Reviewer's report

Title: Prevalence of complaints of arm, neck and shoulder among computer office workers and the development of a questionnaire on risk factors for these complaints.

Version: Date: 26 March 2007

Reviewer: Christopher Maher

Reviewer's report:

General

Background page 4: As neck and upper limb pain has always been a part of human existence I don’t think it makes sense to say CANS was recognised in the early seventies. I’d reword this. I am also not familiar with the acronym CANS and was about to advise against its use until I did search for it on Pubmed. I found a paper (Huisstede BM, Miedema HS, Verhagen AP, Koes BW, Verhaar JA. Multidisciplinary consensus on terminology and classification of complaints of arm, neck and/or shoulder. Occup Environ Med. 2006 Oct 16; [Epub ahead of print]) that may be worth referring readers to. If you use a different definition to the consensus definition of CANS it would be worth discussing this issue.

-------------------------------------------------------------------------------

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

-------------------------------------------------------------------------------

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 page 6. I think it makes more sense to also include the Dutch instrument, because that was the tool used in the study. Please confirm whether the English version you provide is a translation or has gone through formal cross-cultural adaptation.

Figure 1. This presumably describes the point prevalence of CANS from the data in items 69-74. The figure needs a more descriptive legend and the figure y axis needs a label. The upper limb complaints response options are left, right or both but the prevalence data is only a single (undefined) figure. I am not sure what is being displayed in figure 1. Please clarify. I think it would useful to present more of the data and let us know how many people had left pain, right pain and bilateral pain for each region of the upper arm. If you collected information on limb dominance it would be useful to express the data that way as well. I also think that it would be useful to know more about the patterns of symptoms. For example do people present with a single region affected or many regions. To generate theories about causation it may be useful to know about the distribution of symptoms.

Table 2. Looking at the questionnaire I cannot see that you can generate one year prevalence rates separately for all the regions because there are not separate items to allow this in the questionnaire. Can you please clarify from what items these prevalence figures were computed. The 95%CI were not presented in a consistent manner. Sometimes the upper bound was a high number and sometimes a low number. To me it makes more sense for the upper bound to be a large number so I would recommend that convention.

Discussion. I also think that with a 44% response rate there is uncertainty about the true prevalence of CANS amongst workers at these two companies and this needs some discussion. There needs to be more information on the two companies and workers you studied. You have collected this information (or at least the worker’s perception) with the questionnaire and I would encourage you to create a new table with the % of people ticking each response option for each item listed in Table 3. The interested reader would then get a good idea about the workers and their work environment.

Discretionary Revisions (which the author can choose to ignore)
What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

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'