Reviewer’s report

Title: A Diagnosis-Based Clinical Decision Rule for Patients with Spinal Pain. Part 1: Theoretical Model

Version: 3 Date: 4 January 2007

Reviewer: Laxmaiah Manchikanti

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)

ABSTRACT

Background

1) “Management of this condition has not made a positive impact.” Please clarify the meaning.

2) “The traditional approach to the clinical management” . . . this sentence appears to be wrong or at least confusing. The authors need to revise so that it can be understood clearly.

The traditional approach to clinical management of patients with spinal pain is probably the same in a specialty such as physical therapy, chiropractic, drug therapy, or acupuncture. However, interventions are based on the diagnosis and are different, including surgical interventions.

Methods

There is no Methods section included.

Results

There is no Results section included.

Discussion

There is no need for Discussion in an Abstract.

Summary

The summary should be changed to conclusions.

Body of Text

1. The authors quote that over the years, in only 15% of patients with spinal pain can a definitive diagnosis be made.

I believe this impression comes from Quebec study. The authors may want to include this reference.

2. The authors may want to describe and quote references with regards to the pitfalls of radiographic evaluation, objective testing, EMG/Nerve Conduction studies, etc.

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The authors may also want to reference earlier in the manuscript many other authors who have attempted or continued to attempt to develop various diagnostic strategies but are referenced later in the manuscript.

Discussion

The authors should describe Methods at this level, not the Discussion. Much of the material included in this Discussion section may be moved into the Background section and subsequently, a detailed explanation may be provided in the Discussion section if they desire. This entire Discussion section is extremely confusing. The authors at times quote treatment modalities, for example sometimes making statements on page 14, paragraph 1, second sentence –“radiofrequency denervation is not a last-resort treatment for patients with segmental pain provocation signs.”
Summary
Following the Discussion section, they go into the Summary, which may be appropriate if they used the Methods section prior to going into the Summary.

This may be used as a Conclusion in a shorter version.

MAJOR COMPULSORY REVISIONS
Overall, the manuscript needs significant revisions, not necessarily reducing the length (as authors seem to be extremely concerned about this issue) but making it more comprehensive, understandable and making a reader interested in reading the manuscript.

At this point, it is difficult for this reviewer to understand what I’m getting out of by reading this manuscript.

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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)

The authors may want to mention the pitfalls of present diagnostic modalities including so-called objective tests as the authors describe in the future.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory 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 declare that I have no competing interests.