



Pakistan Journal of Physical Therapy Faculty of Allied Health Sciences University of Lahore, Lahore Pakistan Email: pjpt@uipt.uol.pk

### **PART A:** *Editorial Office Only*

### **SECTION I**

Reviewer's Name:	
E-Mail:	
Manuscript Number:	
Title:	
Authors:	-
Date Sent To Reviewer:	
Date Expected From Reviewer:	

# PART B: Reviewer Only

## SECTION II: Comments per Section of Manuscript

Authors' Contribution to manuscript specified	
General comment:	
Introduction:	
Methodology:	
Results:	
Discussion:	

Conclusion:	
Limitations:	
References:	
Conflict of Interest:	
Source of Funding:	

# **SECTION III - Please rate the following:** (*1 = Excellent*) (*2 = Good*) (*3 = Fair*) (*4 = poor*)

Originality:	
Contribution To The Field:	
Technical Quality:	
Clarity Of Presentation :	
Depth Of Research:	

### **SECTION IV - Recommandation:** (*Kindly Mark With An X*)

Accept As Is:	
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Requires Minor Corrections:	
Requires Moderate Revision:	
Requires Major Revision:	
Submit To Another Publication Such As:	
Reject On Grounds Of (Please Be Specific):	

SECTION V: Additional Comments Please add any additional comments (Including comments/suggestions, if any):