



SDI Review Form 1.6

Journal Name:	Archives of Current Research International
Manuscript Number:	Ms_ACRI_51054
Title of the Manuscript:	Assessing the Share of Impaired Visual Function, Fine Motor Coordination, and Visual-Motor Integration in Dyslexic Children with the Eta/Mu Model.
Type of the Article	Original Research Article

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:

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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)
Compulsory REVISION comments	Please clarify the certificate approval number.	The present study has been approved as Bachelor Degree dissertation, discussed on November, 10 th , 2017, ID: 799314
Minor REVISION comments	<ol style="list-style-type: none"> 1- Please clarify inclusion and exclusion criteria clearly. 2- Please clarify study design and settings in details. 3- More details should be added regarding neurological and ocular assessment. 4- Please clarify the version and statistical methods clearly. 5- Discussion is not sufficient. 6- Please clarify clearly funding, availability of materials and data, conflict of interest, declaration of Helisinki, and authors contributions. 	<p>1- The inclusion criterion in the case group was developmental dyslexia and good collaboration. The diagnosis of dyslexia has been conducted according to the operational definition of the condition, i.e. lexical age reduced of at least 2.5 years with reading rate and accuracy below the second standard deviation compared to normal age-matched readers, normal intellectual ability and normal or above normal IQ (measured by the Wechsler Intelligence Scale for Children [WISC-R]), with natural visual acuity 60/60 and no behavioural problems or auditory impairment [29]. The dyslexic children did not suffer from significant visuoattentional deficits. In both samples exclusion criteria were general conditions like diabetes, neurological problems, neuropsychiatric problems like ADHD, and ophthalmological diseases like congenital cataract, nystagmus, retinopathy of prematurity; in addition: hyperopia/myopia >2D, astigmatism >1.5D, eso/exotropia, poor convergence, auditory impairment, behavioral problems, and poor collaboration. In all the cases the best corrected visual acuity was $\geq 60/60$. The sociocultural context of the dyslexic and normal readers was the same but the academic achievement of the normal children matched that expected for their age. The parents of the children were contacted and their informed consent was obtained after explanation of the aim, nature and possible consequences of the study.</p> <p>2,3-Study design: Single-masked case-control study (reported in the abstract section).</p> <p>After the preliminary orthoptic and ophthalmological examination (cover test, near convergence point estimate, slit lamp examination of the anterior segment and retinoscopy), each subject underwent the diagnostic set whose exams were administered in random order at an interval of about 10 minutes. In case the test were judged not reliable, it was repeated after a resting period of a few minutes. The operator FV was unaware of the group (case or control) the subject under examination belonged to, according to a single masked design. After completion of the diagnostic set the average z-score, $\Delta\eta$ and $\Delta\mu$ have been computed and results have been compared in the two samples.</p> <p>4-Descriptive statistical analysis included mean and SD as well as Z-scores computation and Kolmogorov-Smirnov test for normality. Inferential analysis included t-test or Welch test and Pearson bivariate correlation between the different tests of the model and between the eta/mu scores and z-scores.</p> <p>5- The discussion section has been reconsidered. However, as a pilot study, an essential critical consideration of the results and highlighting the main</p>



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		<p>limitations of the study has been preferred to a more exhaustive discussion that, in this context seems too speculative.</p> <p>6- AUTHORS' CONTRIBUTION</p> <p>CA devised the Eta/Mu model, performed the statistical analysis and wrote the first draft of the manuscript. FV administered the test, collected the results and approved the final version of the manuscript.</p> <p>COMPETING INTERESTS</p> <p>Authors have declared that no competing interests exist.</p> <p>FUNDING</p> <p>The authors received no funding for this study.</p> <p>CONSENT</p> <p>All authors declare that written informed consent was obtained from the parents of the patients (or other approved parties) for publication of this study. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal.</p> <p>ETHICAL APPROVAL</p> <p>All authors hereby declare that all experiments have been examined and approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki.</p> <p>AVAILABILITY OF DATA</p> <p>Data are available upon request to the authors.</p>
<p>Optional/General comments</p>	<p>Some typographical errors should be corrected.</p>	<p>Syntax errors have been corrected in the manuscript.</p>

PART 2:

	<p>Reviewer's comment</p>	<p>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>
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	