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: Eva Ageberg

Reviewer's report:

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.
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.
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.

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.
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.
7. Page 10, paragraph 1: Remove references. These are, as appropriate, included in the background, method, and discussion sections.
8. Page 10, line 4 f.b.: Please move interpretation of the results, i.e., “moderate-strong” to the discussion.

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.

10. Page 14, line 4 f.b.: What is meant by “reactive”?

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%.
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?

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.

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.