Reviewer’s report

Title: Agreement between a self-administered questionnaire on musculoskeletal disorders of the neck-shoulder region and a physical examination

Version: 1 Date: 19 February 2007

Reviewer: Allan Toomingas

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)

The phenomenon of (=questionnaire defined) symptoms versus clinical signs should be discussed. Are they measuring the same concept?

The definition of non-cases leads to the possibility that they might as well be quite unhealthy, e.g. symptoms approaching 100 on the VAS-scale during two days last week or pain 40 mm every day last week. This leads to a misclassification of caseness and tends to attenuate possible true associations with e.g. medical examination results. This should be mentioned in the discussion. (see discretionary about alternative tests).

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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)

How about generalizability of the results when about 65% of all subjects were female clerical workers, and response rate somewhat low among non-cases. Very few men. Table II is of minor relevance for this study. It tells that the result probably may be generalized to the 627 VDU-users at this organization, but nothing about others.

Page 7 bottom - it is unclear how many - one or two examined the subjects.
Page 8 - muscle strength testing was based on manual testing. The reliability and validity is questionable. This should be discussed and could theoretically explain some of the lack of association with symptoms.

Page 12 - what test of statistical significance? No such is described in the methods section. Overlapping ci of two point estimates does not mean that the ci of the sampling distribution of the differences between the point estimates includes zero, ie. non-significance. Same comment to footnote on Table VI.

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Discretionary Revisions (which the author can choose to ignore)

This study has evaluated the influence of case definition on the magnitude of association with clinical tests. Likewise relevant would be to evaluate the influence of non-case definition. One most relevant alternative definition would have been symptom-free subjects. These would be the tentative counterparts to subjects without clinical signs.

The data could also be analysed calculating sensitivity and specificity. The agreement among cases and non-cases are traditionally called “positive” and “negative predictive value” respectively. This could perhaps be mentioned.

Page 8 Please explain why two types of VAS scales were used 1-100 mm and a 11 point scale. Is the latter a true VAS scale, or just an ordinal scale?
Page 14 2nd paragraph about recall bias could perhaps be relocated to the paragraph on previous page discussing reliability and validity issues.

Page 16 2nd paragraph - statement about the consistency of the results with the natural course of musculoskeletal disorders is relevant if questionnaire based pain is related to pain provoked by the examination manoeuvres. Sometimes yes, sometimes no…

Note:
Due to my ignorance I have not been able to evaluate the references in French language.

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: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
'I declare that I have no competing interests'