

The Summary of Revision

Reviewers	Reviewer Comments	Revisions
Reviewer # 1the priority for publication is lowered due to the abundance of research articles	We think that this meta-analysis is different from previous meta-analysis on the effect of PFMT because we included more original articles and focused on identifying moderators on the effect of PFMT. These were described on page 2 line 14 to page 3 line 1 and page 3 lines 16 to 17.
Reviewer # 2	Change: page 4 line 2, line 4 and line 12	Changes made: Page 4 line 9, line 11 and line 19
Reviewer # 3	<p>Background section:</p> <p>It is unclear if authors meant that several previous reviews were qualitative synthesis</p> <p>It would also be helpful to provide specific information about the effect size in previous meta-analysis</p>	<p>Page 1 lines 20 to 23: Several published reviews have reported the effectiveness of PFMT for female UI. These were narrative reviews and systematic reviews</p> <p>The specific information about the effect size in previous meta-analysis were provided in discussion section (Page 13 lines 18 to 21)</p>
Reviewer # 3	<p>Methods:</p> <p><i>Searching for Relevant Literature</i></p> <p>First: Few search term were used</p> <p>Second: Few computerized database were searched ...</p>	<p>A comprehensive list of search terms used is now provided (Page 5 lines 7 to 10)</p> <p>We included the computerized databases used (Page 5</p>

	<p>Third: Footnote and citation The limited searching is a major limitation of the methods in this manuscript.</p>	<p>lines 2 to 5). Besides multiple search terms we used several databases, citation searching and footnote chasing. In addition, we formally assessed publication bias on incontinent episodes and described this limitation in discussion section (Page 17 lines 16 to 21)</p>
<p>Reviewer # 3</p>	<p>Methods: <i>Statistical Analyses</i> The authors report but do not indicate the weighting factor. Funnel plots are not useful Continuous data, for moderators, were dichotomized to create categories. It is unclear why the researchers did not use meta-analysis analogs of regression for these analyses.</p>	<p>Page 7 lines 8 to 9: overall MWES for incontinent episodes, urine leakage amount, and perceived severity were calculated weighing for inverse of variance. We deleted descriptions about Funnel plots Page 7 line 18 to page 8 line 1: Although, three moderators, except type of UI, were continuous variables, these moderators could not be analyzed through multiple regression analysis. The reason was that one study (Burns, et al., 1993) used a much higher number of daily contractions, 200 contractions a day, and in the other study (Bo, Talseth, & Holme, 1999), the training interval (24 weeks) was much longer than other studies. Therefore a more conservative method, analysis of variance for effect sizes with one factor model, was used (Hedges,</p>

		1984).
Reviewer # 3	<p>Results:</p> <p>Further justification for using measures of variability from a previous meta-analysis paper when these data are not available in the primary report would be useful.</p>	<p>We clarified our methods further in the text. When the original articles did not report SD, we estimated SD from published CI. The study of Bo et al. (1999) reported baseline mean number of episodes and the mean change from baseline mean at the end point of treatment; therefore, we estimated the mean numbers of episodes at the end point of treatment and used these data for calculating effect size (Page 9 lines 4 to 8).</p>
Reviewer # 3	<p>Discussion:</p> <p>The interpretation of findings as moderate and large may not be helpful.</p> <p>It is unclear if two of the significant moderators might be confounded a joint moderator analysis might be more appropriate.</p>	<p>We deleted the interpretation of effect sizes by Cohen's estimation and added interpretation by comparing this effect size with previous meta-analysis finding (Page 13 lines 15 to 21).</p> <p>We were not able to analyze a joint moderator analysis. Actually, we did two-factor analysis of variance with age and UI type to test confounding effect; however we could not get significant result. The reason was that small number of studies was not able to secure enough number of degree of freedom to get statistically significant output. Hence, we described the possibility of confounding effect</p>

	<p>The discussion section contains considerable repetition of findings</p> <p>The discussion section should compare these findings with previous meta-analysis finding.</p> <p>Overall, the discussion section does not adequately acknowledge the limitation of meta-analysis with so few studies.</p>	<p>and need of joint moderator analysis in discussion session (Page 17 lines 10 to 13).</p> <p>We eliminated repetition in our discussion.</p> <p>We compare our findings with previous reviews (Page 13 lines 15 to 21; Page 16 line 23 to page 17 line 2; Page 17 lines 6 to 8)</p> <p>We now provide a full discussion of limitations of this meta-analysis including making note of the small number of studies available to us (Page 13 lines 4 to 5; Page 14 line 10; Page 17 lines 16 to 21)</p>
Checklist for Style	<p>Title:</p> <p>Shorten title to 12 words or less (no abbreviations)</p>	<p>We changed the title from “The Effects of Pelvic Floor Muscle Training on Treatment of Women with Urinary Incontinence: A Meta-Analysis of Randomized Controlled Trials” to “Meta-analysis of Pelvic Floor Muscle Training : Randomized Controlled Trials in Incontinent Women”</p>
Checklist for Style	<p>References:</p> <p>Delete one of the duplicate Ghoniem... 2005 reference in the reference list</p>	<p>Reference has been deleted</p>