Author's response to reviews

Title: Retear of Anterior Cruciate Ligament Graft in Female Basketball Players

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Author's response to reviews: see over
Dear SMARTT Editorial Team:

Thank you very much for your E-mail of December 17, 2009, concerning our manuscript (MS#2110354418321805) entitled “Retear of Anterior Cruciate Ligament Graft in Female Basketball Players” by Y. Tanaka et al. We carefully considered the comments raised by editor and reviewers and revised the manuscript accordingly.

According to the editor’s and reviewers’ comments, we thoroughly revised the manuscript. We responded to all the comments as described in the following sheets.

We hope that the revised version of our manuscript is now appropriate for publication in the SMARTT journal. We would greatly appreciate it if you would kindly let us know the final decision at your earliest convenience.

Sincerely yours,

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Our responses to the reviewers’ comments and changes in the revised version

Title:  Retear of Anterior Cruciate Ligament Graft in Female Basketball Players: A Case Series.
Authors:  Yoshinari Tanaka, Yasukazu Yonetani, Yoshiki Shiozaki, Takuya Kitaguchi, Nozomi Sato, Shinya Takeshita, and Shuji Horibe

According to reviewers, English has been totally checked and modified by a native speaker.
Revisions have been made as follows according to the editor’s and reviewer’s comments.

Responses to reviewer #1

General Comments

According to reviewer’s recommendation, we have entirely modified the paper as a case series. The title was also modified to emphasize a case series. As the reviewer mentioned, we agree with the reviewer’s thought that the number of the ACL graft rupture is too small to clarify the risk factors. In terms of the Quad-Ham muscle strength, however, we described it as a comparison between the retear and uninjured groups. Although reasons for correlation between the preoperative muscle weakness and the graft retears remain unclear, we believe that it is the result readers will have interest.

1. Introduction.

According to reviewer’s comment, we made a comment that long-term effect of ACL reconstruction has been unknown and inserted a reference (page 3 line 8).

2. Patients

We replaced the term “social background” with “school graduation” (page 4 line 18).


We usually use only the semitendinosus tendon and modified the related sentence (page
4. 5. Rehabilitation:

Criteria for Returning to Basketball and Neuromuscular Training

In the present series (2004-2006), we didn’t make any other criteria for return to basketball than Quad-Ham strength. Although we checked laxity, flexibility and the landing form at the follow-up time, we didn’t have any obvious or consistent criteria for permitting the return to basketball and treated them case by case. As we are now investigating another series of patients about factors including strength, performance and balance at each follow-up time, the results will be described in the future. In terms of neuromuscular training, we also prescribe it for the next series of cases who wish to return to competitive sports activities.

RESULTS

6. Difference in Return Level

We described difference in the return level (page 4 lines 15 through 17). Among the 6 cases of retear, 5 returned in competitive level and one participated in recreational level. No difference was found between two groups.

DISCUSSION

7. Explanation for Correlation Between Preoperative Muscle Weakness and ACL Retear at 8 Months

As described in the manuscript (page 11 lines 10 through 18), the accurate clinical relevance of preoperative quadriceps deficit in ACL graft retears remains unclear and we cannot choose but speculate the correlation between the strength deficit and ACL retear. Our speculation is that patients who showed strength weakness might have deficits in agility, balance and proprioception. As there were these deficits postoperatively, the patients end up returning to basketball in incomplete and risky conditions.

8. Speculation about Rehabilitation
According to reviewer’s comment, we shorten our speculation about rehabilitation (page 11 lines 12 through 18).

9. **Limitations of the Study**

According to reviewer’s recommendation, we included “the small number of retear cases” as a limitation of the study (page 11 line 20, page 12 line 3).
**Responses to reviewer #2**

1. **Surgical procedure.**

   According to reviewer’s comment, we described about the initial tension of the graft and knee angle (page 5 lines 10 through 11).

2. **Differences in postoperative rehabilitation between the two groups**

   Although we recommended athletic rehabilitation including jump and agility exercises, we could not make apparent differences in training contents between the two groups. First, Quad-Ham strength at 6 months didn’t show significant difference between the two groups (Figure 2). Second, as mentioned in responses to reviewer #1, we didn’t make any other criteria for return to basketball than Quad-Ham strength. As we are now investigating another series of patients about factors including strength, performance and balance at each follow-up time, the results will be showed in the future.

3. **Proprioceptive or Performance Data at 6 months After ACL Reconstruction.**

   As mentioned above, we could not prepare complete data of proprioception or performance in the present series. As we are now investigating another series about factors including strength, performance and balance, the results will be described in the future.