**Authors`s reply**

We thank you very much for further editorial comments on our manuscript.

**The manuscript will benefit from thorough language revision as there are a number of grammatical errors throughout. Please thoroughly review the manuscript and edit any errors (preferably use a proficient English speaker).**

The final version was reviewed by a professional English speaker and grammatical errors corrected.

**Males and females?**

Only male patients attended the study, we added this information.

**This para fits better in the results section.**

We added the indicated paragraph to the results section.

**The JoVE protocol should be almost entirely composed of numbered short steps (2-3 related actions each) written in the imperative voice/tense (as if you are telling someone how to do the technique, i.e. "Do this", "Measure that" etc.). Please re-write your ENTIRE section 1.1.1. There should be logical flow between steps. Currently, these are definitions of actions and not a protocol.**

Thank you for your comment.

Writing the manuscript, we decided to focus on the motor function measure and to support a video recording of it which has not been published before. Based on the character of this clinical test, there is no “obvious logical flow” between the 32 individual steps; however, the main idea/logic behind this order is to avoid an unnecessary repositioning and exhausting of the patient. This explanation we included in the current description of the task. The 32 items are not to be regarded as separate definitions, but as a complete and validated protocol of a single clinical testing method. Therefore, we would very much appreciate it, if this structure would be acceptable for you.

We also adapted some of the remaining sentences to have an imperative voice in each item. We made adaptions to have as less actions as possible in each item (2-3). Please note that some steps can not be deleted; otherwise the item is not performed correctly.

**The highlighted portions (max 2.75 pages) must best represent the title and abstracts. It currently does not meet this requirement.**

We adapted our title and the short and long abstracts. In order to achieve coherence throughout the manuscript and not to exceed the 2.75 pages, we decided to focus only on the MFM in the video recording. Therefore, only the protocol of the MFM was highlighted.

**The numbering here is off. Please follow 1, 1.1, 1.1.1 etc. for Levels 1,2,3 etc.**

We adapted the numbering of the whole protocol section, also based on the publications you gave us as examples.

**Several of these definitions show a high degree of overlapping text with previous publications. I suggest avoiding these definitions and leaving them in Table 1, because the specifics are redundant. However, any steps to be filmed must be described fully in the text.**

Thank you for your comment.

We deleted some of the less significant aspects of each item, but these aspects are included and can be found in the table. Small changes in the description were also done; however, we are not allowed to reformulate the items completely, since the test was validated using these exact words. Also our co-author, Mrs. Carole Vuillerot, who was part of the team writing the User`s Manual of the MFM, asked us not to do so. We hope that this is acceptable for you. All relevant steps for the filming were left.

**Please avoid these recurring headings one Lines 148-163.**

The recurring headings (MFM item, D subdomains) were deleted.

**Standing up is the task here? Or is it sitting up?**

The patient has to stand up in this test, this we clarified in the current version.

**Scan the patient? You don’t excide any tissue so this is misleading. Please mention all MRI acquisition parameters.**

The suggested corrections were made.

**Mention statistical test?**

A short description of the used statistical tests was added to the representative results part.

1. **Please add scale bars.**

Scale bars were added to Figure 2.

06/09/2018