

## Peer Review File

Article information: <https://dx.doi.org/10.21037/joma-22-5>

### Review Comments:

#### Reviewer A:

**Comment 1:** The authors tackle a very enormous, difficult and controversial topic. A narrative review may not be the ideal method by which to review this very broad topic.

**Reply 1:** Thank you for this suggestion. We chose a narrative review format because the aim was to provide a broad overview of trigger point injections. The challenge that we saw with a systematic review was its highly focused format (just efficacy, for example). However, we did use a systematic review approach (Table 1 and Figure 1) for the subtopic of “Positive Outcomes.”

**Comment 2:** Overall, this manuscript is disjointed, difficult to follow and is inadequate. Several paragraphs and sentences are incoherent. There are a number of topics within the manuscript that do not do justice to the complexities associated with this vastness and extent of this topic. Certainly, expansion of material is warranted to allow the reader to gain a full appreciation of the material within the literature. Contrarian views should be considered.

**Reply 2:** Thank you for these suggestions. The entire manuscript has been re-reviewed for cleanliness, grammar, and clarity, and has been improved accordingly.

**Comment 3:** The authors need to rethink their strategy in regards to methodology prior to engaging in this massive effort. Perhaps being more focused on only certain aspects of TPI may make the task more manageable.

**Reply 3:** Thank you for these suggestions. As this invited review specified the topic of Trigger Point Injections for Orofacial Pain, we chose a narrative review format for its ability to present a broad content area.

#### Reviewer B:

**Comment 1:** This is a well written concise manuscript. The authors should mention what type of literature review, a narrative approach should suffice.

**Reply 1:** Thank you for the helpful comment and suggestion. We have specified this as a narrative review in the title, as well as the last two paragraphs of the Introduction.

**Comment 2:** Authors can talk a little about other management options for TP briefly in the introduction if word count is not an issue.

**Reply 2:** Thank you for this helpful suggestion. We mention habit reduction, postural training, night guards, psychological therapy, improvement in sleep, home care, cold sprays, muscle relaxants, NSAIDs, physical therapy, Botox, and the twin-block injection in the Introduction.

**Reviewer C:**

**Reply 1:** The narrative review is a very well written, concise, comprehensive overview of the trigger point injections for orofacial muscle pain.

The authors have managed to comprehensively cover an enormous topic and make it clinically very relevant. The authors are commended on a well executed article.

**Reply 1:** Thank you for this generous comment.

**Comment 2:** Few minor suggestions that the authors can consider:

In the section on techniques for TPI the authors have provided an overview of general techniques. The authors may consider elaborating techniques of TPI for some important muscles in the head and neck (temporalis, masseter, SCM, Upper trapezius, digastric etc). Briefly elaborating with a few sentences and use of any of the following modalities (table or figures or diagnostic and therapeutic paradigms) may be helpful to the clinicians.

**Reply 2:** Thank you for these suggestions. The following has been added: “Some details when injecting masticatory muscles warrant mention. The medial pterygoid muscle rarely requires TPI, since it responds well to spray and stretch. When the medial pterygoid or lateral pterygoid muscles are injected, the approach can be extraoral or intraoral. Extraoral access is from below the zygomatic arch and between the mandibular condyle and coronoid process (16). Intraoral access is through the pharyngeal wall for the medial pterygoid muscle. For the lateral pterygoid muscle, intraoral access starts distal to the second maxillary molar, and proceeds in a distopalatal direction (30). When injecting the temporalis muscle, the temporal artery should be first identified and avoided (16).”

**Comment 3:** The authors may consider using the terminology Myofascial Orofacial pain as per ICOP criteria in the title and text.

**Reply 3:** Thank you for this suggestion. We have changed “myofascial pain” to “myofascial orofacial pain.”