



Response to the Commentary on “Clinical and Sonographic Evaluation of the Effectiveness of Extracorporeal Shock Wave Therapy in Patients with Lateral Epicondylitis”

“Lateral Epikondilitli Hastalarda Ekstrakorporeal Şok Dalga Tedavisinin Etkinliğinin Klinik ve Sonografik Değerlendirmesi” Başlıklı Yazıya Yorumun Cevabı

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Dear Editor,

We are pleased to address the inquiries and comments regarding our paper, “Clinical and Sonographic Evaluation of the Effectiveness of Extracorporeal Shock Wave Therapy in Patients with Lateral Epicondylitis” authored by Murat et al.¹. We appreciate the interest and constructive feedback from our peers, which we believe will contribute to the understanding and application of extracorporeal shock wave therapy (ESWT) in the treatment of lateral epicondylitis (LE)². Below, we provide clarification of the points raised:

1. Pain Assessment Methodology: In our study, the visual analog scale (VAS) was used to assess pain levels. We acknowledge the importance of patient positioning during pain assessment given that LE is related to the origin of the extensor carpi radialis brevis muscle, where pain can be influenced by the positioning of the forearm extensors. To ensure consistency, all patients were assessed in a neutral position (forearm in natural droop

position) during VAS measurements. We admit that this detail was not explicitly mentioned in the paper and appreciate the opportunity to clarify this point to ensure an accurate interpretation of our findings.

2. Terminology and Diagnostic Precision: The terminology used to describe LE can indeed vary widely, including terms like “tennis elbow,” “epicondylalgia,” “tendinitis,” “tendon degeneration,” and “tendinopathy”. In our study, we used the term “lateral epicondylitis” due to its widespread acceptance and understanding in clinical practice. However, we agree that “lateral elbow tendinopathy” is a more precise and appropriate term that accurately reflects the pathophysiology of this condition. We will consider adopting this terminology in future studies to enhance its clarity and accuracy.

3. Consideration of Baseline Characteristics: Our study assessed baseline characteristics, such as age, sex, and pain pressure threshold, and showed no significant

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differences between the treatment and control groups. We acknowledge that additional baseline factors like occupational background, lifestyle habits, smoking history, and dominance of the affected side were not considered. These factors can indeed influence the outcomes and applicability of the findings. Future studies will aim to include a more comprehensive set of baseline characteristics to ensure more nuanced interpretation and to enhance the accuracy and relevance of the results.

In conclusion, we are grateful for the insightful comments and suggestions, which will undoubtedly aid future research on the effectiveness of ESWT in the treatment of LE. We hope that our responses have provided the necessary clarification and look forward to making further contributions to this important field of study.

Ethics

Author Contributions

Surgical and Medical Practices: S.M., B.D.K., M.Z., Concept: S.M., B.D.K., M.Z., Design: S.M., B.D.K., M.Z., Data Collection or Processing: S.M., B.D.K., M.Z., Analysis or

Interpretation: S.M., B.D.K., M.Z., Literature Search: S.M., B.D.K., M.Z., Writing: S.M., B.D.K., M.Z.

Conflict of Interest: The authors have no conflict of interest to declare.

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