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REVIEWER'S REPORT

Manuscript No.: IJAR-56538

Title: A COMPARATIVE STUDY IN ADHESIVE CAPSULITIS BETWEEN MANIPULATION UNDER GENERAL ANAESTHESIA WITH STEROID INJECTION VS USG GUIDED HYDRODISTENTION WITH STEROID INJECTION,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES.....

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality			√	
Clarity				√
Significance		√		

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

1. Overall Evaluation

The manuscript evaluates two commonly used treatment approaches for adhesive capsulitis using the **Shoulder Pain and Disability Index (SPADI)** and disability scores. The topic is clinically relevant for orthopaedic and rehabilitation practice because frozen shoulder significantly affects patient mobility and quality of life. However, the manuscript requires **substantial methodological clarification, language correction, and structural improvement** before it can be considered for publication.

2. Strengths of the Study

Clinically relevant topic

Adhesive capsulitis is a common musculoskeletal disorder, and comparing two treatment modalities provides practical clinical insights.

Comparative study design

The manuscript attempts a prospective comparative design between **manipulation under anesthesia (MUA)** and **USG-guided hydrodistension**, which is valuable for treatment decision-making.

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Use of validated outcome measure

The study uses the **Shoulder Pain and Disability Index (SPADI)**, which is widely accepted for evaluating shoulder pain and disability.

Statistical analysis included

Statistical significance (F values, p-values, effect size) is presented, suggesting an attempt at quantitative evaluation.

Clinical outcome comparison

The results indicate improved outcomes with USG-guided hydrodistension, which may contribute to treatment preference discussions.

3. Weaknesses of the Study

A. Structural and Language Issues

The manuscript contains **numerous grammatical errors, typographical mistakes, and formatting problems.**

Many sentences lack clarity and require **professional language editing.**

Sections such as **review of literature, anatomy, and pathophysiology** are **excessively long and poorly organized.**

B. Methodological Limitations

Sample size not mentioned

The number of patients in each group is missing.

Randomization process unclear

Although the study claims to be randomized, **no details of the randomization method are provided.**

Short follow-up duration

Follow-up appears limited to **one month**, which is insufficient for a chronic condition like frozen shoulder.

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Inclusion and exclusion criteria incomplete

The manuscript does not clearly define patient selection criteria.

Lack of baseline demographic data

Patient characteristics such as age, gender distribution, and comorbidities (e.g., diabetes) are not presented.

C. Literature Review Issues

The literature review includes **basic anatomical information that is not necessary for a clinical research article.**

References are **limited and outdated**, and several key recent studies are not cited.

D. Presentation of Results

Tables and statistical descriptions are **not clearly formatted.**

Range of motion outcomes are **not reported**, despite being a key clinical endpoint.

E. Ethical and Study Design Concerns

Ethics approval is mentioned but **no ethics committee details or approval number are provided.**

4. Significance of the Study

The study attempts to address an important clinical question:

Which treatment is more effective for adhesive capsulitis—MUA or ultrasound-guided hydrodistension?

If methodological details are clarified and the study design strengthened, the findings may help guide clinical practice in orthopaedics and rehabilitation medicine.

5. Key Points for Improvement

REVIEWER'S REPORT

Revise language and grammar throughout the manuscript.

Clearly describe methodology, including:

sample size

randomization method

inclusion/exclusion criteria

treatment protocol

Provide patient demographic data.

Extend follow-up duration beyond one month.

Reduce excessive anatomical description in the literature review.

Improve tables and statistical presentation.

Add recent references from major databases such as PubMed or Scopus.

Provide ethics committee approval details.

6. Recommendation

Decision: Major Revision

Major Revision Justification

Title Section

Lines 1–4

Issue:

The title is lengthy and contains inconsistent terminology (Hydrodistention vs Hydrodistension).

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Justification:

Scientific titles should be concise and use standardized terminology. The spelling of **hydrodistension** is inconsistent throughout the manuscript and must be standardized.

Introduction

Lines 7–8

Issue:

Sentence contains grammatical errors and missing spaces (“characterized by pain and progressive loss”).

Justification:

Language editing is required for readability and professional presentation.

Lines 9–12

Issue:

The introduction provides general background but lacks recent references and epidemiological context.

Justification:

Recent studies should be cited from databases such as PubMed to support statements about etiology and risk factors.

Types of Frozen Shoulder

Lines 14–23

Issue:

Formatting problems and lack of spacing between words (e.g., “TYPESOFFROZENSHOULDER”, “PrimaryFrozenShoulder”).

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Justification:

Improper formatting reduces readability and does not meet standard journal formatting guidelines.

Lines 25–30

Issue:

Incorrect classification: "Adhesive capsulitis" listed as a subtype of secondary frozen shoulder.

Justification:

Adhesive capsulitis is the overall condition itself. The classification requires correction.

Aim of Study

Lines 32–38

Issue:

Aim section is overly long and includes multiple objectives without clearly defining primary and secondary outcomes.

Justification:

A research study should clearly define:

Primary outcome (e.g., improvement in **Shoulder Pain and Disability Index (SPADI))

Secondary outcomes (range of motion, pain scores).

Review of Literature

Lines 39–70

Issue:

Large portion of literature review contains basic anatomical descriptions.

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Justification:

A clinical research article should focus on previous **clinical studies and evidence**, not detailed anatomy.

Lines 61–64

Issue:

Incorrect anatomical terminology (“subarachnoid bursae” around shoulder).

Justification:

This is anatomically inaccurate and suggests inadequate literature review.

Adhesive Capsulitis Section

Lines 72–77

Issue:

Epidemiology statement lacks citation and appears generalized.

Justification:

Prevalence statistics require proper references from peer-reviewed studies.

Pathophysiology

Lines 80–83

Issue:

Sentence structure unclear and poorly edited.

Justification:

Scientific writing requires clarity and precise explanation of pathophysiological mechanisms.

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Histopathology

Lines 90–92

Issue:

Histopathological findings mentioned without supporting references.

Justification:

Scientific claims must be supported by literature citations.

Evaluation Section

Lines 112–120

Issue:

Statements about imaging findings are oversimplified and incomplete.

Justification:

Advanced imaging such as MRI findings in adhesive capsulitis should be discussed with supporting evidence.

Management Section

Lines 128–135

Issue:

Treatment options are listed without discussion of current clinical guidelines.

Justification:

Management should reference modern therapeutic approaches and recent research evidence.

Hydrodistension Procedure

Lines 139–167

REVIEWER'S REPORT

Issue:

Procedure description resembles textbook content rather than research-specific protocol.

Justification:

The manuscript should describe the **exact procedure used in the study**, including:

volume injected

steroid type

imaging guidance technique.

Figures

Lines 173–176

Issue:

Figure description is poorly written and unclear.

Justification:

Figures should have clear captions explaining procedure and methodology.

Manipulation Under General Anaesthesia

Lines 206–223

Issue:

Technique description lacks procedural details and references.

Justification:

A research manuscript should describe standardized methodology used during manipulation.

Complications Section

Lines 253–255

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Issue:

Complications listed without frequency or evidence.

Justification:

Complications should be supported by clinical literature.

SPADI Scale

Lines 257–290

Issue:

Section contains extensive explanation of **Shoulder Pain and Disability Index (SPADI) which is already well known.

Justification:

A brief description with citation is sufficient; excessive explanation is unnecessary.

Post-operative Physiotherapy

Lines 295–305

Issue:

Conclusion about recurrence rates is presented without supporting study data.

Justification:

Statements about treatment superiority should be based on study results rather than general claims.

Materials and Methods

Lines 307–318

REVIEWER'S REPORT

Issue 1: Sample size not mentioned.

Issue 2: Randomization process not described.

Issue 3: Study duration only one month.

Justification:

A randomized controlled trial must include:

sample size calculation

randomization method

inclusion/exclusion criteria

follow-up duration.

Results Section

Lines 321–340

Issue:

Results presented in narrative form without clearly formatted tables.

Justification:

Statistical results should be presented in structured tables for clarity.

Disability Score Table

Lines 341–372

Issue:

Baseline values differ between groups, suggesting possible selection bias.

Justification:

Baseline characteristics should be statistically compared.

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SPADI Results

Lines 373–400

Issue:

Statistical methods used to analyze SPADI scores are not clearly explained.

Justification:

Statistical tests must be clearly described in the methodology section.

Discussion

Lines 401–430

Issue:

Discussion does not adequately compare results with previous research studies.

Justification:

A discussion should contextualize findings within existing literature.

Conclusion

Lines 431–455

Issue:

Conclusion repeats results but does not discuss study limitations.

Justification:

Scientific manuscripts must acknowledge limitations such as:

short follow-up

small sample size

possible bias.

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References

Lines 456–470

Issue:

Many references are outdated and not directly related to adhesive capsulitis treatment.

Justification:

More recent and relevant clinical studies should be cited.

Final Reviewer Recommendation

Decision: Major Revision

Overall Justification:

Major revision is recommended due to:

Numerous grammatical and formatting errors

Incomplete methodology description

Lack of clarity in statistical analysis

Excessive non-relevant literature content

Insufficient discussion and referencing of recent studies.

Substantial revision is required before the manuscript can be considered for publication.