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REVIEWER'S REPORT

Manuscript No.: IJAR-59115

Title: Effects of Kinesiotaping in Combination with Muscle Energy Technique and Static Stretching of Hip Flexors on Pain, ROM, and Functional Status in a Patient with Anterior Innominate Rotation Dysfunction: A Case Study

Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

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

Reviewer's ID: JPR-142

Detailed Reviewer's Report

The manuscript presents an interesting clinical case and may have educational value for physiotherapy practitioners. Nevertheless, important revisions are necessary to improve diagnostic transparency, methodological reproducibility, ethical reporting, internal consistency, and the scientific interpretation of the findings.

Major Comment 1. Diagnostic justification requires strengthening

Location: Introduction and Case Assessment, approximately pages 2–5.

The manuscript describes several sacroiliac joint provocation tests and movement tests as establishing a definitive diagnosis of anterior innominate rotation dysfunction. However, the diagnostic process is not sufficiently documented.

The authors should:

1. Clearly describe the diagnostic criteria used to identify right anterior innominate rotation dysfunction.
2. Report the individual results of each diagnostic test rather than simply stating that the tests were positive.
3. Explain how alternative causes of hip and groin pain were considered or excluded.
4. Provide appropriate supporting literature for the diagnostic approach.
5. Clarify the distinction between suspected pelvic positional asymmetry and a clinically established pain-related diagnosis.

Suggested reviewer request: The authors should provide a more transparent and evidence-informed justification for the diagnosis and acknowledge the limitations of clinical tests used to identify pelvic alignment dysfunction.

Major Comment 2. The single-case design limits causal interpretation

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Location: Abstract, Methodology, Results, Discussion, and Conclusion.

The study includes only one participant and combines several interventions with a home exercise program. Consequently, the observed changes cannot be attributed to any individual treatment component or to the combined intervention with certainty.

The authors should:

- Avoid causal claims such as "effective" and "significant improvement."
- State explicitly that this is an exploratory case report.
- Discuss possible contributions from natural recovery, repeated assessment, exercise, therapist contact, and other nonspecific effects.
- Explain why a case study design was selected.

Suggested reviewer request: The conclusion should be rewritten to indicate that the intervention was associated with improvements in this individual case, rather than claiming efficacy in patients generally.

Major Comment 3. Intervention and follow-up timelines are inconsistent

Location: Abstract, Procedure, Intervention, and Results; approximately pages 1, 6, and 10–11.

The manuscript reports a 2-week supervised intervention and a 4-week home exercise program. However, the study duration is also described as 1.5 months, and the manuscript does not clearly distinguish the intervention period from the follow-up period.

The authors should provide a clear timeline specifying

Study phase	Information required
Baseline	Date or study week of assessment
Supervised treatment	Duration and number of sessions
Home exercise	Exact duration, exercises, and adherence
Post-treatment assessment	Timing of each outcome measurement
Follow-up	Timing and outcomes assessed

The authors should also clarify whether the 4-week DSIJQ follow-up occurred after completion of supervised treatment or after the end of the home exercise program.

Major Comment 4. Outcome reporting needs greater methodological detail

Location: Results and Tables 5–8, approximately pages 10–11.

The manuscript reports improvements in pain, hip range of motion, muscle strength, and disability scores. However, the assessment procedures are not described in sufficient detail to allow reproducibility.

The authors should

1. Specify the goniometer measurement procedure, patient position, and assessor.
2. Clarify whether the same assessor performed pre- and post-treatment measurements.
3. Explain the grading system used for manual muscle testing.
4. Report the clinically meaningful interpretation of changes in NPRS and DSIJQ scores.
5. Provide details of home exercise adherence.
6. Report whether adverse events or treatment-related discomfort occurred.

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The claim of "significant improvement" should be removed unless supported by an appropriate and justified analysis. Statistical significance cannot be established from a single case using the presented data.

Major Comment 5. Discussion overstates the proposed mechanisms

Location: Discussion, approximately pages 12–13.

The Discussion attributes improvements to gluteus maximus activation, correction of pelvic alignment, reduction of anterior pelvic rotation, and improved neuromuscular recruitment. These mechanisms are presented with greater certainty than is supported by the measurements reported in the case.

The authors should distinguish between:

- Proposed physiological mechanisms based on previous literature.
- Clinical observations made in the present patient.
- Mechanisms that were directly measured or experimentally verified.

No direct assessment of gluteus maximus activation, pelvic kinematics, or changes in innominate position is reported. Therefore, these mechanisms should be presented as hypotheses rather than demonstrated explanations.

Major Comment 6. Ethical approval and patient consent require clarification

Location: Methodology and Procedure, approximately page 6.

The manuscript states that consent was obtained from the participant before the intervention. However, it does not clearly state whether the case report received institutional ethics committee approval or an exemption from ethics review.

The authors should

1. Provide the relevant institutional ethics approval or exemption statement, if applicable.
2. Confirm that written informed consent for publication was obtained.
3. Clarify whether the patient consented to the publication of identifiable clinical photographs.
4. Describe how patient confidentiality was maintained.

This case report describes improvements in pain, hip range of motion, muscle strength, and self-reported functional status following a multimodal physiotherapy program comprising Kinesio taping, muscle energy technique, hip-flexor stretching, and lumbopelvic stabilization exercises in a patient with suspected anterior innominate rotation dysfunction. Although the findings suggest potential clinical benefits, the contribution of individual treatment components cannot be determined from this single case. Further research using appropriately designed comparative studies and standardized diagnostic and outcome measures is required.