Qeios

Peer Review

Review of: "Intermittent Pneumatic Compression as a Regulator of Physiological Processes: A Conceptual Framework"

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1. Independent researcher

The main problem in all IPC papers is that IPC is not IPC. It depends on different devices, different sleeves, trousers, and jackets in different pathologies. The report begins with the IPC history in Ukraine. Therefore, the letters “in Ukraine” have to be the same size as the whole topic.

I'm missing the beginning of IPC: The **first known publication** on the application of pneumatic treatment of extremities actually dates back to **1834**. Specifically, the first of these modern devices were developed and launched on the market **in the 1970s and early 1980s**. A paper from Boris and Weindorfer showed 50% of developing genital oedema while using IPC. Nothing about what device, how many chambers the sleeves had, or the pressure.

In conclusion: the paper shows the use of IPC in different diseases but has the same problem as all other papers: nothing about different devices for phlebedema, lymphedema, arterial disease, neurological disease, etc.

The authors have to summarise and show the problems with different devices for home care, clinical use, and the different sleeves, trousers, and jackets, how many chambers they have, and about the different pressures and cycles.

There are no specific papers about these points. In 2021, a new IPK guide in Germany was published: The various mechanisms of action have been sufficiently proven by studies. How does IPK actually work? Answers to these and other questions are summarised in the new 140-page guide for clinics and practices.

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So the authors have to show these points, and that is why IPC has to be explained in those different points.

Declarations

Potential competing interests: No potential competing interests to declare.