Author's response to reviews

Title: Oxygen supplementation facilitating successful prosthetic fitting and rehabilitation of a trans-tibial (below knee) amputee with severe chronic obstructive pulmonary disease

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Author's response to reviews: see over
September 04, 2010

Dear JMCR Editorial Team,

Re: MS: 1702202471396595
Oxygen supplementation facilitating successful prosthetic fitting and rehabilitation of a transtibial (below knee) amputee with severe chronic obstructive pulmonary disease.

Jasdeep Sohal, Amarjit Arneja and Sat Sharma

Thank you for all your help in review process for the above named manuscript. We have revised the manuscript according to the referees’ suggestions. The revise manuscript is uploaded and we hereby provide a detailed cover letter giving point-point response to the referees’ concerns in bold.

Referee 1

General comments:
This paper presents new possibilities in the care of the dysvascular transtibial amputee with severe pulmonary disorders who otherwise often are not rehabilitated and consequently not fitted with prosthesis.

Thank you
Revisions necessary for publication:
The Abstract is consisted. However, the description of the prosthesis could be shorter. “She was custom fitted with a trans-tibial prosthesis”.

We have made this change
Introduction:
First part, line 7, starting with “Peripheral..”: This and the following lines need to be re-written and shortened.

We have made this change
Suggestion:
Peripheral vascular disease accounts for over 90% of all amputation and more than half occur in people diagnosed with diabetes [4].

We have made this change
In the following line “Dysvascular amputation accounted for 82%.. It is unnecessary with both these references. My recommendation is to change it.

We have made this change
Suggestion:
Increases in amputation rate can be expected as both the number of diabetes patients and the number of elderly in general population is rising, with estimated five year survival after amputation of 30 – 40% [1].

We have made this change
Case Report:
The patients underwent amputation in August 2007. So the years when the bypass surgery and the stent placement was performed must have been 2006, or??
Second part, line 4. Change to “Residual limb length was 5 cm…”
Take out “right”.
More detail description is needed about the prosthesis. Was it a silicone liner, thermoplastic or something else??
Suggestion: Ask the prosthetist of detail description of the prosthesis.
Discussion:
First part, first line. For me “excellent” is to strong word. My suggestion is to change it to “good” and end this part with something about what see was able to do, e.g. living in here own house and/or participating in the household work….

We have made all these changes

Referee 2:

Comments to authors:
The article was presented well and provided persuasive reasoning for including prostheses in the rehabilitation of persons with chronic obstructive pulmonary disease and lower limb amputation. However, minor corrections and clarification of the text need to be addressed.

Thank you
1. Introduction, 1st paragraph, line 11: "The age range of the patients..." Do you refer to dysvascular patients here?
We have made this change
2. Case Report, 1st paragraph, line 6: "Four months later..." Clarify. Four months from March 2007 or Nov 2007?
We have made this change
3. Case Report, 2nd paragraph, line 3: "week" should read "weak"
We have made this change
4. Case Report, 2nd paragraph, line 4: Clarify. Is 5 the maximum or minimum on the General Strength scale?
We have made this change
5. Discussion, 2nd paragraph, line 9: Clarify/reword. Word choice of "do better" is poor.
We have made this change
6. Conclusion, 1st paragraph, line 1 (and elsewhere): Proper reference should include person-first terminology. "Persons with lower limb amputations..." instead of "Lower limb amputees...".
We have made this change
7. References: Vinicor is not referenced in the manuscript.
We included a newer reference on guidelines to prevent diabetic foot complications.
Other considerations:
If similar rehabilitation treatments are pursued in the future, it may be beneficial to collect oxygen consumption data. The authors would be able to compare energy expenditure of persons with COPD with that of dysvascular patients as reported by
Pinzur et al., further validating case study results and potential quality of life improvements.

*This is an excellent suggestion that we intend to follow in future.*

Please let me know if anything else needs be done. This review has definitely enhanced the manuscript great deal.

Best regards,
Sat Sharma