Reviewer's report

Title: Reliability and validity of the Finnish version of the American Shoulder and Elbow Surgeons Standardized Shoulder Assessment Form, Patient self-report section

Version: 3  
Date: 17 April 2014

Reviewer: Jean-Sebastien Roy

Reviewer's report:

Introduction:
1. Lines 53 and 61: Please add references.
2. Line 66-67: Reword the sentence “The psychometric properties …”
3. The authors did not explain why the ASES should be translated when other questionnaires such as the DASH and QuickDASH are already available in Finnish. Therefore, in the introduction, the psychometric properties of the ASES should be presented and discussed relative to the ones of other questionnaires available in Finnish to show the need for another translation. Proliferation of upper limb scales makes comparison between studies very difficult. Further, the different categories of scales available for the shoulder (upper extremity-specific, shoulder-specific and condition-specific scales) should be mentioned.

Methods:
1. The “Translation and cross-cultural adaptation” section should come before the “Patients, setting and data collection” section.
2. Line 88: Were the SST and SF-36 versions used validated for Finnish populations? It should be mentioned.
3. Line 90: How were the patients contacted to complete the questionnaire before their visit to the clinic?
5. Translation: Why choose only one back translation? Usually two back translations are performed.
6. Translation: Were any cross-cultural adaptations performed during the translation process?
7. Line 110: It is mentioned, “These activities of daily living were assessed for each shoulder separately.” Were both shoulder affected? Why rate each shoulder? How were both shoulders considered in the statistical analyses?
8. Statistics section: The authors have the data to calculate the minimal detectable change of the ASES. Given the clinical significance of MDC, it should be added to the manuscript.
9. Line 139: According to this section, effect sizes were calculated. However, they are not presented in the Results section.

10. Line 143: What were the a priori hypotheses for the correlations between the ASES and SST, and between ASES and SF-36. Usually criterion validity is based on a priori hypothesis.

Results:

1. How was the sample size calculated?

2. Line 164-166: Could the authors explain why they chose to evaluate the ICC for patient that had improved or worsened? Usually, reliability is only evaluated for subjects who are stable.

3. The results of the factor analysis should be presented in a table (eigenvalues, %variance, loading of each item)

Discussion:

1. Line 197-199: I don't see how the authors demonstrated that the Finnish version is reliable and valid compared to the original version given that no comparisons were performed

2. Line 201-203: This part of the paragraph should be in the results section.

3. Line 207-216: Very long paragraph just to say that there is no floor or ceiling effect.

4. Line 232-241: Again, very long paragraph for the internal consistency.

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

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests