**Author’s response to reviews**

**Title:** Pedi-IKDC or KOOS-Child: which questionnaire should be used in children with knee disorders?

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**Version:** 1  **Date:** 06 Apr 2019

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1) As we know, many knee pathologies in children may become better soon after some time and treatment (Schlatter etc.). They should however still be classifiable and measured with this tool or another one. The authors should better explain to the readers why the "stable" ones were only included.

Response: The authors agree that the Pedi-IKDC or KOOS-Child instrument should assess every knee pathology, whether stable or unstable. Thus, that the instrument can follow deterioration or improvement in time. The unstable knee conditions were only excluded in assessing the psychometric property ‘reliability’. This is done because reliability is the degree to which a research instrument produces consistent results for patients who have not clinically changed. So that the instruments measures the same response of people who have not changed. If the instrument would produce different answers for those people, the instrument would not be reliable. See page 7, lines 200-2010.

2) In the Abstract lines 64&66 I suppose you meant "except" rather than "accept".

Response: the authors appologize for this error and have corrected this in the abstract, see page 2, line 64-66

3) Moreover, please mention the ranges for both tools and not only for the KOOS.
Response: the Pedi-IKDC has only 1 score as intracorrelation coefficient, for the KOOS-Child has been given a score from 0.8-0.9 because this questionnaire has 5 different subscales (i.e. symptoms, pain, ADL, sport/play, QOL). If the reviewer would prefer the authors could also present the confidence interval, however the authors do not believe that this will add extra value to the abstract, see table 2.

4) More than the results themselves I think such tools should be easy to apply in daily practice. Therefore I recommend to elaborate some more which of those is easier and faster to fill out for parents. This would be an additional point of relevance in favor of e.g. the pedi-IKDC.

Response: The authors agree with above statement and that this would add a point of relevance in the favour of the pedi-IKDC. That is why the authors added an extra line in the conclusion, see page 13, line 369.