

Dear Dr. Loder and the BMJ editorial team:

We have received, and reviewed (please see below), the Committees' comments on our revised manuscript: Low intensity pulsed ultrasound for bone healing: a systematic review of randomised controlled trials.

We hope that the revised manuscript meets the editorial team's expectations and that it can be accepted for publication in its present form. We are happy to incorporate any additional suggestions and look forward to your reply. Thank you.

Sincerely yours,

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#### Committee's comments

1. When you report the results of the sensitivity analysis with the threshold at 10%, could you also let readers know how many studies would be in the 20 to 30% band, and acknowledge that the most recent trial came close to the 20% threshold?

Reply: We added the following to the section methods/risk of bias assessment

"...As a post hoc sensitivity analysis, we alternatively considered a more conservative threshold of  $\geq 10\%$  loss to follow-up because the categorisation of three trials depended on this criterion (19%, 16 28%, 19 and 31% 20 loss to follow-up for the outcome radiographic healing)."

2. We think you have gone a bit too far regarding the generalisability of the findings. We would like you to consider changing the wording to be more transparent about the groups to which this evidence firmly applies. We think a clear statement is needed in the paper and the abstract suggesting caution is in order when extrapolating results to fractures other than tibia and clavicle fractures or to non-union. Dr. MacDonald has suggested that in the linked Rapid Recommendations piece you could explain why in making a clinical recommendation you feel extrapolation is warranted.

Reply: We changed to wording of our conclusions accordingly.

The conclusions in the abstract now reads:

"Based on moderate to high quality evidence from studies in patients with fresh fracture, LIPUS does not improve patient-important outcomes and probably has no effect on radiographic bone healing. The applicability to other types of fracture or osteotomy for which no trustworthy evidence exists is open to debate."

And the conclusion in the main text:

"The evidence applies directly to patients with fresh fractures. The applicability to children and other underrepresented populations, particularly those with non-union, for which no trustworthy direct evidence exists, is open to debate."