

## Peer Review File

Article information: <https://dx.doi.org/10.21037/aos-23-3>

### **Reviewer A**

I have reviewed both the manuscript and the attached video of the arthroscopic procedure for the repair of ATFL. I find the manuscript clear, and the accompanying video well made, accurate and informative.

My single major comment is that in the discussion the authors should expand on a comparison of their surgical technique to other surgical repair technique for ATFL injuries, both open and arthroscopic.

**Reply:** Relevant comparisons have been added to the discussion section (see line 103).

**Changes in the text:** The traditional open technique requires at least a 4-cm-long incision with significant dissection and soft tissue debridement, and it sometimes causes surrounding blood vessels and nerve injuries. Compared with other arthroscopic ATFL repair methods, this surgical method uses a modified lass-loop stitch technique. The lasso-loop stitch is one of the self-cinching stitches. Previous studies have shown that they have superior tissue-holding strength when compared to equivalent non-self-cinching stitches.

### **Reviewer B**

If the authors are to claim this technique is important to restore lateral ankle stability, they need to include measures that demonstrate it does. There is not data about range of motion, strength, stability, function,,,,,etc.

**Reply:** Relevant data have been added to the discussion section (see line 115).

**Changes in the text:** For the patient in the presented case, the patient was allowed to perform weight bearing the day after surgery. After 4 weeks of surgery, the patient had basically regained normal gait, and the anterior drawer test of the ankle was negative. 8 weeks after surgery, the patient had fully recovered the range of motion of the ankle joint and began to return to sports gradually.

### **General Comments:**

- This manuscript has numerous grammatical errors and is written in the present tense. It needs to be written in past tense

**Reply:** We have modified our text as advised.

### **Introduction**

- Line 11 – change “amount” to “among”

**Reply:** We have modified our text as advised.

- Since the CF ligament status is reported on the patient's MRI, the introduction should include information about the CFL

**Reply:** Relevant introduction has been added to the induction section (see line 16).

**Changes in the text:** where the calcaneofibular ligament (CFL) is involved in 50% to 75% cases.

- Line 20 “...repair the ATFL.”

**Reply:** We have modified our text as advised.

### **Case Presentation**

- Line 22 is not a sentence

**Reply:** We have modified our text as advised.

- Line 23 – should “foot” be “ankle” ?

**Reply:** We have modified our text as advised.

- please provide sensitivity and specificity of MRI, anterior drawer test, & ultrasound testing of the ATFL. The references should also be included

**Reply:** We have modified our text as advised (see line 33 and line 36).

**Changes in the text:** MRI showed a sensitivity of 88.5% and a specificity of 81.3%, whereas ultrasound testing had a sensitivity of 96.8% and a specificity of 88.3% of the ATFL injuries. Although the specificity of the anterior drawer test could be 100%, its sensitivity was only 39.5% to 50%.

### **Surgical Technique**

- Numerous grammatical issues.

**Reply:** We have modified our text as advised.

- Firstly is used incorrectly multiple times.

**Reply:** We have modified our text as advised.

- The sequence of events is not clear.

**Reply:** We have modified our text as advised.

### **Discussion**

- The manuscript emphasizes the importance of restoring motor function but there is no data about this patient’s function. There are no measures of range of motion, strength, pre- and post- ankle stability, return to activity, etc.

**Reply:** Relevant data have been added to the discussion section (see line 115).

**Changes in the text:** For the patient in the presented case, the patient was allowed to perform weight bearing the day after surgery. After 4 weeks of surgery, the patient had basically regained normal gait, and the anterior drawer test of the ankle was negative. 8 weeks after surgery, the patient had fully recovered the range of motion of the ankle joint and began to return to sports gradually.

### **Images**

- Very helpful

### **References**

- OK