

Title: Comparing myofascial release and percutaneous electrical nerve stimulation in plantar fasciitis: A randomised controlled trial

Authors: Hamsa Geetha Boobalan, Ramana Kameswaran

Reviewer A: Md Nuruzzaman Khandaker, ORCID: 0000-0002-6924-456X, COI: None, AI disclosure: None

1. Comment Appropriateness of the title (Line 3). Comparing effectiveness of Myofascial release (MFS) and Percutaneous electrical nerve stimulation (PENS) in the treatment of chronic plantar fasciitis : a randomized controlled trial

Author response: We thank the reviewer for pointing out this inconsistency. We agree that "MFS" should be "MFR" for consistency with the manuscript. We have corrected the title. Title revised to: " MFR vs PENS for plantar fasciitis " (Line 3).

2. Comment Completeness and accuracy of the abstract (Line 55). Though the sample size is too small , with this few sample size can't make a conclusion remark MFS is superior. However need further multi-center and large study population RCT trial.

Author response: We appreciate this observation. We agree that our sample size is small and conclusions must be cautious. We have added this limitation to the abstract and modified the conclusion to avoid overstating superiority. Abstract, "Given the small sample size, these findings are preliminary and require validation in larger, multi-center RCTs" (Lines 55-58).

3. Comment Clarity of rationale - introduction. The introduction provides a good background of the field. However, the specific aim of the study gets a bit lost. I would suggest strengthening the final paragraph of the introduction to state the primary objective and hypothesis more explicitly. This will help frame the study's contribution more effectively for the reader. Background information should be more focused on MFS, what are the key pathophysiological changes on chronic planter fasciitis, how MFS play effective role in the management of Planter fasciitis.
Line: 162 need correction This review

Author response: We agree with the reviewer. We have restructured the introduction to a funnel format, shortened the background, and strengthened the final paragraph. We now explicitly state the primary objective and hypothesis, and focused the background on MFR mechanisms in chronic plantar fasciitis. Introduction shortened by 30%. Aim and hypothesis added in final paragraph: "We hypothesized that MFR would produce greater improvements in pain and function than PENS" (Lines 140-180).

4. Comment Methodology details (Line 203).
The methodology is generally robust. To enhance reproducibility, I recommend providing a more detailed description of the intervention groups. Specifically, for the Myofascial Release (MFR) group, please elaborate on the treatment protocol. Key details to include would be:

- The specific frequency of the sessions,
- The duration of each treatment session, such as stretching technique of each tendon
- The total number of sessions or the length of the intervention period.

All intervention should apply by same physiotherapist.

Clarifying these points will significantly strengthen the methodology section.

FADI score should be explain elaborate for better understanding of readers how it reflects on functional outcomes.

Author response: We have added a detailed MFR protocol. "MFR was administered by a single certified physiotherapist, 3 sessions/week for 4 weeks, 12 sessions total. Each session lasted 20 minutes and included sustained pressure on plantar fascia, gastrocnemius, and soleus for 90-120 seconds per trigger point" (Lines 203-215).

5. Comment Outcome measure (Line 219).

Author response: We agree clarification is needed. We have added a description of the FADI score. "The Foot and Ankle Disability Index (FADI) is a validated 26-item questionnaire scoring 0-100, where higher scores indicate better functional performance in activities of daily living and sports" (Lines 219-223).

6. Comment Quality of tables.

In the table mention that pre-test and post-test , if you mention as Table-1:comparison of pre-treatment and post-treatment VAS and FADI score of Group-A and Group-B. Table-2: Comparison of post-treatment VAS and FADI score between Group-A and Group-B. That will be a clear impression to the readers. As you mention numerical presentation in table so, I think no need to repetition of number in description of table. For example you could describe as VAS score significantly improved after intervention with MFS (Line: 224-234).

Author response: We appreciate this guidance for clarity. As suggested, we have renamed the tables and removed redundant numerical repetition in the results text. Table 1 renamed to "Comparison of pre-treatment and post-treatment VAS and FADI scores within Group-A and Group-B." Table 2 renamed to "Comparison of post-treatment VAS and FADI scores between Group-A and Group-B" revised to describe trends only (Lines 224-234x).

Reviewer B: Mohammad Tariqul Islam, ORCID: 0000-0002-5272-6693, COI: None, AI disclosure: None

- 7. Comment** Introduction structure
No, it was not properly address in funnel shaped way. For example lines (81-83) would be in the bottom section, however should be in the middle section introduction needs to be short (Lines 166-168).
Author response: We have reorganized the introduction in a funnel-shaped manner and reduced its length were moved to the end and (Lines 166-168) to the middle section as suggested. Introduction completely restructured and shortened (Lines 81-83).
- 8. Comment** The Methods are described in sufficient details so that the study can be reproduced. Whether ethical concerns have been well described. No details of randomization method and blinding
Author response: We agree this was lacking. We have added details of randomization and blinding. "Participants were randomized using computer-generated random numbers in sealed opaque envelopes. Outcome assessors were blinded to group allocation" (Lines 190-195).
- 9. Comment** Clarity and appropriateness of the Design to achieve the objective(s). No, [control group or standard treatment group as control should be there was found]
Author response: We thank the reviewer for highlighting this. We have clarified that PENS is the active comparator, not a control group receiving standard care. Clarified: "This was a two-arm, parallel-group RCT comparing MFR vs PENS. No sham or no-treatment control group was used" (Lines 185-188).
- 10. Comment** Appropriate and thorough description of the Statistical methods. No, only compare pre or post intervention comparison, however between the groups comparison needed in every followup weeks. Baseline comparison data was also lacking.
Author response: We agree with this critical point. We have added between-group comparisons at each follow-up and baseline comparison data. Statistical Analysis, independent t-tests for between-group comparisons. Page 8, Table 1 now includes baseline comparison (Lines 240-250).
- 6. Comment** Whether Strength(s) and Limitation(s) are well described. Strength: clinically relevant topic, ethical approval and consent obtained. Limitations: Methodological issue- no details of randomization method, study duration was short only 4 weeks, long term followup needed, as it's a chronic condition., inadequate statistical analysis
Author response: We have revised the limitations section to explicitly state the short 4-week duration, lack of long-term follow-up, and need for larger studies. "Limitations include small sample size, 4-week duration without long-term follow-up, and single-center design" (Lines 310-318).
- 11. Comment** Whether the conclusion of the manuscript is supported by the data. Overstated conclusion.
Author response: We agree and have toned down the conclusion to reflect the preliminary nature of findings. Revised to: "MFR showed greater improvement than PENS in this small sample; however, larger multi-center trials are needed to confirm efficacy" (Lines 320-325).
- 8. Comment** Appropriateness of the overall length of the article. The Introduction is too lengthy. Standard of English for publication. Needs improvement.
Author response: The manuscript has been professionally proofread for grammar and clarity. The introduction has been shortened as requested. Entire manuscript revised for English. Introduction reduced from 800 to 450 words.

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- 12. Comment** The results could be presented in one table. Table 2 is redundant to Table 1. I suggest the authors rearrange the pre- and post-headings into columns. Then a single would suffice, presenting the finding. In such a situation, the statistical analysis will need to be revisited. Therefore, the manuscript could be presented as 1000 words, one table, and 10 references, which align very closely with our format for a Research Letter. Let us know if you are ready to revise it as a Research Letter within two days. Thereafter, you will get one week to revise it. Otherwise, we shall close the file on the third day (from today).
Author response: Thank you for the opportunity to revise our manuscript, "Comparing effectiveness of Myofascial Release (MFR) and Percutaneous Electrical Nerve Stimulation (PENS) in the treatment of chronic plantar fasciitis: a randomized controlled trial". We sincerely appreciate the reviewers' valuable and constructive feedback. All comments have been carefully considered and addressed in the revised version of the manuscript. Revisions have been highlighted using different colours for each reviewer, and a detailed point-by-point response has been provided in the accompanying response letter. We hope that the modifications made meet the expectations of the reviewers and the editorial team. Thank you for your