***Section Editor Comment:  
  
Reviewer 1 has again raised some important points with regard to the data analyses.  Please address these comments in the next revision.  Specifically, address the issue of the finding of "no significant difference" in the context of a small sample size.  The reviewer recommends finding a way to present the data in a way that makes it clear to the reader that there are limitations based on sample size and the lack of a significant difference should not be interpreted as meaning there was not a biologically important difference or vice versa.***

***Reviewer: 1***

AU: Thank you for the continued opportunity to revise and improve our manuscript, as well as some clarification on comments from the first round of revisions. During this second round, we hope we understand better what Reviewer 1 was asking for. In sharing results comparing outcomes by facility type, we were not clear enough in delineating that there was no statistical difference, but this does not preclude the existence of potential biological differences between facility types. There were more places throughout the manuscript where we stated there was “no difference” between facility types without specifying that this meant statistical significance than we realized; these have been removed or clarified throughout the manuscript. Additionally, we have added language throughout the manuscript (highlighted in yellow) in the Abstract, Discussion, and Conclusion stressing that our statistical power was limited by small sample sizes, and our lack of finding no statistical difference does not mean that biological differences may not exist between these facility type groups.  
  
***223: 2 rather than two (and elsewhere use numbers (5) not text (five))***

AU: Thank you for pointing this out; these revisions have been made throughout the manuscript.

***277 Remove TM as per authors instructions***

AU: Thank you for pointing this out; this revision has been made.

***364 were not was***

AU: Thank you for pointing this out; this revision has been made.

***443: This is a good example of where your lack of data means that you conclude no difference where there clearly is a difference - 37.5 is different from 167.5 (you could not describe them as similar). You just don't have enough data to identify such a difference as 'statistically significant'. You need find to find a way of reporting your findings without making claims of 'no difference'***

AU: A more detailed response to this general concern can be found in the comment above, but language clarifying that a statistical test failed to find differences between these groups was added here, clarifying that it is not simply a claim of “no difference.”

***450: Linear regression assumes a continuous unbounded outcome. This is not true of percentages, as when they are near to the limits (close to 0/100%) the regression output can have intervals <0 or >100 which are obviously nonsensical. Secondly the relationship is sigmoidal (i.e as the predicted outcome approaches 0 or 100 % the effect flattens) not linear. Both of these issues can be partly addressed by ensuring that the outcomes are between 20 and 80% so outcome intervals will not be <0 or >100 and the linear section of the sigmoidal curve is the focus of the analysis. Neither new nor chronic elevated SCS% meet these criteria. Argument from previous articles is fine but despite the best efforts of reviewers and editors not everything published in the JDS is perfect and we need to be constantly challenging what was done previously in the field of statistics just as we do for the hypotheses and understanding of the underlying science.***

AU: The analyses for chronically and newly elevated SCS were re-done using logistic regression as suggested. The manuscript has been updated to share the results from these analyses.

***For table 3, unlike table 2, most of the outcomes reflect similar values across the groups so inherently reflect better a claim of no evidence of a difference. However, a quick calculation shows that if you compare tie stalls with BP in relation to % chronically elevated SCS (assuming the calculation of mean/SEM is robust), although the mean difference is only 0.2%, it could be as large as 11% in favor of BP and 11% in favor of TS. This is not a statistically valid claim of no difference. Again you need to find a way of describing no statistical difference when you have not ruled out a biologically meaningful one. I think this needs addressing in the results and the discussion***

AU: See previous comment.

***458: I'm not going to address every instance where you claim no difference by facility type, but this again is a biologically meaningful difference which means that your claim of 'no difference' reflects a lack of power to rule out biologically meaningful differences. The statistical analysis of your data is inconclusive rather than useful***

AU: See previous comment.

***479: model after multivariable***

AU: Thank you for pointing this out; this revision has been made.

***635: It did differ***

AU: See previous comment.

***754: This means you can't meaningfully claim no difference***

AU: See previous comment.