Author’s response to reviews

Title: Manual Therapy Versus Therapeutic Exercise in non-specific chronic neck pain: study protocol for a randomized controlled trial.

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Changes and new contributions in the content are highlighted in yellow in the manuscript

Answer to reviewer #1:

First of all thank you for your comments and contributions, they have been very useful for us.

We have expanded the summary by adding seven new references that we believe bring greater clarity to the introduction.

As we have added, the diagnosis of patients with chronic neck pain and dizziness is complex, our inclusion and exclusion criteria try to reduce to the maximum the heterogeneity of the sample, but unfortunately we do not have the necessary means to perform Xray or MRI to all patients included in the study. Discarding patients with irradiated pain, associated with vertigo and with a previous history of serious musculoskeletal pathology could generate a sample with an acceptable homogeneity.

Taking into account your comment, we have reduced the age of exclusion to 50 years, reducing the age group that we estimate could alter the results due to stability deteriorated by age.

we have recalculated the sample size based on the General Stability Index, reducing the necessary sample size, so we keep the sample of 66 subjects.

We have developed in a clearer way the explanation of our sham treatment.

The language has been reviewed by a Native American person and a native British person.
Answer to reviewer #2:

First of all, thank you for your interest and your contribution of revision.

We have expanded the summary by adding seven new references that we believe bring greater clarity to the introduction. The language has been reviewed by a Native American person and a native British person.

we have added the hypothesis to the article. The main results related to postural stability are the general stability index (taking into account the anterior posterior deviation, lateral medial deviation and its standard deviation) specified in the section "Outcomes measures".

The sample size has been recalculated based on the Overall Balance Index.

We have explained more clearly the choice of manual techniques for treatment, providing references of efficacy and use in previous studies.

we have explained our sham treatment more clearly and we have added the note that patients will be treated at the end of the study (this is included in the informed consent).

Finally, we have taken into account your comment on the associations between clinical improvement and stability. It was our intention, but we had made an error in the elaboration of the manuscript since it was not indicated.