



**SDI Review Form 1.6**

Journal Name:	<a href="#">Current Journal of Applied Science and Technology</a>
Manuscript Number:	<b>Ms_CJAST_47229</b>
Title of the Manuscript:	<b>Efficacy of upsee therapy program with an enriched stimulating active environment on improvement gross, fine motor abilities and weight bearing distribution in spastic diplegic cerebral palsy children.</b>
Type of the Article	<b>original</b>

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory</b> REVISION comments</p>	<p>Pg1, "The children parents in both groups A and B were instructed to complete 3 hours of the home routine program". Please clarify, 3 hours total, 3 hours a week?</p> <p>Pg 1 "The difference between pre and post-treatment results was more significant in (GMFCS) study group than the control group." Shouldn't this be upsee group?</p> <p>Pg2. Somewhere in introduction must explain what is Upsee therapy.</p> <p>Pg3. First paragraph there is an incomplete sentence. How was severed tight muscles measured?</p> <p>Pg. 3 GMFCS is not an appropriate outcome variable and should not be reported. The GMFM would have been more appropriate outcome measure, espcecially since GMFM has been reported to not change much after the age of 7. This is stated first, because the mean age of the participants was 7. Additionally, GMFCS is very stable after the age of 2 and not likely to change after this. The GMFCS is not supposed to be used as an outcome measure. (see <a href="http://www.canchild.ca">www.canchild.ca</a>)</p> <p>Pg 4. Weight bearing distribution outcome is not clearly explained. I understand the concept, but was a specific amount of weight used as a criteria? What is a flicker of weight bearing? If a patient demonstrated weight bearing for 5-30 seconds, how much? One pound? Two pounds? A percentage of body weight?</p> <p>Pg4-5. A picture or diagram of patient and therapist using Upsee harness would be beneficial to add.</p> <p>Pg 5-6 NO information regarding statistical analysis methods were provided.</p> <p>Pg 7- it is ,al palsy thereforeGMFCS is an ordinal scale used to classify cereblr the frequencies of each GMFCS levels should ,First .inappropriate to calcuate mean score Then statistical analysis assessing the changes in GMFMC level should be .be reported .reported reporting mean scores on a outcome that authors are ,as with GMFCS Same issues 8pg .is ordinal</p> <p>Pg 8 table 4 must report units (seconds). This is the only outcome measure it is appropriate to report mean score. Again, what statistical methods were used? It is difficult to believe a less than 5 second decrease was statistically significant with a standard deviation of 4.4 to 5.4 seconds for 15 subjects.</p> <p>Pg 10 second paragraph. Is this a new paragraph? Is this a new sentence?</p>	<p>Yellow colour in manuscript</p> <p>Yellow colour in manuscript</p> <p>In 3<sup>rd</sup> and fifth paragraph explain benefits of upsee In matrial and methods explin its structure</p> <p>The expanded GMFCS (2007) includes an age band for youth 12 to 18 years of age and emphasizes the concepts inherent in the World Health Organization's International Classification of Functioning, Disability and Health (ICF). We encourage users to be aware of the impact that environmental and personal factors may have on what children and youth are observed or reported to do. The focus of the GMFCS is on determining which level best represents the child's or youth's present abilities and limitations in gross motor function. Emphasis is on usual performance in home, school, and community settings (i.e., what they do), rather than what they are known to be able to do at their best (capability). It is therefore important to classify current performance in gross motor function and not to include judgments about the quality of movement or prognosis for improvement.</p> <p>FLICKER WEIGHT BEARING MEAN JUST MOVE THE INDICATOR BY ACTUAL VOLUNTARY WEIGHT BEARING I USE THE WEIGHT SCALE NOT A NUMBERS OR DEGREES I USE IT AS AN INDICATOR OF GRADUAL WEIGHT BEARING</p> <p>A PICTURE NOT AVAILABLE</p> <p>Performed in yellow colour in discussion</p> <p>Performed by yellow colour in manuscript</p> <p>Dependent T test was used pre and post</p> <p>Yes it is a new one</p>

three hours ,Question :[1WH]Comment  
?every week ,total

Shouldnt this be upsee :[2WH]Comment  
?therapy program



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<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	No conflict of interest