Reviewer's report

Title: Differences in the pectoralis minor length test in subjects with and without symptoms: a study of intra rater reliability and validity.

Version: 1 Date: 29 April 2007

Reviewer: Joe F. de Beer

Reviewer's report:

General

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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)

1. Concerning the abstract: in the "Conclusions" it is stated that the pectoralis minor length test demonstrates "excellent clinical reliability". It is understood that the mere measurement had good intra-observer reliability but that it "lacked diagnostic accuracy". The statement "excellent clinical reliability" might be misleading to some readers and should be rephrased

2. Page 5 line 9 should read: "patients with symptoms"

3. Inclusion criteria (page 5): some of the aspects are too vague:  
   a) "problems arising from the area of the shoulder"-define that anatomically- is that from the gleno-humeral and AC joint and does it exclude/include the surrounding structures like the thoracic outlet? 
   b) previous shoulder surgery is not mentioned as an exclusion criteria- that would be important 
   c) In "Results" on page 9 the diagnosis in 21 patients was "non-specific shoulder pain"- in almost half of the patients no diagnosis was made - would the authors explain why no diagnosis was made in so many patients. Furthermore, the term "rotator cuff tendinopathy" is used for a further 12. The most common rotator cuff problems are impingement(both outlet and non-outlet), rotator cuff tears and calcific tendinitis, all of which have totally different symptoms, treatment and so on- are they all included in this group? It is also noted that there was not a single patient where the diagnosis of glenohumeral arthritis was made- are those cases rare in the shoulder unit of the authors?

4. Page 11, paragraph 3,3rd last line: should read "scapula" not "scapular"

5. Page 11, last paragraph: "if an imbalance is identified it should be corrected" Are the authors ignoring the fact that the cause of the problem is the most important aspect to correct rather than concentrating on the secondary muscle imbalance?

6. When referring to the muscle imbalance and having to measure the length of the pectoralis minor some reference should be made to the often primary muscle lengthening/dysfuction of the rhomboids and other scapular stabilisers with the relatively accurate measurements of lateral scapular gliding as described by Kibler

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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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have no competing interests