

## Peer Review File

Article information: <https://dx.doi.org/10.21037/jss-23-39>

### Reviewer Comments

**Comment 1:** Dear Author, I have read with great interest your manuscript. The topic is interesting and your word could help clinicians in their practice. Nevertheless, there is a weak point, which is the organization of the paper sections. Instead of listing in each section the features of CMS and cervical a peripheral neuropathies, I would first identify the common features of all these conditions as they could manifest then I would proceed to identify the key signs of the clinical signs that could help differentiate these conditions.

**Reply 1:** Great point; the paper does flow better when starting with common clinical presentations then explaining each condition in detail. EMG information has been discussed in more detail.

**Changes in the text:** Added the following sections titled:

Common Clinical Presentations, Electrophysiological Studies, Sensory Nerve Conduction Studies, Motor Nerve Conduction Studies, and Electromyography (EMG).

Three more resources has been added 34,35,36

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**Comment 2:** The Review is clearly written but I have the following major comments:

Throughout the text, the Authors make inappropriate simplifications in the definition, pathophysiology and clinical presentations of compressive cervical cord myelopathy, cervical radiculopathy, and brachial plexus pathology. These inaccuracies probably reflect the absence of a neurologist/neurosurgeon among Authors. I strongly suggest a thorough revision of the manuscript by a neurologist or neurosurgeon specialized in these topics.

Treatment considerations are provided in separate paragraphs for some conditions but not for the others.

Both general introduction and conclusions are too short. Of course, this is inevitable, as this work aims to Review too many different conditions together!!

**Reply 1:** We have added a neurologist to the team who has reviewed the paper and agreed with the changes made.

**Changes in the text:** Added more information on EMG data in the following sections titled Electrophysiological Studies, Sensory Nerve Conduction Studies, Motor Nerve Conduction Studies, and Electromyography (EMG).

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**Comment 3:** The authors presented an interesting narrative review about Cervical Spondylotic Myelopathy and its main differential diagnosis, including cervical radiculopathies and upper extremity neuropathies. Even presenting and discussing classic aspects regarding semiological and neuroanatomical elements in the

subject, this review article is very well written and easy to read for a wide and diverse population in the health area. Some aspects can help authors to further improve their manuscript:

1. Despite not being the focus of the manuscript, I suggest authors to include a separate topic about brachial plexus disturbances. I think a brief discussion about clinical manifestations, causes and recognition for the general reader will be of great interest in the context of a review manuscript.
2. Adding a picture with the body representation of the myotomes and dermatomes distribution (correlated to Table 1) will certainly be of great importance for this review manuscript. I also encourage authors to consider adding a picture representing the neuroanatomical pathways and correlates of the main peripheral nerves in the upper limb.
3. Regarding Tables 4 and 5, I suggest authors to include an additional column about “main causes”/”main etiologies” of radial and median nerve injury at different location.

**Reply 1:** Added a section discussing brachial plexopathy in different demographics

**Reply 2:** Three Figures have been made by our team in an attempt to illustrate the anatomy of BP as well as the dermatome and myotome **distribution**.

**Reply 3:** The etiology column would complete the table and make it well-rounded as mentioned.

**Changes in the text:** Added a section called Brachial Plexus Disturbances. The etiology column has been added to tables 4 & 5. Three illustrations have been developed. Two of which showcasing the BP and one is the dermatome and myotome distribution.

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