

**Review report**

**Final title: Patient-made axillary crutches enabled home-based rehabilitation: A case report**

**Title at submission: Locally made axillary crutches, an innovation and community rehabilitation in rural Bangladesh: A case report**



**Reviewer A: Md. Atiquzzaman, ORCID: 0000-0002-6212-4469**

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**Ethical approval**  
Written informed consent was  
obtained from the patient for  
publication of this case report and  
the accompanying images.

**Trial registration number**  
Not applicable

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**1. Comment** Strengths of this Case Report: Innovative, locally contextual case culturally and socioeconomically relevant, Well-written, concise, readable strong alignment with community-based rehabilitation principles

**Response** We sincerely appreciate the reviewer's thoughtful and encouraging feedback. We are glad that the innovative and locally contextual nature of this case report was recognized. We are particularly grateful that the reviewer highlighted the strong alignment of our work with community-based rehabilitation principles, as this was a central aim in the development of the report.

**2. Comment** Title and Key Messages: The title is clear, concise, and reflects the content of the article (lines 3–4). It emphasizes both innovation and community rehabilitation in rural Bangladesh. The Key Messages section (lines 21–26) is relevant and well aligned with BSMMU guidelines but could be more concise and focus on the clinical learning point rather than general advocacy.

**Response** The key message section has been rewritten to concisely focus on clinical and social rehabilitation learning advocacy. Lines: 22–25

**3. Comment** Abstract: BSMMUJ case reports do not require a structured abstract, so its absence is acceptable. The Key Messages section serves a substitute, but it lacks a brief explanation of clinical context and outcomes. Thank you for highlighting the BSMMU Journal. Key message was rewritten accordingly.

Introduction: The introduction (lines 30–40) provides relevant context about pelvic fractures, assistive device gaps, and rehabilitation needs. It is well written and logically structured, though somewhat global in focus. It could better articulate the unique clinical problem faced by this patient rather than a broad overview of rehabilitation needs.

**Response** Thank you for focusing clinical aspect as well as the medical and social rehabilitation. We have revised Lines 32–33, 37–38 as per the suggestion.

**4. Comment** Case Description: The case description (lines 42–69) is informative and well-organized, providing history, socioeconomic context, injury details, and management.

Notable strengths: Clear presentation of trauma mechanism and comorbidities (lines 42–46). Proper mention of imaging and ATLS protocol (lines 47–50). The rehabilitation protocol is outlined but lacks clinical detail on functional progress and outcomes, focusing instead on device construction. The description of assistive device construction (lines 59–69) is valuable, unique, and culturally contextual. However, the narrative is mechanical and prolonged, with insufficient clinical assessment of gait outcome, safety, or complications.

Missing elements: Pain scores, Functional status over time, Weight-bearing progression and gait pattern, Outcome measures, without outcome data, clinical impact remains speculative.

**Response** We are particularly grateful for this set of encouragement and suggestions to improve the manuscript further. Lines 52–69 sections are thoroughly revised and updated.

**5. Comment** Discussion: The discussion (lines 70–90) effectively contextualizes the case within literature on pelvic fractures, assistive devices, and community-based rehabilitation (CBR).

**Response** Thank you for the encouraging comment

**5. Comment** Strengths include: Linking innovation to appropriate technology solutions (lines 78–82). Addressing global agendas such as WHO's Rehabilitation 2030 (lines 87–90).

**Response** We are grateful and much encouraged that the reviewer highlighted the strong alignment of our work with community-based rehabilitation principles, as this was a central aim in the development of the report.

**5. Comment** Weaknesses: Limited clinical analysis of the patient's recovery trajectory. Minimal reflection on risks, limitations, or potential harm of improvised assistive devices. Emphasis on advocacy over clinical reasoning.

**Response** Thank you. We have addressed the suggestions in the discussion section. Lines 71–90

10. Comment	Conclusion: The conclusion (lines 92–96) restates the central message but is redundant and narrative rather than analytical. It acknowledges a limitation (line 96), but the limitation is not deeply examined, nor tied to its clinical impact.
Response	Thank you for pointing out the redundancy. We have addressed the redundant text and the limitations.
11. Comment	Ethical Considerations: Ethical approval explanation is appropriate (lines 110–112). Written informed consent was obtained. This meets BSMMU requirements.
Response	Thank you very much for your encouragement.
12. Comment	References: References are recent, relevant, and appropriately cited (lines 115–140), including WHO documents and recent reviews. However, several web resources may be less rigorous (lines 121–126), though acceptable for contextual data.
Response	We appreciate the comment.
13. Comment	Figures: Figure 1 (lines 144–145) is relevant, but lacks annotation.
Response	Thank you indeed, Figure annotation added

**Reviewer D: Md. Yeasin Miah, ORCID: 0009-0007-4624-2207 (Post acceptance)**

14. Comment	Figure Quality:
	<ul style="list-style-type: none"> <li>• Figure 1 needs better resolution</li> <li>• Should show multiple angles of the crutch design</li> <li>• Consider adding measurements/ specifications of the device</li> </ul>

Response Thank you, high resolution figure and different angles of the crutch design are submitted