Major Compulsory Revisions

This study includes a worthwhile different view of symptoms in patients with rotator cuff tears in the words of the patients.

The huge consequence of the pain related limitations to the daily life is figured out very well.

Nevertheless, it is difficult to summarize all patient’s states in a manuscript. Individual descriptions are helpful but not comparable with other literature.

An interesting question instead would be, if normally used scores for shoulder evaluation, like the Constant Score [1], the ASES Score [2] or the RC-QOL score [3, 4] do figure out all the here mentioned complaints [3].

Abstract:
The abstract summarizes well the content of the manuscript although only in the conclusion the purpose of the study crystallizes out.

Background:
When complaining of lack of evidence in treatment of rotator cuff tears, only two references can’t be enough. There is literature describing the current concepts [5], the benefits of surgical treatments [6-9] and as well the outcome of conservative treatment [10, 11].

In my opinion there is information about patient’s view of symptoms in the literature. Otherwise the developed scores until now might be useless [1, 2]. The impact upon patient’s daily lifes was also described before [4]. The author should at least mention these scoring systems and then focus on the patients own words...

Methods:
Unfortunatley the author does not make any difference between neither full thickness or partial tears, nor between subscapularis-, supraspinatus- or infraspinatus-tendon tears.

In my opinion the used semistructured interview style which might be expected to carry out anything new by letting the patient describe, brought up the until now
known main symptoms as pain, disturbed night sleep, reduced muscle strength and painfully reduced range of motion.

Nevertheless the fact that in an interview during around 45min in mean does not bring out any more information might be also worthwhile when the clinicians know that they have to focus on these described symptoms.

Results:

Figure 1: The graphic is a good summarize of the written text. But what is exactly the message from it? Instead the author could you use different diagrams:

One for the main symptoms (how many percent of the patients had the different symptoms? How did they describe the pain (another figure)?)

One for the impact, one for the different coping strategies they used...

Maybe the long text in the Results-part could be shorter with more graphics.

Discussion:

Good: The assumption that cuff tear pain can be linked to a special movement rather than pain from the spine might be an interesting question for further studys.

Conclusion:

What would be the next step after the awareness of massive pain description?

Literature:


**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 declare that I have no competing interests