Author's response to reviews

Title: The use of instrumented gait analysis for individually tailored interdisciplinary interventions in children with cerebral palsy: A randomised controlled trial protocol

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Author's response to reviews: see over
To the Editor,

We thank you and the reviewer for providing further feedback on our manuscript. We have addressed the minor essential and discretionary revisions below. All Authors meet the criteria for authorship, as described in the Authors’ contributions section (page 20, line 462-465), and none of them has any potential conflict of interest.

On behalf of all Authors

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Reviewer 3: Claire Kerr

Minor essential revisions

Reviewer 3, comment 1: There are a number of grammatical errors in the text but I assume these will be picked up by the copy editor.

Author’s reply:
We thank the reviewer for this suggestion to improve our manuscript. Professional proofreader and editor Suzanne Capell have edited the manuscript.

Discretionary revisions

Reviewer 1, comment 1: Calculation of an average GDI (i.e. one GDI score per person) has been defined as the gait pathology outcome in this study, as opposed to one GDI per limb (i.e. two per person). The authors may wish to consider this, however both methods have previously been reported and justified in the literature.

Author’s reply:
We thank the reviewer for the comment. We have discussed and considered this question carefully in the planning of our study and have chosen calculation of an average GDI for several reasons. First of all two GDI scores per person would force us to choose which limb should be used as primary outcome since the two limbs per person cannot be treated at two independent ‘participants’ in the study. This is not a simple task, since the participants might experience compensatory movement patterns that have greater influence on a single limb GDI score than the movement pattern generated as the primary aetiology on the other limb. This can be is seen in unilateral cerebral palsy, where the GDI score of the affected side is higher (better) that the GDI score of the unaffected side. Thus, we have chosen to adhere to our initial decision and consequently no changes according primary outcome has been made in the manuscript.