledge, there is no published account on the use of the tendon of peroneus longus to reconstruct the Achilles tendon. Also, our understanding of the anatomy and physiology of the foot makes us worried at the use of the tendon of peroneus longus for this purpose. Perhaps Prof Zwipp may want to point us towards the publication(s) in favour of the tendon of peroneus longus instead of the tendon of peroneus brevis: it is well possible that he has access to databases which we are not privy to.

Professor Karlsson:

Professor Karlsson has recommended changing the title from Background to Introduction of the opening section. However, the recommended heading for this section, as detailed in the Instructions for Authors for Technical Advances, is Background, and therefore we have used this in the manuscript.

We have also tried to clarify several terms used in the text implying that a chronic rupture is one that has already allowed scar tissue to form, and chronic changes have occurred within the musculo-tendinous unit.

An additional sentence explaining that the disadvantage of a single longitudinal incision has been added to the background. This highlights a potential disadvantage of previous methods and explains why this modification may be potentially better.

In the technical description, an explanation of care provided to avoid the sural nerve has been added together with the reference for the anatomy [Webb]. We understand there are already quite a few references, but agree with the reviewer that further explanation is required.

All obvious surgical description has been removed from the text (in particular the description of the appearance of the two tendons). We have added at the end of the description that closure must be undertaken very carefully to reduce the risk of haematoma and possible wound breakdown. In the light of Prof Karlsson's comments, we have given a much more detailed account of the explanation of the post operative regimen. This makes the decision making of the post operative regime more understandable.

In the Discussion, we feel unable to start with a sentence like "The principal
findings etc": as previously discussed, we are reporting a Technical Advance rather than presenting results. Nevertheless, we have emphasised later in this section the clinical relevance of preserved skin integrity. We have included our figures of wound complications: 9% superficial infection using an open technique [Pintore 2001] in our hands. Similarly, we have inserted statements to explain the limitations of surgery i.e. we do not recommend that this method permits reconstruction to be performed on diabetics or those with peripheral vascular disease. A Conclusion section has also been added after the Discussion, summarising the paper.

With regard to the title, Professor Karlsson has recommended that we change the title from Less Invasive. We appreciate that Less Invasive suggests a comparative study whereas this is a technical description. However, the incisions used are certainly less invasive than the Senior Author's previously reported open technique, and we would therefore prefer to keep the original title. We would welcome the suggestions of the Editorial Board of BMC Musculoskeletal Disorder in this respect.

Finally, we appreciate that there are many references, but we have tried to be as thorough as possible in writing the paper and including references when needed. We have inserted the classic references by Lindholm, Christiansen and Silfverskiold. Again, as BMC Musculoskeletal Disorders is published on line, it is an ideal medium on which to publish such descriptive texts. Space is less critical on electronic rather than in paper journals, and this allows multiple references to be used.

We hope that the manuscript has now reached the standard necessary to be accepted by BMC Musculoskeletal Disorders, and we look forward to hearing from you.

Yours sincerely,

Michael Carmont Nicola Maffulli