Author's response to reviews

Title: A new brace treatment similar for adolescent scoliosis and kyphosis based on restoration of thoracolumbar lordosis. Radiological and subjective clinical results after at least one year of treatment.

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Author's response to reviews: see over
Cover letter on submission second review on manuscript 3271490856731450:

A new brace treatment similar for adolescent scoliosis and kyphosis based on restoration of thoracolumbar lordosis. Radiological and subjective clinical results after at least one year of treatment.

Piet JM van Loon, Monique Roukens, Joop DJ Kuit and Frederik BTM Thunnissen.

Dear Scoliosis Editorial Team,

On behalf of my co-authors I thank the Editorial team to give the opportunity to get our results and manuscript readmitted after commenting the last remarks of the reviewer Dr. Hans-Rudolf Weiss.

We will give the responses on his concerns hereby.

Again the English and the structure of sentences is revisited and in the introduction and the discussion some textual improvements are made. A new table was added, also to overcome some of the comments.

The reviewer wants a comparison with results in earlier studies on other types of braces. In our earlier letter on the first review we changed quite a lot but not the intention of the ms. and also the data were still brought in the way we felt it expresses the value of this technique. The fact this manuscript gives radiological and subjective results in a group with at least one year off treatment give a relative drawback, but also makes comparisons with other studies even more difficult. In the text we explain the reason a longer follow-up is lacking, but will be done as soon academical support is arranged.

We added some of Weiss’ work in which he indeed show, that a lumbar type of brace with lordosis alters coronal curves too. The interrelationship was known since Sevastik “coupled” the curves again as it should be. But the type of lordotic bracing was only meant for scoliosis and in one of his articles even contra-indicated for kyphosis. Because it is impossible to go in detail in results of so many types of technique, we added a new table (table 3), not to compare results, that was clearly done in the Cochrane study of SOSORT, but more on gross differences in technique. That’s what makes comparisons almost impossible. We used and advocate, as in our article in Spine in 2008, forced lordosis at the thoracolumbar spine. We do not sell a brace, we try to incorporate new and hopeful better etiologic factors into a for these factors specific type of correction. Which resulted in a simple, versatile technique with very old experience on extending a deformed spine behind it.

In the SRS way of viewing towards conservative treatments some lacks can be found. The very little knowledge of what exercise therapy actually does and a lack of preventive measurements in Anglo-
American societies make the criteria of the SRS not always the best to follow in European perspectives on the issue.

We do hope the revision has reached an acceptable format to be published,

On behalf of my co-authors,

Greetings,

Piet J.M. van Loon