

Peer Review File

Article information: <https://dx.doi.org/10.21037/aoj-22-40>

Reviewer Comments

Reviewer A

Comment 1: “I suggest the authors to indicate that this is a literature review in the title.”

Reply 1: Thank you for reviewing our paper and for your wonderful insights. Respectfully, our article was not intended to be a traditional literature review; rather, it was a summarization and critical review of current surgical techniques and principles used in ACLR, supported by the senior author’s experience as well as current literature. However, the title text has been modified to reflect the intent of this paper as suggested.

Changes in the text: Title, lines 1-3

Comment 2: “Please also consider to provide a brief summary of the rationale for this review, how these studies were identified, how the data were summarized and analyzed from included studies, have comments on the main findings from the review”

Reply 2: Thank you for the suggestions; the rationale for this paper is found in the current introduction (see lines 75-86). As previously mentioned, this was not conducted as a formal literature review, and thus the Methods each co-author used in searching for literature were not recorded. However, given the last lines of the introduction, it is understandable that this was assumed. To that end, the text has been modified to make clear our intent and avoid misleading statements.

Changes in the text: Lines 85-86; Lines 191-192.

Comment 3: “Please also consider to ... propose future directions for the unaddressed clinical questions”

Reply 3: We thank the reviewer for bringing our notice to the paucity of attention we gave to this subject. Although several sections included section-specific guidance for future directions (Lines 167-171, 262-269, 293-300), the overall section entitled ‘future directions’ was rather vague, and thus we have addressed this by circling back to restate the specific recommended areas of future research in this section.

Changes in the text: Lines 313-323

Comment 4: “In the main text of the review, the authors need to briefly describe the methodology of the studies reviewed and have comments on their limitations and knowledge gaps since these data are critical for comments on the unaddressed questions and future research directions”

Reply 4: Thank you for your attention to detail on this submission. As noted above, our article was a commentary of current techniques and principles, and not a perfect critique or summarization of the available literature; however this excellent suggestion was utilized at several key junctures where the foremost articles or studies on a given technique or principle were critically appraised. See examples at lines – 241-269, and 276-288

Comment 5: “These corresponding comments in the conclusion part are not adequate, which need to be more detailed and practical”

Reply 5: This is an excellent observation, and additional text has been added as suggested.

Changes in the text: Lines 330-336

Comment 6: “I also suggest the authors to use a table or figure to summarize the strengths and limitations and unaddressed questions in these grafts”

Reply 6: An excellent suggestion that we have implemented as advised.

Changes in the text: See Table 2 at end of text. (line 345-351)

Comment 7: “...a figure is needed to describe the critical principles in the surgical procedures including the rehabilitation procedures”

Reply 7: A table including surgical pearls and pitfalls has been added according to recommendation.

Changes in the text: See table 1 just prior to ‘future directions’ (line 302-311)

Reviewer B

Comment 8: “Please summarize the relevant biological, biomechanical, and clinical data regarding various graft types and to provide a basic framework for graft selection

in ACLR”

Reply 8: Thank you for the recommendation; see Table 2 at end of text where these additions have been made

Changes in the text: Line 345-351

Comment 9: “The format of the figures in this study is inconsistent and unclear. It is recommended to unify the format according to magazine requirements and replace clearer figures”

Reply 9: Thank you for the feedback; all figures have been reformatted to TIFF, and have been enlarged when necessary. Some figures of poor quality have been replaced with higher-quality images. Figure 1 was replaced with an A/B variation to better depict graft harvesting.

Changes in the text: *See new uploaded figures and legends

Comment 10: “The all-inside technique for ACLR is gaining popularity as a more anatomic, less invasive, technique with the potential for more rapid recovery. What are the components of the technique, safety profile, outcomes, and complications? Suggest adding relevant content”

Reply 10: Given that all techniques discussed are essentially ‘all-inside’ techniques, this has been addressed in the text for reader clarification.

Changes in the text: Line 63-64

Comment 11: “What factors determine success in ACLR? Suggest adding relevant content”

Reply 11: See addition of Table 1 ‘surgical pearls and pitfalls’

Changes in the text: Lines 302-311

Comment 12: “Please evaluate the use of functional knee braces after ACLR with respect to clinical and in vivo biomechanical data”

Reply 12: Added in Table 1

Changes in the text: Lines 302-311

Comment 13: “The introduction part of this paper is not comprehensive enough, and

the similar papers have not been cited, such as “Acceleration of ligamentization and osseointegration processes after anterior cruciate ligament reconstruction with autologous tissue-engineered polyethylene terephthalate graft, Ann Transl Med, PMID: 34268383”. It is recommended to quote the article”

Reply 13: Article context brought into the discussion and cited as recommended.

Changes in the text: Lines 92-94