

REVIEWER'S REPORT

Manuscript No.:IJAR-51182

Date:23-04-2025

Title: Efficacy of Analgesics and Physiotherapy Versus Local Steroid Injections in the Management of Tennis Elbow: A Prospective Observational Study of 100 Patients

Recommendation:

Accepted as it is.

Rating	Excel.	Good	Fair	Poor
Originality	--	--	YES	--
Techn. Quality	--	--	YES	--
Clarity	--	--	YES	--
Significance	--	YES	--	--

Reviewer Name:DR PAYAL ADWANI(PT)

Date: 23-04-2025

Reviewer's Comment for Publication.

- This manuscript presents a well-structured prospective observational study comparing the efficacy of analgesics and physiotherapy (A&P) versus local steroid injections (LSI) in the treatment of lateral epicondylitis (tennis elbow).
- The study is timely, methodologically sound, and offers clinical relevance, especially in resource-constrained or non-surgical settings. It evaluates functional outcomes over a 12-month period using validated tools (PRTEE and VAS scores) and provides a thoughtful discussion contextualized within post-2020 literature.
- However, a few concerns need to be addressed before the manuscript is considered for publication. These include minor clarifications in methodology, improved figure/table formatting, grammar polishing, and a more balanced conclusion regarding treatment preference. Subject to these revisions, the manuscript is suitable for publication with minor to moderate revision.

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Detailed Reviewer's Report

Title and Abstract:

Strengths: The title is clear and informative. The abstract concisely presents the background, methods, results, and conclusion.

Suggestion: The phrase "pronounced early analgesic effect" in the abstract could be supplemented with an actual numeric comparison from the results for clarity and impact.

Introduction:

Strengths: Comprehensive and well-referenced background. Clear rationale for comparing LSI and A&P.

Suggestion: The phrase "exhibiting considerable heterogeneity" (line 10) may benefit from simpler wording, e.g., "with diverse demographic and occupational backgrounds."

Materials and Methods:

Strengths: Inclusion and exclusion criteria are well-defined. Interventions and follow-up protocols are clearly described.

Suggestions: Clarify whether allocation was randomized or purely based on clinician/patient discretion (line 70–71). Specify if the physiotherapy protocol was supervised or home-based, and how adherence was ensured. Clarify sample size calculation method, if performed.

Results

Strengths: Well-organized, with appropriate statistical comparisons.

Suggestions: Label all tables clearly in-text (e.g., Table 2 demonstrates that...). Consider adding 95% confidence intervals for key outcome measures to strengthen statistical reporting. Report p-values for all time intervals in PRTEE and VAS scores, not just at 6 weeks.

Discussion

Strengths: Excellent integration of findings with recent literature (Table 4 is particularly helpful).

Suggestions: The statement "the durability of functional recovery may be enhanced by physiotherapy" should be supported with additional references or toned down to avoid overstatement. Consider discussing the economic or logistical feasibility of each intervention in low-resource settings.

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Conclusion

Strengths: Balanced summary that reflects the data.

Suggestion: Replace “may require balancing” with “should be based on clinical context, patient preference, and resource availability.”

Figures and Tables

Strengths: Data are well-presented and relevant.

Suggestions: Ensure all tables have proper titles and in-text references. Add labels to Table 4 for better clarity (e.g., reorder rows alphabetically or by sample size for easier comparison).

References

Strengths: Recent, comprehensive, and relevant to the subject.

Suggestion: Ensure uniform referencing style, especially consistency in author name formats (some use full names, others use initials).

Language and Formatting

Minor grammatical corrections are needed:

- “yielded significant improvements in functional outcomes among patients” → consider “resulted in significant functional improvement”.
- “sub-optimal response to initial A&P” → revise for clarity (perhaps “patients who did not respond to A&P”).
- Remove passive constructs where clarity suffers (e.g., “Patients were assigned...” could be clearer as “Patients chose...” if applicable).