Author's response to reviews

Title: Radiographic knee osteoarthritis in ex-elite table tennis players

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Version: 3 Date: 22 November 2011

Author's response to reviews: see over
The Editor
BMC Musculoskeletal Disorders
22\textsuperscript{nd} November 2011

Re: MS: 7891891775809863

Comparison of knee osteoarthritis between ex-elite male table tennis players and control subjects

New title = Radiographic knee osteoarthritis in ex-elite table tennis players
Authors: Reza Rajabi, Gillian M Johnson, Mohammad H Alizadeh and Nazanin Meghdadi

Your reviewers are thanked for the detailed and carefully considered feedback. The authors have made changes in order to clarify each of the points raised by you and the reviewers and we trust this revised manuscript meets the approval of the reviewers. Please note a change in title to that of “Radiographic knee osteoarthritis in ex-elite table tennis players” in response to one of the reviewer’s comments. Responses to the individual comments are provided below.

Response to the comments made by the editor
1. Please add detailed explanation how you measured lower limb alignment using anthropometric caliper. Is this measurement valid and reliable?

Authors’ response: A detailed outline of how the lower limb alignment was measured (including a diagram-Figure 1) is included in the Methods section as requested. This method is a widely accepted clinically and recommended by orthopaedic specialists (Greene, 1996). The lack of available information regarding its reliability and validity represents a limitation of the study and this is acknowledged in the Discussion section –P11

2. Please add description of control subjects. How they were recruited? From what population?
Authors’ response: This information is now detailed in the Methods section –P5.

3. Do you have any information on ex-players that not agreed participate in this study? How can you be sure that people that agreed to participate in the study represent general population of ex-players? It is a real possibility of selection bias here.
Authors’ response: No information was available on the ex-elite table tennis players who did not agree to participate. The control subjects were selected from the general population in public places and it can be argued that only mobile, fit people would inhabit these areas. Mention of a selection bias is now included in the Discussion section- P11.

4. Is any additional information on participants was collected? General health, smoking, occupation etc. All this factors can influence the development of knee OA and need to be considered. If not please explain why and mention this in the limitations of the study.
Authors’ response: Additional information on smoking was gathered and this information is now included in the baseline characteristics of the subjects-P5. Additional information of general health and occupation was not gathered and is mentioned in the limitations in the Discussion section P11.

5. Please add the limitations section at the end of Discussion section.
Authors’ response: The limitation section has been moved to the end of the Discussion section-P11.

6. Subjects with BMI>30 were excluded or not included. I mean, do you have information on individuals with BMI>30? What was proportion of this subject in the ex-players group? Is it similar to general population?
Authors’ response: Subjects with a BMI >30 were excluded from the study. Four ex-elite players were excluded from the study and were not included in the 22 ex-elite table tennis players who were involved with the study –P5

Reviewers report #1:
Major compulsory Revisions
The premise of the paper is a good one – health related topic with radiographic signs of knee OA and associated functional levels in table tennis. The execution needs to be significantly sharpened. I found it difficult to track the argument through the paper regarding the impact of table tennis on OA in ex-elite male table tennis players – it looked like there were too many tangents obscuring the overarching message but not directed to table tennis. The diffraction away from a main message (table tennis) meant that some useful lines of argument were lost– according to the title of the paper!

The paper needs to be reorganised to focus on a consistent clear key message: knee osteoarthritis in table tennis compared with general population!
Re-organisation to a clear message may provide a stronger structure to explain the goals of the paper. Instead putting all the data in the text I suggest including a table with the relevant data and results.

Authors’ response: The introduction, methods and results sections have all been extensively rewritten in response to this reviewer’s comments. The results have also been detailed in table format as suggested by the reviewer.

Minor essential Revisions
The authors might want to re-think their title. Control group in the title is not important
Authors’ response: The title has been revised in response to the reviewer’s comments.

There were grammatical and spelling errors. Check for English spelling.
Authors’ response: The manuscript has been checked for grammatical errors and spelling

It is not important if one is playing with shakehand or penholder regarding loads in table tennis game!
Authors’ response: After much debate this information has now been removed

I would like to see some comparison to racket sports rather than to soccer and football!
Authors’ response: Comparisons are now made to racket sports and the emphasis on soccer and football is minimised.

Authors should avoid clear neglect of up to date literature. Instead of that they should put in “safety fuse”: according to the authors known literature.
Authors’ response: The new Introduction section is more focused now.
In Methods/Subjects authors should clear the number of participants. First they say 60 and then they are using 22 players from group of 52 players!

Authors’ response: This issue of subject numbers has been clarified in the Methods section. P4

Authors should avoid sentences like: “The Chi-square test found a significant...Chi-square cannot found, authors can!

There are some sentences which are too long and are difficult to read.

Authors’ response: The manuscript has been edited for ease and clarity of reading

Authors use some abbreviations which are not explained before! In References it is not permitted to use et al (Nr. 1, Nr. 4 and Nr. 20)! In reference Nr. 21 authors are not correct presented! (KONDRI#, Miran, FURJAN-MANDI#, Gordana, ZEKAN PETRINOVí#, Lidija, CILIGA, Dubravka. Comparison of injuries between Slovenian table tennis and badminton players. In LEES, Adrian, CABELLO, David, TORRES LUQUE, Gema (Eds.). Science and racket sports IV. (pp.112-117). London; New York: Routledge.) See also reference: KONDRI#, Miran, MATKOVI#, Branka R., FURJAN-MANDI#, Gordana, HADZI#, Vedran, DERVIŠEVI#, Edvin. Injuries in racket sports among Slovenian players. Collegium antropologicum, 35(2), 413-417.

Authors’ response: Corrections to the References list have been made. The reviewer is thanked for bringing this new reference to the attention of the authors- this was useful.

Figure 2 should be replaced with other presentation than bar graph!
In Knee alignment outcomes methods are not presented clear. Statistician should clear the methods used in this research!

Authors’ response: The knee alignment method of measurement has been revised including a diagram-Figure 1.

Reviewer’s report #2

The manuscript is overall well written and the conclusion is supported by the results. However, especially the result section has to write much more clearly. At methodological point of view the study has some limitations. Firstly, the study included ex-elite athletes who are still active players, which may cause so called "healthy exerciser bias". Secondly, history of knee injury is a risk factor for knee OA, and subjects with lower-limb operative treatment have been excluded from the study. Some of those excluded subjects may have had severe sport-related injury, and severe knee symptoms.

Quality of written English: Needs some language corrections before being published

Authors’ response- The authors thank this reviewer for the valid comments made regarding the manuscript. Accordingly the manuscript has been rewritten for clarity and to improve the readability. The limitations of the study have been expanded upon in the manuscript.

Sincerely

Dr Gill Johnson

Reference