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#### **SDI Review Form 1.6**

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	2014_BJMMR_16002
Title of the Manuscript:	Effect of Rebounding Exercises Versus Whole Body Vibration on Children with Down Syndrome
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:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

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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)
<u>Compulsory</u> REVISION comments	The rationale for the study is not clear enough. Also, effective rebounding exercising implies appropriate motor control/balance, which may not be the case in the studied population.	
	The conclusions are limited by the fact that there is neither a control group nor a "positive control" group. At this point, it is impossible to determine if the results are due to the addition of either WBV or rebounding or the "designed exercise program alone"	
	Are there any reliability data for the assessments? BMD data should be revisited by using bone mineral apparent density (BMAD; g/cm3) approach. BMAD is assessed by dividing the BMD in a given site (i.e. the spine, total femur, or whole body) by the square root of the corresponding body area (BA) (BMAD=BMD/ $\sqrt{BA}$ ). It is important to highlight that the BMAD is a measurement of volumetric density, aiming to minimize the effect of growth on longitudinal analysis in children (Carter et al., 1992 and Crabtee et al., 2007). This is important specially due to the improvements found in BMD. 3 months is a relatively short period for significant changes in BMD and in order to strengthen these findings, any influence of growth in the results should be ruled out.	
	It is important to thoroughly inform the reader in regard of the details of the "designed exercise program" that was administered similarly to both groups.	
	Statistical approach is inadequate. You have a 2 x 2 design (group x time). The least you should use is a two-way anova, ideally, a mixed-model for repeated measures. As it is, the results can not be fully appreciated at this time.	
	Discussion of the results could benefit from the inclusion of:	

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	<ul> <li>Study limitations</li> <li>Contrast on the mechanisms of action between training strategies (i.e. neural adaptations due to WBV exercising vs. rebounding exercise). This may be particularly helpful when discussing differences in genu recurvatum angle between training modes.</li> <li>Lack of sensitivity/specificity of the tests chosen (i.e. 6MWT)</li> </ul>	
	example is the following sentence "A rebounder also takes a lot more effort and time. Simply standing on a WBV platform, the machine does all the work while the body gets all the benefits. 100% of all the muscles in the body are activated and exercised at the same time, as well as all the systems in the body being stimulated, even including the brain and eyes"	
Minor REVISION comments	Please divide your text into paragraphs as the current format is hard to read. First appearance of "genu recurvatum" is misspelled.	
	This sentence is unappropriated, scientifically speaking "Rebounding is an exercise that exercises every cell in the body at once by helping the body to increase its resistive load via trampoline rebounding."	
Optional/General comments		

#### **Reviewer Details:**

Name:	Anonymous
Department, University & Country	Brazil