Reviewer's report

Title: Minimal clinically important change for pain in patients with nonspecific neck pain.

Version: 1 Date: 7 September 2007

Reviewer: Cecilie Roe

Reviewer's report:

General

It is a well written manuscript addressing an important topic. The introduction is addressing the relevant issues, but several questions remain related to the aims, methods and results which should be taken into consideration in reviewing this manuscript.

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

Only one single aim is presented in the introduction of the present study, although several questions are raised in the introduction, and presented in results and conclusion. For example if there are differences between patients with neck pain and arm pain.

The difference between patients with neck pain and neck and arm pain is an important aspect. However, is that actually analysed? It seems like the comparison is made between the whole sample and those with neck and arm pain. Addressing this questions requires a comparison between subjects with only neck pain and those with both neck and arm pain.

The main issue in this manuscript is the minimal changes in pain intensity that is of clinical importance. However, pain intensity can be measured with different specifications. These specifications may affect the level, the variations over time as well as the inter-individual differences, all of importance when MCIC should be estimated. Hence, was it present pain or pain reported over a certain time period that was assessed? What was in that case the length of the time period? Was it the normal, highest or lowest pain over the time interval or pain at rest or during normal activity that was reported.

Lack of validated NP functional measurements is a problem. However, one could question the approach of applying only the subjects’ general feeling of improvement in these analyses. Hence, a thorough discussion about this weakness of the study and how it could affect the results should be included.

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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)

There are several abbreviations in this manuscript; RP is used in the abstract as well as in the results (page 9). It is not included in the list of abbreviations and I cannot see that it is otherwise explained. MC is used at page 9 and not included in the abbreviation list either.

Mean change of PI-NIRS in patients scoring 2 on the external criterion is used to calculate MCS. This is an appropriate way of analysing the data, but I think the authors also should provide the change in those subjects not believing they have improved, in particular because other external criteria are lacking.

A sentence about the analysis and statistics should be provided in the methods section of the abstract.

Page 8, second sentence from the bottom; should it be the highest tertile.

Page 11 sentence beginning with: "That was also the case...". The meaning of this sentence is difficult to catch.

Table 1, should the heading of the second column be patients with AP?

Please provide explanations to the abbreviations and external criterions in the table texts.

The references should be provided in front of the "point" of the sentences not after?

Discretionary Revisions (which the author can choose to ignore)

There are several abbreviations in this manuscript. Could abbreviations for arm and neck pain be skipped in order to improve the readability?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

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.