

Scientific Writing (How to Write a Paper?)

Presented by:

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Let's Start with this:



- Like most academic tasks, writing journal articles is a **skill that is developed over time**.
- Becoming a **productive clinical researcher** requires one to publish, so he or she must jump in, **write up the results, submit the manuscripts, promptly return the revised manuscript, resubmit rejected manuscripts and learn throughout the process**.
- And finally, step-by-step you will be **patron of a specific journal!!!!!!**

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Research Ideas

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تعریف تحقیق؟

پرسه ای
متدولوژیک
سیستماتیک
هدفمند

از
جمع آوری اطلاعات
آنالیز اطلاعات
تفسیر اطلاعات

به منظور
جواب دادن به یک سوال
تست کردن یک فرضیه
حل کردن یک مشکل

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اصول و قوانین "علمی" تحقیق:

- اساس یک تخصص، "تحقیق" است.
- محقق باید نگرش "حل مساله یا حل مشکل" داشته باشد.
- محقق بایستی به حل مشکلاتی بپردازد که "تهدید" محسوب میشود.
- محقق روی یافته ها نباید "تعصب" داشته باشد.
- دلیل محکمه پسند برای هر ادعایی "سند و مدرک" است.
- کتاب "سند و مدرک" نیست. بلکه "مقاله" سند و مدرک است.

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اصول و قوانین "اخلاقی" تحقیق:

- تحقیق نباید "ضرر" داشته باشد. بلکه باید برای فرد یا جامعه "فایده" داشته باشد.
- تحقیق نباید "خطر" داشته باشد:
 1. خطرات فیزیکی
 2. خطرات اقتصادی
 3. خطرات روحی-روانی
 4. خطرات اجتماعی
- تحقیق باید "اختیاری" باشد: موافقت آگاهانه
- اخلاق در "انتشار نتایج" تحقیق:

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چه کسی میتواند نویسنده مقاله حاصل از یک تحقیق باشد:

- شرط اول: در حداقل یکی از فعالیتهای ذیل "مشارکت فعال" داشته باشد:
- 0 نوشتن مقاله
 - 1.1 پروش مفهوم مطالعه
 - 2.1 طراحی مطالعه
 - 3.1 جمع آوری اطلاعات
 - 4.1 آنالیز اطلاعات
 - 5.1 آنالیز آماری
 - 6.1 تفسیر اطلاعات
 - 7.1 حمایت مالی
 - 8.1 حمایت تکنیکی یا لجستیکی
 - 9.1 شرط دوم: اصلاح "اساسی و مهم" متن اولیه مقاله
 - 0 شرط سوم: "تایید متن نهایی" مقاله قبل از ارسال به مجله هدف
- 7

انتخاب موضوع تحقیق:

- 0 اولین قدم در تحقیق انتخاب یک عنوان خوب است.
- 0 ابتکار یک محقق در پیدا کردن یک موضوع خوب است.
- 0 انتخاب موضوع تحقیق به سه فاکتور: علاقمندی محقق، توانایی محقق و نوع زمینه کاری محقق بستگی دارد.
- 0 منابع انتخاب موضوع تحقیق:
1. مجلات تخصصی (یک خواننده خوب باشید)
 2. کنگره ها و سمینارها (یک شنونده خوب باشید)

معیارهای انتخاب موضوع تحقیق:

FINER

- Feasibility
- Interesting
- Novel
- Ethical
- Relevant

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بیان مساله تحقیق:

- Knowledge Void
- Conflicting Evidence
- Knowledge-Knowledge Conflict
- Policy-Action Conflict

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Knowledge Void

- o To the best of our knowledge, no study has yet investigated the...
- o However, little is known for the...
- o Cautions:
 1. Irrelevancy
 2. Unfeasibility
 3. Invalidity

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Conflicting Evidence

- o Repetition Without Repetition!
 - o مثال: آیا لیزر در کاهش سرعت هدایت عصبی مدیان در بیماران مبتلا به سندرم تونل کارپ تاثیر دارد: بعضی مطالعات: بلی در حالیکه بعضی مطالعات: خیر
 1. حجم نمونه متفاوت
 2. نوع لیزر متفاوت
 3. شدت متفاوت سندرم
 4. مدت زمان استفاده از لیزر
 5. شدت لیزر استفاده شده
 6. کالیبراسیون دستگاه اندازه گیری کننده سرعت هدایت عصبی
 7. مکان ثبت سرعت هدایت عصبی

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• Knowledge-Knowledge Conflict

- تناقض بین "علوم رسمی، قراردادی یا تئوری" با "علوم آزمایشگاهی، تجربی یا مشاهده ای"
- مثال: تئوری میگوید افزایش قوس کمر باعث کمردرد میشود. اما مشاهده میکنیم هیچ ارتباطی بین افزایش قوس کمر و کمردرد وجود ندارد.

• Policy-Action Conflict

- مثال: در حرف بایستی بعد از تکنیک جاندازی کمر بند لگنی مشکل بیماران مبتلا به کمردرد برطرف شود. اما در عمل مشاهده میکنیم که اجرای این تکنیک باعث کاهش کمردرد نمیشود.

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نگارش بیان مساله تحقیق:

- پاراگراف اول: تعریف عارضه، علت ایجاد عارضه، اپیدمیولوژی بیماری، میزان شیوع و بروز بیماری، هزینه تحمیل شده به جامعه و بیمار و ...
- پاراگراف دوم: دانسته هایی که در مورد موضوع تحقیق تا به حال وجود دارد. توجه کنید که با بخش "مروری بر مطالعات" اشتباه نشود.
- پاراگراف سوم: بیان مساله تحقیق، چرایی مشکل و چگونگی حل مشکل
- پاراگراف چهارم: بیان اهداف تحقیق و نتایج کاربردی حاصل از تحقیق

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Categories of Papers:

1. Original Research Articles:

IMRAD

Is intended for basic or clinical studies, usually up to 5000 words.

2. Brief report/Short communication:

Similar to original

Limits in words, references, tables and figures

Rapid in publication

3. Review Articles:

Usually invited. Indeed, their writers should be expert in that field.

High value because of more citation than research papers

4. Case report:

Rare cases (up to 3-cases)

New

No Method and Result parts

5. Letters to the Editor:

These should briefly report single experiments and cases of clinical interest or respond to recent articles.

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Choosing a Journal

1) Instruction for authors (Advise to contributors). For example:

Gait & Posture

Welcome to the online submission and editorial system for *Gait & Posture*.

Gait & Posture is a vehicle for the publication of up-to-date basic and clinical research on all aspects of locomotion and balance.

The topics covered include: Techniques for the measurement of gait and posture, and the standardization of results presentation; Studies of normal and pathological gait; Treatment of gait and postural abnormalities; Biomechanical and theoretical approaches to gait and posture; Mathematical models of joint and muscle mechanics; Neurological and musculoskeletal function in gait and posture; The evolution of upright posture and bipedal locomotion; Adaptations of carrying loads, walking on uneven surfaces, climbing stairs etc; The effect of aging and development on gait and posture; Psychological and cultural aspects of gait; Patient education.

Audience

Orthopedics surgeons, neurologists, rheumatologists, podiatrists/chiropractors, physiatrists, physical and occupational therapists, research professionals, psychologists, physiologists, bioengineers, kinesiologists, ergonomics and those with an interest in elite performance

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2) **journal's hot topic (interest)** from publications of 2 previous years
For example: Balance training in MS patients

3) **Look at the reference list of our paper.** This shows where other articles in this field are being published.

4) **Ask from our expert colleagues**

5) **E-mail to Editor, e.g.,**

Dear Dr. Johns,

We are intended to submit our research article **entitled** "The effects of muscle fatigue on dynamic standing balance in people with and without patellofemoral pain syndrome" to the "American Journal of Physical Medicine & Rehabilitation". The **Abstract** has been attached.

Is this topic in the scope of your publication?

Sincerely yours,
Hossein Negahban, PhD.PT

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Submitting Process

After choosing the journal and making the manuscript according to its format, you should submit it to the editor with a **covering letter** indicates:

1. Type of your paper (original, review,...)
2. Title of the manuscript
3. Brief description of your research question
4. State some considerations, clearly
5. Conflict of interest statement
6. Name of corresponding author

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Dear Editor,

Enclosed for your consideration is an **original full article**, entitled "The effects of muscle fatigue on dynamic standing balance in people with and without patellofemoral pain syndrome".

Recently, the evaluation of balance control in the presence of isolated muscle fatigue has become a popular focus of researches. The adverse effects of lower extremity muscle fatigue on balance performance have been reported in the young and elderly healthy populations and also in a few impaired groups such as chronic ankle instability. A majority of these studies have concentrated on evaluation of static balance control and little is known for dynamic ones. This study aimed to examine the effects of muscle fatigue of the knee extensor and hip abductor muscles on dynamic balance control of patients with patellofemoral pain syndrome as compared to their healthy matched controls. From clinical viewpoint, the results obtained from this study could be used during rehabilitative intervention of these patients to minimize risk of injury in patients with patellofemoral pain syndrome.

Several other points must be considered:

1. All authors of this paper have directly participated in the planning, execution, analysis or interpretation of this study.
2. Each of the authors has read and concurs with the content in the final manuscript.
3. The contents of this manuscript have not been copyrighted or published previously.
4. The contents of this manuscript are not now under consideration for publication elsewhere.
5. None of the authors have any financial or other interests relating to the manuscript to be submitted for publication in Gait & Posture.

Would you please consider this manuscript for publication in your journal?

Thanks in advance for your kindness and support.

Yours Sincerely;

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Submitting files

1. Cover letter
2. Conflict of interest statement
3. Title page including title of manuscript, order of authors and their affiliations
4. Manuscript without title page!
5. Tables and Figures
6. Highlights: 3-5 with 85 characters
7. Supplementary (additional) files
8. Suggested reviewers (name, address, e-mail)
 - 1) Expert
 - 2) Our results consistent with his/her researches
 - 3) European
 - 4) Having no published paper with suggested reviewer
 - 5) One of three could be from your country

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Analysis of papers submitted to the BMJ

	1998 Submitted	1998 Accepted	1999 Submitted	1999 Accepted	2000 Submitted	2000 Accepted
All	4976	15%	5603	14%	5751	14%
UK	3182	18%	3583	16%	3517	12%
Ireland	38	11%	50	18%	43	15%

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Rejection - Why?

1. Wrong Journal
2. Offering too long
3. Faults in presentation
4. Statistics
5. Failure to standardize methods

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Structure of a scientific paper: IMRAD

1. Introduction: **what question was asked?**
2. Methods: **how was it studied?**
3. Results: **what was found?**
4. Discussion: **what do the findings mean?**

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Introduction:

- Before begin writing, **write the results** (statistics, tables, figures)
- Before begin writing, **choose the journal**: General VS specific journals
- It is **benign part** of manuscript
- **Text direction** is from general to objective (funnel) in opposite to Discussion that is from objective to suggestion
- Structure:
 - 1) known (state of art)
 - 2) unknown
 - 3) Research aim/question?
 - 4) Importance of research question (optional)

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General points

- State “why” you have conducted this study.
- Clarify “what” your work add (empty house of the puzzle?!).
- State the “gap”, conservatively: e.g. To the best of our knowledge...
- State the “objective” thereafter: e.g. Therefore, the purpose of the present study is...
- Very best introduction include a systematic review of all the work has gone before and a demonstration that new work is needed.
- Keep it “short”: Describe the jungle not the trees! (do not write a literature review).
- 15 to 20 (10 to 15) percent of total manuscript.
- Choose appropriate references, not a lot of references.

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Specific points

- Don’t state references for some known sentences in specific journals.
- Increase citations from your suggested reviewers.
- Concentrate on the studies that are closest to yours.
- Common mistakes: repeating what is known in all texts and your readers know! , but do not baffle your readers.
- Try as hard as you can to “hook” readers in the first line.
- Use the appropriate words; use “increase” not “change”.
- Use the same words across all the paper for one concept.
- Maintain the order of objectives (questions) across all the manuscript.
- Do not use “I” and “we”.
- Use the present tense.
- Each paragraph should have a specific message, begin with the main message and continue with details.
- Use your “own” sentences, don’t have mechanical “copy-paste”: it will be checked by software.

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Methods:

- The most **critical** section.
- Must be **reproducible**.
- **Past tense**.
- Structure:
- **1) participants:**
 - 1-1) state **ethical approve**: informed consent or ethics committee
 - 1-2) **inclusion/exclusion criteria** (references) , sequentially
 - 1-3) **reason for excluding participants**
 - 1-4) **matching the group for confounding factors** such as sex, age, weight, height,...
- **2) apparatus:**
 - 2-1) **name, type, and manufacture** of the less known apparatus
 - 2-2) **appropriate, sensitive, specific** in its measurement, reproducible , accurate

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- **3) procedure:**
 - 3-1) **brief description** (reference for the common method used)
 - 3-2) **randomization** procedure
- **4) data analysis:**
 - **Parameters extracted** from raw data
- **5) statistical analysis:**
 - 5-1) **statistical test**
 - 5-2) **soft ware and version**
 - 5-3) **alpha-level**
 - 5-4) **power**
 - 5-5) **rigid portion by reviewers**

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بی نام تو نامہ کی کنم باز!



Results:

- Is the **easiest** to write.
- Usually doesn't require **referencing**.
- **General advises:**
 - 1) state only **related results**.
 - 2) **organize** the presentations.
 - 3) state **main findings, firstly**.
 - 4) state **positive findings, firstly**.
- **Structure:**
 - 1) **words:** they tell the story.
 - 2) **tables:** summarize the evidence.
 - 3) **illustrations:** highlight the main findings.
 - 4) **statistics:** support the statement.

Words

- Start by **characterizing the participants**.
- Report results that **do not support or even refute your original hypotheses**: the have advanced message for future research.
- **Differentiate between “data” and “results”**:
- Example1: the mean amplitude of sway was greater in the ACL patients than healthy subjects (mean1±SD1 versus mean2±SD2, $p < 0.01$)
- Example2: there was no interaction effects between group and postural difficulty ($f_{2,104} = 156$, $p = 0.52$)
- **Emphasize important results by:**
 - 1) **omitting data** from text
 - 2) **condensing the results**: since the results of balance training are similar for all postural parameters, for the interest of space (for the sake of brevity), only the result of mean velocity is reported...
 - 3) putting **the most important result** at the beginning of a paragraph

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- **Avoid duplicating** data that are depicted in tables and figures in the text
- Be precise in your **choice of words**:
- Example1:
 - 1-1) we were unable to identify the significant differences between...
 - 1-2) there was no significant differences between...
- Example2:
 - 2-1) balance training failed to improve postural sway...
 - 2-2) balance training did not improve postural sway...

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Tables and figures: General considerations

- Many readers prefer looking at tables and figures instead of reading the text. Therefore they must have:
 - 1) strong visual impact
 - 2) informative
 - 3) easy to comprehend
 - 4) informative titles, legends, and footnotes
- Should be organized (sequential)
- Use identical name of variable, unit of measurement, and abbreviations in text, tables and figures
- Limit the number of tables and figures
- Check the “instruction to authors” and modify the paper before submitting to a second journal

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Tables

- Serve two main purposes:
 - 1) individual data for all subjects
 - 2) summary data (mean \pm SD)
- **Structure:** title (in the top), column heading, body, footnote
- Three horizontal lines to separate parts of the table
- Find differences between two tables as a practice

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Table 4.1 Heart rate, blood pressure and cardiac output responses

Condition	Heart rate	Systolic BP	Diastolic BP	Cardiac output
Awake	71 ± 10	130 ± 12	84 ± 9	4.264 ± 0.692
Anaesthesia	69 ± 7	112 ± 10	69 ± 8	3.575 ± 0.588
Sternotomy	93 ± 12	177 ± 17	106 ± 13	4.471 ± 0.934
Anaesthesia	79 ± 9	127 ± 12	76 ± 10	3.986 ± 0.765

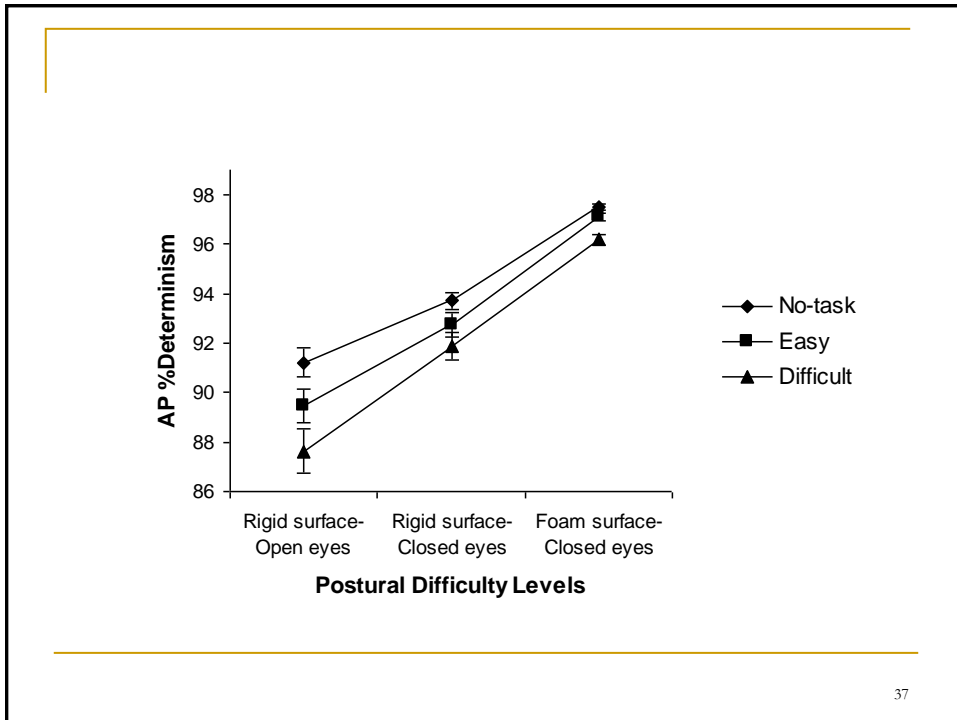
Table 4.2 Cardiovascular responses to induction of anaesthesia and sternotomy

	Induction of Anaesthesia		Sternotomy	
	Before	After	During	After
Heart rate (beats/min)	71 ± 10 (59 – 100)	69 ± 7 (53 – 89)	93 ± 12* (69 – 130)	79 ± 9 (61 – 101)
Systolic BP (mmHg)	130 ± 12 (101 – 148)	112 ± 10* (85 – 139)	177 ± 17* (121 – 209)	127 ± 12 (94 – 149)
Diastolic BP (mmHg)	84 ± 9 (64 – 103)	69 ± 8* (50 – 89)	106 ± 13* (83 – 131)	76 ± 10 (58 – 100)
Cardiac output (l/min)	4.3 ± 0.7 (3.1 – 5.9)	3.6 ± 0.6* (2.6 – 4.9)	4.5 ± 0.9 (3.0 – 6.1)	4.0 ± 0.8 (2.9 – 5.2)

Data are means ± SD (range) obtained in 11 patients five minutes before and after induction of anaesthesia, and during and five minutes after sternotomy. BP = blood pressure. * $p < 0.05$ v "before induction of anaesthesia" by ANOVA

Illustrations

- Don't use the **colored figure** (charge cost)
- **Informative figure** is better than thousands of words
- **Line plot** is suitable for "trend" presentation:
- **independent variable** in x-axis and **dependent variable** in y-axis
- Make sure the **quality** is as good as possible
- **Structure**: figure, legends (in the bottom), experimental details, various definitions, statistical information in the footnote
- Written **informed consent** for using patients photography
- **Reference and permission** for republication of previous figures
- Use $p=0.55$ instead of $p>0.05$ for non-significant results



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Discussion

- **Structure: six paragraph**
- 1) the **importance** of the present study: main aim and findings
- 2) **interpretation** of your own results
- 3) review the **consistent and inconsistent literatures**
- 4) **limitation** of the study
- 5) **future studies** (suggestions)
- 6) **conclusion**: the most disappointing papers are that conclusion are not backed up by the data

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- A **common weakness**: a detailed description of everything that has gone before
- Consisted of **20% of total manuscript**
- Put **a table for comparison** of your own with previous results
- **Present tense**
- **Acknowledgements**: funding resource, subjects, technical or statistical help

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Title

- n It is important, it is a **sign point**
- n **Don't state the results** in Title
- n **No asking title**
- n **Essentials**:
- n 1) interesting not dull
- n 2) informative and descriptive
- n 3) concise and precise
- n 4) use simple language
- n 5) direct to objective
- n 6) contain essential key words
- n Running title
- n **Title:**
- n Reliability of Center of Pressure Measures of Postural Stability in Patients with Unilateral Anterior Cruciate Ligament Injury
- n **Running Title:**
- n Reliability of COP measures in ACL injury

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Abstracts

- The only part **freely available** via electronic search engines
- Start to write **after writing all manuscript**
- Final sentence of introduction (**objective**) + final sentence of discussion (**conclusion**) constitute the main portions of Abstract
- **No abbreviation** in Abstract unless for very specific journals
- Word limit (**200-300 words**)
- Check the **message of Abstract**

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n Types:

- n 1) **structured abstract** (for original research):
 - n 1-1) context (background)
 - n 1-2) objective
 - n 1-3) design
 - n 1-4) setting
 - n 1-5) participants
 - n 1-6) intervention
 - n 1-7) main outcome measures
 - n 1-8) results: most important result
 - n 1-9) conclusion
- n 2) **non-structure abstract**: objective, design, and results consequently

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n **Reliability of Center of Pressure Measures of Postural Stability in Patients with Unilateral Anterior Cruciate Ligament Injury**

n **Background:** A number of clinical studies have used stabilometry in assessment of patients with anterior cruciate ligament (ACL) injury. However, since no direct evidence is provided that the related parameters are reliable in these patients this may lead to unintended consequences.

n **Objective:** was to estimate the test-retest reliability of some commonly used center of pressure (COP) measures in postural control investigations of sport injuries under the diverse stressful postural conditions.

n **Design:** Cross-sectional study.

n **Setting:** University Biomechanics Laboratory.

n **Participants:** Twelve patients with ACL injury were evaluated on two separate sessions.

n **Intervention:** Not applicable.

n **Main Outcome Measures:** The COP was recorded from force platform and the following measures were calculated: 1) standard deviation (SD) of amplitude, 2) mean velocity, 3) SD of velocity, 4) phase plane parameters and 5) area (95% confidence ellipse). Relative and absolute reliability was assessed using intra-class correlation coefficient (ICC) and coefficient of variation (CV), respectively. The average of three trials of each measure for each postural condition was used for statistical analysis.

n **Results:** Mean velocity and total phase plane parameters were the most reliable measures having high to very high correlation across all postural conditions. The mean and range of ICC for mean velocity and total phase plane parameters were 0.88 (range: 0.80 to 0.96) and 0.81 (range: 0.71 to 0.88), respectively. Interestingly, pattern of the CV values was, to a great extent, consistent with the ICCs.

n **Conclusions:** Mean velocity and total phase plane parameters may be sensitive COP measures to differentiate balance between healthy and ACL injured groups and to evaluate the effect of a rehabilitation program in these patients.

n **Key Words:** Rehabilitation; Posture; Reliability; Injury

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n Reliability of Center of Pressure Measures of Postural Stability in Patients with Unilateral Anterior Cruciate Ligament Injury

n **Abstract:**

n The aim of this study was to estimate the test-retest reliability of some commonly used center of pressure (COP) measures in postural control investigations of sport injuries. Twelve patients with anterior cruciate ligament (ACL) injury were evaluated on two separate sessions within 48 hours by the same evaluator. The COP was recorded from force platform and the average of three trials of each measure for each condition was used for statistical analysis. Relative and absolute reliability was assessed using intra-class correlation coefficient (ICC) and coefficient of variation (CV), respectively. Mean velocity and total phase plane were the most reliable parameters having high to very high correlation across all postural conditions. The mean and range of ICC for mean velocity and total phase plane parameters were 0.88 (range: 0.80 to 0.96) and 0.81 (range: 0.71 to 0.88), respectively. Pattern of the values related to CV was, to a great extent, consistent with the ICCs.

Keywords: Injury; Postural Stability; Center of Pressure; Reliability

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References

- A literature **search** and **reading** the relevant references should be the starting points of any research project
- Limit the number of references (**30-40 references**)
- Preferentially, **no Book reference**
- Just cite to **full text references**
- The only way to be sure of what a paper says is to **“read” its full text, not abstract**
- Precise on the **name of cited reference**

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- n **Managing references:** import citations from all database into the reference manager
- n 1) EndNote
- n 2) Reference Manager
- n **Reference formats:**
- n 1) Vancouver (numbered)
- n 2) Harvard (author-date)
- n **Most common form of citation for:**
- n 1) journal article:
- n Palmieri RM, Ingersoll CD, Stone MB, Krause BA. Center-of-pressure parameters used in the assessment of postural control, J Sport Rehabil 2002; 11: 51-66.
- n 2) book:
- n Domholdt E. Rehabilitation Research: principles and applications. USA: Elsevier Saunders; 2005, pp: 260-270.
- n 3) chapter in multi-author book:
- n Goodman NW. Evidence based medicine: cautions before using. In: Tramèr M, editor. Evidence Based Resource in Anesthesia and Analgesia. London: BMJ Books, 2000. pp 3–22.

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Other portions

- n Key words
- n Appendix
- n Authors :
 - n 1) are writers!
 - n Are all essential to the team, to the development of idea, to the technical input, to the interpretation of results
 - n Vancouver guidelines:
 - n Each author should have participated “sufficiently” in the work to take public “responsibility” for the content
 - n Authors must meet all three criteria:
 - n 1) Concept and design or analysis and interpretation of data
 - n 2) Drafting of the article or revising it critically for important intellectual content
 - n 3) Final approval of the version to be published

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Revisions: editor's response

- n You will get a letter from editor:
 - n 1) Minor or major revision
 - n 2) Dead time for submit the revised paper (can be a good message)
 - n 3) Reviewers comments/questions

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Revisions: author's response

- n You must submit "Response to Reviewers":
- n 1) Letter to Editor
- n 2) Response to reviewer questions/comments:
- n 2-1) Create a good impression, firstly. e.g.,
- n "I considered all comments of the reviewer point to point in our manuscript"
- n 2-2) Highlight the revised portion of the manuscript
- n 2-3) Be patient/polite regarding to outlying/irrelevant questions: "sharp" challenges may resulted in Rejection

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n **Comment #12:**

- n There needs to be more discussion about the effect on balance of visual input - or the lack of it.

n **Response:**

- n I agree with the reviewer's comment but as shown in table 3, the only significant interaction was seen for the SD of velocity in AP direction. Therefore, simple main effect of group within each postural difficulty levels showed that there is a significant difference between two groups –for only this parameter- when standing with closed eyes (with and without the foam base) but not standing with open eyes (Figure 2).
- n The following note was added in "Discussion"
- n "...One interpretation of this result which were found only for the SD of velocity in AP direction could be that the loss of visual input prevented any compensation for the loss of peripheral information from the damaged ACL knee and left the central processing system without sufficient information for these ACL deficient subjects to maintain similar sway patterns in double leg standing as controls."

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n Comment#7:

n The authors should discuss in a paragraph why did not use a control group and the possibility to affect this the validity and reliability of their results.

n Response:

n Regarding the questions addressed in Methodology and Discussion parts for possible inclusion of control group;

n This paragraph was added in "Discussion":

n "Reliability is a population-specific measurement property. Most reliability designs have targeted young healthy and/or elderly patient individuals as the study populations and necessarily have not compared the reliability results of between-group individuals (Table 1). Thus, because there have been several studies to investigate the reliability of COP measures in healthy participants, we did not recruit a control group in our study but it is suggested that a healthy, aged match control group be included in the future study to have a comparison between reliability results of healthy and ACL injured populations." [page 19, line: 12-18]

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n Summary of Contents

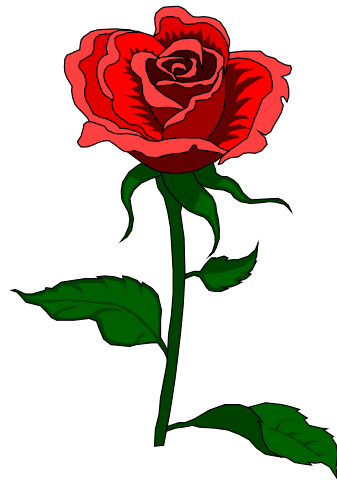
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مهم نیست **کجا** ایستاده ایم
مهم اینه که در **چه جهتی** حرکت میکنیم!

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Thanks for your
participation

Any question?



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