

# Review of: "Contraindications to Intermittent Pneumatic Compression: Between Lines of Recommendations"

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**Potential competing interests:** No potential competing interests to declare.

The authors describe the contraindications to Intermittent Pneumatic Compression. Congratulations to the authors on the manuscript, which has been an arduous but enriching task, with so many articles reviewed.

I have some questions and recommendations:

1. The abstract and the first paragraph of the manuscript are similar. I recommend changing one of these two parts.
2. There are phrases with personal opinions, like the last paragraph of *Critical ischemia*. The authors explain studies that demonstrate the possible usefulness of the ISPC, so phrases like “in our opinion” should be deleted.
3. They start the third paragraph of the COVID-19 section by mentioning that “we lack significant statistics on ISPC use” and “there is limited and challenging-to-generalize evidence”, to conclude by saying that ISPC “can be applied if the infection process is controlled”. It would be easier to understand if they changed the order: first explain the studies and after the limitations that may exist.
4. In the COVID-19 section, the authors explain the most important studies. In the last four lines, they mention “These and other works indicate that ISPC, in general, can be applied....” These studies should be part of the references. Furthermore, they start again in this section by writing about “debates with colleagues”. What kind of colleagues? From their university or hospital? Physicians, nurses...?
5. In table 2 and in the third paragraph of the Thromboembolism section, what is the meaning of PE? Please correct pulmonary embolism (PE) in the header in table 2 and the first time it appears in the text.