Reviewer’s report

Title: A cadaveric and sonographic study of the morphology of the tibialis anterior tendon – a proposal for a new classification

Version: 1 Date: 13 Jan 2019

Reviewer: Jill Halstead

Reviewer's report:

Thank you for the changes you have made.

I have some further comments and feedback.

1. "Recent years have seen considerable interest in physical activity by non-professional athletes, and traumatic/traumatic ruptures or tendinopathies of the TAT are quite commonplace."
   >Comment - There is no evidence to support this. There is no reference to support it in the Bibliography.

2. Moreover, palpation is insufficient for diagnosing tendinopathy, partial tears or bursitis [3].
   >This reference is not correct, I have read the review you use as reference 3 and does not report the sensitivity or specificity of palpation for TAT or any other tendons.

3. "The most commonly-used approach combines eccentric training with manual therapy, kinesiology taping, isometric and stretching exercises, electrotherapy or improvement of lumbo-pelvic control [13-16]."
   >These references are for rehabilitation programmes for other tendinopathies.
   Please make this clear for example
   The most commonly-used approach for lower limb tendinopathies combine eccentric training with manual therapy, kinesiology taping, isometric and stretching exercises, electrotherapy or improvement of lumbo-pelvic control [13-16].

4. Why did you use statistical tests (given the aim) to describe and classify tendon variation. You do not refer to table 1 statistical test results in detail.
   "The morphometric parameters that differed significantly between types of the TAM are presented in Table 1."
   >Please expand to discuss findings about the tendon length, thickness, width

5. Please also label Table 1 clearly to state the presentation of mean and standard deviation

6. Please expand the statistical analysis plan. It is not clear what you tested or why.
   Please change the plan to something like this
   "The difference between the five TAT classifications were assessed using caliper vitro morphology measurements. The differences between mean tendon length, width and thickness
were analysed using a Kruskal-Wallis test by ranks with dedicated post hoc test was used to compare these measurements between each of the TAT types (data was not normally distributed)."

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An article of importance in its field

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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