*Dear Editor at the Journal of Orthopaedic Surgery and Research,*

*Thank you for enabling the transfer of our manuscript to your journal.*

*In line with the rational of an internal submission such as this, I have left the previous peer revision in this document for maximum transparency and optimal peer-review. Hopefully, this does not come across too messy or leave the submission confusing. Likewise, a copy of the manuscript with marked changes is attached in the submission.*

*Sincerely,*

*Mads Moss Jensen,*

*Corresponding author*

Reply to Editor:

Dear Editor,

Thank you for enabling us to improve our protocol based on your active work with our manuscript. We appreciate this commitment.

Following your encouragement to structure the manuscript differently, we have attempted to do so by adding additional subheadings and rewriting the Methods section by merging the Additional file 3 (eligibility criteria) with the main text and removing this file from the submission.

Regarding the following paragraph of your letter:

“Its not clear:

why RCTs need to be peer reviewed before inclusion - what about grey literature, pre-prints and trial registers?

what age range of participants, whether they may or may not have concomitant pain related issues, such as chronic pain, or other spinal issues.

why studies must have a minimum number of n=5 to be included”

We understand it as four questions:

1. Why RCTs need to be peer reviewed before inclusion - what about grey literature, pre-prints and trial registers?

Reply: We intend to include any original peer-reviewed literature of randomized control trials, cohort studies or case-series. The demand for literature to be peer-reviewed is not exclusive to RCTs as it may have come across. We have revised the sentence causing the misunderstanding:

*“Studies to be included are any original peer-reviewed literature of randomized control trials, cohort studies or case-series [...]”*

Concerning grey literature, pre-prints and trial registers, it too needs to be original peer-reviewed literature.

1. What age range of participants?

This paper investigates chronic coccydynia in adults, defined as ≥16 years of age. No upper limit was set.

1. Whether they may or may not have concomitant pain related issues, such as chronic pain, or other spinal issues?

Patients are eligible for inclusion if they suffer from primary coccydynia, elaborated under the sub-heading *Exclusion*: “[...] studies of acute coccydynia or those with coccydynia reported with a duration less than two months and studies solely concerning secondary coccydynia as a complication to another condition (mimics of coccydynia, e.g. cancer-derived pain and infectious-derived pain).

Secondary coccydynia also includes pain derived from previous surgery in the ano-rectal area. This includes prior coccygectomy, surgery for pilonidal cysts, ano-rectal surgery, as well as any other surgical intervention in the area. This is due to the risk of developing granulation tissue, adhesions, chronic inflammation and possibly a change in elasticity of the tissue surrounding the os coccygis, which, over the course of time, can lead to secondary coccydynia.”

1. Why must studies have a minimum number of n=5 to be included?

The line drawn at five patients is intended not to include a large number of case-reports unsuitable for meta-analysis. The cut-off value reflects the limited amount of literature on treatment of coccydynia. On the other hand, we wish to include papers investigating novel treatment options.

I hope this revision and reply to your questions is a step closer to peer-review.

Yours sincerely,

Mads Moss Jensen

Corresponding author

**Comment from editor:**

Dear Authors,

I note the extensive timeframe from submission to now, the manuscript was recently assigned to me to assist with overcoming a delay in peer review. However, I do not feel it appropriate to send the current version for peer review, the methods section is one large block of text, instead of a highly structured, detailed description of the inclusion criteria with specific sub headings and text for each element of the PICO.

Its not clear:

why RCTs need to be peer reviewed before inclusion - what about grey literature, pre-prints and trial registers?

what age range of participants, whether they may or may not have concomitant pain related issues, such as chronic pain, or other spinal issues.

why studies must have a minimum number of n=5 to be included

for clarity of reporting and to assist peer review, it is preferable to have a separate sub-heading for each item of the inclusion criteria, including

inclusion criteria (already in place)

exclusion criteria (already in place)

searching

screening

risk of bias evaluation

data extraction

methods of synthesis

etc

there are numerous examples online from teh journal, and its written into the author guidelines. Please see: <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-021-01590-z> for a recently published example. You may feel publication is not required depending on the progress with your systematic review, in which case i understand completely should you wish to withdraw this paper, but i hope if you do progress, that the suggestions and example linked above are helpful feedback.

with thanks,

Editor

If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (<http://bit.ly/NRES-HS>) and American Journal Experts (<http://bit.ly/AJE-HS>) for help with English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (<https://www.springer.com/gb/authors-editors/authorandreviewertutorials/writinginenglish>) and our Writing resources (<http://www.biomedcentral.com/getpublished/writing-resources>). These cover common mistakes that occur when writing in English.

\*\*Our flexible approach during the COVID-19 pandemic\*\*

If you need more time at any stage of the peer-review process, please do let us know. While our systems will continue to remind you of the original timelines, we aim to be as flexible as possible during the current pandemic.

This letter contains confidential information, is for your own use, and should not be forwarded to third parties.

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