Author's response to reviews

Title: Short-term outcomes of extracorporeal shock wave therapy for the treatment of chronic non-calcific tendinopathy of the supraspinatus: a double-blind, randomized, placebo-controlled trial.

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Dear Editor,

My coauthors and I are delighted that you were inclined to reconsider our manuscript for publication in the *BMC Musculoskeletal Disorders*. We noted generally that the reviewers’ comments were minor and we have addressed each, on a point-by-point basis, below.

We hope that our manuscript will be judged worthy of publication in your journal.

Sincerely,

Olimpio Galasso

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Author's response to Steve Tumilty

ST: I think the 30 point change in CMS score to measure success has poor justification. The two articles cited to support this give no indication that 30 points is relevant. Thirty points is a large difference considering the CMS is only a 100 point scale and if for instance, 30 points was used in the power calculations, then this would equate to low numbers needed to detect such a change. The authors might consider making it clear that the 30 point difference was their opinion and not derived from research evidence.

A: According to your suggestion this issue was discussed in the text (page 9, lines 19-21)
ST: Again, considering the 30 point change in CMS to measure success; Table 6 displays patient 9 in the treatment group and patient 3 in the placebo group as having successful treatments without reaching the 30 point cut-off. Is this correct?

A: In the Materials and Methods section we wrote: “patients were considered a treatment success if they showed an improvement of at least 30 points, or their CMS at the study’s endpoint was at least 80% of the standard age-related value”. Therefore, we used two different criteria to consider a treatment success (i.e. the 30-point difference and the 80% of normal values). The patient 9 in the treatment group and the patient 3 in the placebo group had successful treatment because their CMS at the study’s endpoint was at least 80% of the standard age- and gender-related value.

However, considering your comment, we found a little inaccuracy in the sentence reported above. In details, we compared the CMS results of our patients to both the age-adjusted (as we originally wrote) and to the gender-adjusted values. Indeed, we compared our results to the normative values for the Constant score based on age and gender as reported in the work of Katolik and colleagues1. In the revised manuscript we re-wrote this sentence as follows: “patients were considered a treatment success if they showed an improvement of at least 30 points, or their CMS at the study’s endpoint was at least 80% of the standard age- and gender-related value” (page 4, line 21).

The rationale of the comparison to standard age- and gender-related value comes from the observation that the strength of the normal shoulder may differ by gender and deteriorate with age. Thus, the Constant score may also decrease in absolute value while still reflecting a normal score. To account for age- and gender related differences, normal results for this scale were determined across a population of patients without shoulder disease1.

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Author's response to Kenta Ito

**KI:** Minor Essential Revisions: The references are not always listed as it appears in the main text.

e.g. Reference 42 (page 10, line 4)

**A:** We wrote “42” instead of “22”. Therefore, according to your suggestion the reference was modified (page 10, line 6)

No comments have been provided by the reviewers Jih-Yang Ko and Angela Notarnicola.