

Reviewer

I appreciate the authors careful responses to my comments. While the authors have done an excellent job at convincing me that their reported rates of chronic ankle instability are not necessarily out of bounds, given some of the reports in other more elite athlete sample sizes, unfortunately, the English language deficits are just too substantial to warrant publication.

An English language Ryder will read the following paragraph and recognize all the issues therein:

Ankle sprain is one of the most common musculoskeletal injuries, with a high incidence in competitive sports[1, 2]. Acute ankle sprain has a high recurrence rate, which mainly leads to develop chronic ankle instability (CAI). CAI is characterized by a patient (1) who was suffered from the very first ankle sprain over a year; (2) exhibiting a propensity for recurrent ankle sprains; (3) experienced frequent perceptions of the ankle giving way; (4) suffered from repetitive pain, swelling, diminished ROM, weakness, and reduced daily function[3, 4]. The reoccurring harm, restricted movement and imbalancing caused by CAI lead the individuals prone to further injuries, which significantly affect the athletes' career expectation for practices and competitions

likewise, this paragraph:

The primary aim of our study was to provide an argumentative evidence of the prevalence and characteristics of CAI. Considering that most of the CAI articles were investigated into general population, we aimed to discover whether there are CAI problems among elite athletes without focusing on identifying the risk factors of CAI. In our study, the prevalence of CAI was 64.6%(128/198)(Table 1). Previous studies reported the prevalence of perceived ankle instability was between 20% and 47%[18-20]. The prevalence of CAI vary dramatically in specific groups of subjects. The high prevalence of CAI in elite athletes might be caused by: (1) the participants in this study were playing in a higher professional league and compete at a higher intensity, as well as having a higher rate of previous ankle injuries; (2) elite athletes might place more hyperflexible pressure on their ankles than general athletes or amateur athletes, especially in the acrobatics sports; (3) most of elite athletes started highly specialized training since kid, which makes them expose to a higher risk of overuse injury. Future study is required to fully investigate the relevance between the professional level of athlete and prevalence of CAI.

I think an English language service needs to be hired or something like that. I would be happy to re-review

However, the content has been greatly improved, and they have done a great job at explaining their high reported rates of CAI.

Dear Reviewer

Re: Revision of Manuscript (jcm-1991381)

Title of paper: The prevalence and characteristics of chronic ankle instability in elite athletes of different sports: a cross-sectional study

We sincerely thank for your positive comment and suggestion on our manuscript entitled "The prevalence and characteristics of chronic ankle instability in elite athletes of different sports: a cross-sectional study, manuscript jcm-1991381). The changes made in the revised manuscript was reflected with yellow highlight. We provide point-to-point reply following this cover letter. We hope that our revised manuscript could be deemed suitable for publication in Journal of Clinical Medicine.

Yours sincerely,

Song Bin

Response to Reviewer Comments:

Comment 1: I appreciate the authors careful responses to my comments. While the authors have done an excellent job at convincing me that their reported rates of chronic ankle instability are not necessarily out of bounds, given some of the reports in other more elite athlete sample sizes, unfortunately, the English language deficits are just too substantial to warrant publication.

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Response 1: We thank the reviewer for this comment and suggestion. An English language service have been hired. The native speaker is Albert Wolfe, a professor at Guangdong University of Foreign Studies. The changes made in the revised manuscript was reflected with yellow highlight. We hope the reviewer is happy with the revisions.