Reviewer's report

Title: Effectiveness of Schroth exercises during bracing in adolescent idiopathic scoliosis: results from a preliminary study - SOSORT Award 2017 Winner

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Reviewer: Jean Claude De Mauroy

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In Europe, the tradition was to never prescribe a brace without physiotherapy associated. Thanks to the authors for adding the evidence to the experience.

1. My first comment concerns terminology. The SOSORT board chose the acronym PSSE (Physiotherapy Scoliosis Specific Exercises) in preference to SSE to emphasize that these exercises are part of a global medical rehabilitation program and are carried out in the medical and non-sporting field for example It Would be desirable to use the same terminology.

2. My second point concerns the Schroth method. The exercises of Schroth were already practiced in Europe 200 years ago. The current Schroth standard has evolved a lot since you quoted Lehnert Schroth's book (8) and I think it would be interesting to illustrate the exercises by figures adapted to a specific type of scoliosis.

3. SRS criteria for bracing are primary curve angles 25 degrees - 40 degrees. You may explain why you changed that criterion to 25 to 50 degrees.

4. Can you also illustrate with a figure the brace you use?

5. The follow up of the two groups is very different and varies from single to double. Often the initial good results of conservative treatment decrease over time. It would be desirable for the evidence of the results to be evaluated in both groups at the same time after fitting the brace.
6. The percentage of thoracic scoliosis is significantly higher in the control group (33.3% vs 20.8%), but these curvatures are often more rigid than the thoracolumbar and lumbar curves.

7. Although many papers support a correlation between correction during treatment and outcome, it should be cautious in interpreting angular and cosmetic results during treatment.

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