Reviewer's report

Title: Acromioclavicular joint reconstruction with coracoacromial ligament transfer using the docking technique

Version: 1 Date: 4 June 2008

Reviewer: Keith M. Baumgarten

Reviewer's report:

Background

Chronically painful or severe, acute acromioclavicular joint separations have been commonly treated with a coracoacromial ligament transfer.

Hypothesis

A hypothesis was not stated. The purpose of this study was to assess the outcomes of a novel technique for coracoacromial ligament transfer that emphasizes tensioning the coracoacromial ligament using a docking procedure.

Study design

Prospective case series

Strengths

Novel approach to an established technique with improved results compared to historical studies.

Prospective

Clinical outcomes measures were used (ASES, VAS) although they have not been validated for acromioclavicular reconstruction.

Weaknesses

Heterogeneous group (includes three autograft reconstructions)

Relatively short follow up (mean less than two years)

Point by Point comments

Page 3

“of late there has been interest in anatomic cc ligament reconstructions …”

Some readers may infer from this sentence that the technique described is an anatomic CC ligament reconstruction. I would recommend in either the background or discussion briefly informing the reader that the docking technique for CA ligament transfer is a non-anatomic reconstruction.

Pages 5-6
It may be helpful to the reader to show how your technique varies from the original description in this section.

Page 7
Once the “CA ligament is docked into the medullary tunnel” how is the ligament subsequently cycled? Please clarify.

Page 8
“We recommend slight over-reduction of the AC joint”
“Appropriate reduction is achieved when the distal clavicle is within 5-10 mm of the coracoid process”
To help the reader know how much over reduction is recommended, I would insert the normal coraco-clavicular distance (11-13 mm; referenced).
In addition, in the background section it is mentioned that problems with previous techniques include over-reduction of the joint. Could you comment, if known, how your intentional over-reduction of the joint does not cause the problems mentioned in the Background section.

Page 10
Is there data available describing the preoperative and postoperative presence of pain with cross body adduction (a common physical exam finding with acromioclavicular joint derived pain)?

Page 11
Was the study appropriately powered to show a difference in outcome comparing acute versus chronic injury? If it was not, it should be mentioned as a limitation in the discussion section.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have received honorarium and research funding from the Arthrex corporation that may be favorably or unfavorably affected by this publication.
I have a non-financial competing interest in having published a different technique of acromioclavicular joint reconstruction.