Author's response to reviews

Title: Improving the Sensitivity of the Hop Index in Patients with an ACL Deficient Knee by Transforming the Hop Distance Scores

Authors:

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Version: 3 Date: 21 December 2005

Author's response to reviews: see over
Dear Eva Ageberg and Jon Karlsson:

Thanks for your subsequent review of the research article entitled “Improving the Sensitivity of Hop Index in Patients with an ACL Deficient Knee by Transforming the Hop Distance Scores”. We have addressed your comments by revising our manuscript accordingly and providing a point-by-point response to indicate where and how it has been revised (see below). Furthermore, we have ensured that the revised manuscript conforms to all of the formatting requirements as outlined by the journal.

We are truly grateful for your time and interest.

Sincerely,

Siobhan O'Donnell
Reviewer's report

Title: Improving the Sensitivity of the Hop Index in Patients with an ACL Deficient Knee by Transforming the Hop Distance Scores

Version: 2 Date: 16 November 2005

Reviewer's report: Eva Ageberg

General
The paper has undergone many improvements and I appreciate the effort that the authors have put in. Some minor revisions are still needed, which are pointed out below.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Methods
1. Page 6-7: In order to make it clearer to the reader, I suggest that you use two headings instead of one: 1) Subjects, where a description of the study population and their characteristics is included (please see also comments below and under Results), 2) One-leg hop test for distance, where the hop test and test procedure is described. Revised as suggested.
2. Page 6, subjects: I believe that some additional information is still needed: Did the patients (or any patient) have decreased range of motion and/or swelling at the time of testing? Did they all experience functional (dynamic) instability? Please provide this information. Information regarding the ACLD patients ROM and swelling has been provided (see pg. 6).
3. Page 6, line 2: I still believe that the design of the study can be described more clearly. In what way were the patients consecutively included? For example, were the first ten patients from the waiting list included in the study? Please provide information on how the patients were recruited. I suggest that you also include the information that you have provided in your answer, i.e., inclusion of patients with a grade 2 or 3 ACL ligamentous laxity on manual testing. Subject recruitment and eligibility criteria have been described on pg. 6.

Results
5. Page 9, paragraph 1: The patients are now well described. However, since this is a description of the study population and not an answer to the questions you have posed, I suggest that this paragraph is moved to the method section/subjects. Revised as suggested.
6. Page 10, paragraph 1: Please move interpretation of the results, i.e., “low sensitivity” and “high specificity” to statistical analysis and/or the discussion. Revised as suggested.
7. Page 10, paragraph 1: Remove references. These are, as appropriate, included in the background, method, and discussion sections. Revised as suggested.
8. Page 10, line 4 f.b.: Please move interpretation of the results, i.e., “moderate-strong” to the discussion. Revised as suggested.

Discussion
9. Page 13, paragraph 2: “…the sensitivity remained low.” What is considered to be high sensitivity? What did you expect to find and what is desirable? It may be of value to the reader to provide this information and discuss your results in relation to this. The closer the sensitivity or specificity is to
100%, the more sensitive or specific the test. There are no agreed upon standards for judging sensitivity and specificity however, we believe that 60 to 70% is low because approximately a third of the subjects were misclassified.

10. Page 14, line 4 f.b.: What is meant by “reactive”? By reactive testing we are referring to tests which require the subject to respond to cues (i.e. verbal or visual). A description has been provided in the paper – please see pg. 14).

Tables
11. Table legends, Tables 2 and 3: References or author names are not needed here, so please remove these from the table legends. Provide instead the LSI's, i.e., 85% and 90%. Revised as suggested.

12. Table 3: Is this Table referred to in the results section? The tables should be numbered in consecutive order – should this be Table 1? Tables are numbered in consecutive order (Table 3 is referred to within the Discussion section).

Figures
13. Figure 1: The position of the fit line for the patients legs (r=0.68) is confusing to me. Are the variables correctly placed on the x- and y-axis? The independent variable, in this case the non-injured or dominant leg, should be placed on the x-axis and the dependent variable, i.e., the injured leg or non-dominant leg, on the y-axis. Figure 1 has been revised and the non-injured or dominant leg is currently on the x-axis and the injured or non-dominant is on the y-axis.

Discretionary Revisions (which the author can choose to ignore)

What next?:
Accept after minor essential revisions

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

Quality of written English:
Acceptable

Statistical review:
No

Declaration of competing interests:
I declare that I have no competing interests.
Reviewer's report

Title: Improving the Sensitivity of the Hop Index in Patients with an ACL Deficient Knee by Transforming the Hop Distance Scores

Version: 2 Date: 22 November 2005

Reviewer: Jon Karlsson

Reviewer's report:

General

Needs minor linguistic revision

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
No major compulsory revisions needed

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Only minor linguistic revision needed. Linguistic revisions have been made.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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: No

Declaration of competing interests:

I declare that I have no competing interests