

Peer Review File

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Reviewer A

Comment 1:

Very well written paper. Recommend changing title from "Orthopaedic Service Line" to "Orthopaedic Surgical Volume", as used in manuscript. Recommend being consistent with terminology of "orthopaedic surgical volume" throughout manuscript.

Reply 1:

We have updated our manuscript by replacing references to "orthopaedic service line" to "orthopaedic surgical volume." We've made these updates in the title, abstract, and manuscript.

Changes in the text:

We have modified our title (see page 1, line 1), abstract (see page 2, line 46, 51, 62), Key words (see page 3, line 77), and discussion (see page 9, line 220; page 10, lines 224, 226, 236, 240; page 11, line 155; page 12, line 300).

Comment 2:

Recommend changing graphs to better differentiate between 2019 and 2020.

Reply 2:

We have updated Figure 1 and portrayed the orthopaedic surgical volume in 2020 during the COVID-19 pandemic in red to more clearly differentiate between the surgical volume between 2019 and 2020.

Changes in the text:

Figure_1_JHMHP_updated contains the new Figure 1 image with 2020 portrayed in red rather than black. (see Figure 1_JHMHP_updated.docx)

Comment 3:

While COVID did impact orthopaedic residency training, this is not the focus of this manuscript. I believe that these paragraphs in the discussion can be shortened (lines 257-294).

Reply 3:

We agree and have updated this section of our discussion. For the paragraph between Lines 257 and 268, we would like to emphasize the risks with overspecialization and limiting the scope of orthopaedic practice, and we have condensed this paragraph as requested by merging the last two sentences of the paragraph. For the two paragraphs between Lines 269 and 294, we had discussed how the COVID-19 pandemic had affected resident education. While this is an important effect of the COVID-19 related restrictions, we agree that this is not the focus of the manuscript, so we have merged these two paragraphs and condensed them accordingly.

Changes in the text:

We have modified the 3 paragraphs as described above (see Page 11-12, Lines 260-297).

Reviewer B

Comment 1:

The authors of their study limited it to a period slightly longer than half a year in the period before and during the lockdown, when it became apparent to reduce the number of patients admitted to the hospital for understandable reasons. The work does not bring any new values to the well-known topic related to the course of the COVID-19 pandemic.

Reply 1:

We believe our study provides valuable information related to how the COVID-19 pandemic disrupted orthopaedic surgical volume at a single institution. Specifically, our study highlights how drastically orthopaedic surgical volume decreased in certain subspecialties in the first few months of the pandemic, and it also shows how rapidly the orthopaedic surgical volume recovered. Understanding how these trends differed by subspecialty and at a single institution is important to document as it may be helpful for orthopaedic surgeons and hospital executives if a similar scenario arises in the future. Further, we have discussed the ramifications of these changes in orthopaedic volume on healthcare organizations and resident education that are important for orthopaedic surgeons to be aware of for the future.

Changes in the text:

None

Comment 2:

The described studies cannot be classified as Level II and, at most, can be considered Level VI - Evidence from a single descriptive or qualitative study.

Reply 2:

We agree that the study cannot be classified as Level II, and that Level VI – Evidence from a single descriptive or qualitative study would be more appropriate.

Changes in the text:

We have updated our manuscript to indicate Level VI – Evidence from a single descriptive or qualitative study (see Page 3, Line 79).