Reviewer’s report

Title: Reducing shoulder complaints in employees with high occupational shoulder exposures: study protocol for a cluster-randomised controlled study (The Shoulder-Café Study)

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Reviewer: Ana Paula Moura

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Manuscript:

Reducing shoulder complaints in employees with high occupational shoulder exposures: study protocol for a cluster-randomised controlled study (The Shoulder-Café Study)

The paper is very well written. This is an interesting topic, which tries to improve care and deliver a better intervention by unifying the expertise in a "café intervention" However, there are some points that need to be clarified.

Abstract:

It is no clear in the Background and whether the new intervention proposed (Shoulder-café) will be more effective for both shoulder complaints and occupation shoulder exposures, or only for shoulder exposures when compared to "Shoulder Guidance intervention."

"Therefore, we developed a new intervention which unifies the expertise that is needed. The main hypotheses are that a group-based Shoulder-Café intervention will reduce (I) shoulder complaints and (II) occupational shoulder exposures more effectively than an individual-based Shoulder-Guidance intervention (active control - enhanced usual care)."

Please consider to re-write it. Suggestion.

Therefore, we developed a new intervention (group-based Shoulder-Café), which unifies expertise that is needed. The main hypotheses are that a group-based Shoulder-Café will reduce more effectively (I) shoulder complaints and (II) occupational shoulder exposures than an individual-based Shoulder-Guidance intervention (active control - enhanced usual care).

Introduction (Background)

1st Paragraph (line 64-66) "In the general population, the prevalence of self-reported shoulder complaints is estimated to be 16-26% [1, 2], and in occupations with high mechanical shoulder" exposures, shoulder disorders are especially frequent [3, 4]". Please give examples of high
mechanical shoulder exposures. How are shoulder disorders especially frequent? Please, give a number (e.g. prevalence). Is this particular population the prevalence is higher than the general population?

2nd Paragraph (Line 75 - 76) "In case of shoulder complaints in combination with high occupational shoulder exposures, the Danish Health Authority also recommends work modifications" Please, explain which (types) work modifications. Are modification, such as ergonomics, type of work, breaks during the shifts?

2nd Paragraph (Line 76-79) "Today, employees with shoulder complaints must visit Several healthcare providers to meet this recommendation" It is not clear to which recommendation are referring to… Is the work modification recommendations or is the "overall" recommendation by the Danish Health Authority?

In addition, is not clear if the employees only see the general to the practitioner to meet the recommendation or to receive some usual care or treatment. Maybe consider adding the word care in this paragraph to flow better of the subsequent one. E.g... Must visit the several healthcare providers to meet "this recommendation" and usual care..... This makes usual care….

Hypotheses (line 95-98). As written about (abstract), please clarify whether the intervention group will be more effective in both hypotheses (I and II).

In addition, please consider changing the word connection to secondary hypotheses… Can you please clarify what is "expect positive effects". Do you mean to find a higher reduction on fear avoidance beliefs, patient's global impression of changes … when comparing both interventions?

Methods

(Line 121) In the criteria: force score ≥ 3. What forces?

Researchers explained the interventions for each group. The hypotheses are that a more coordinated and less fragment care would be better than "usual" care fragmented. So far, it appears that participants that will be allocated on Shoulder-café intervention will receive a more comprehensive and deep intervention with more details, e.g. education about shoulder anatomy… while individuals allocated to shoulder-guidance will have an individual appointment. Are the information's delivery to participants will be recorded? If the result shows that the shoulder-café intervention is better than shoulder guidance, how would you know it will be due to the fact the healthcare providers were allocated together and not because the shoulder-café provided an additional intervention?

Assessment - the information regarding where specifically in body participants will be wearing the axivity is missing.
In primary outcomes - in relation to hypothesis II. "This outcome was chosen based on the available evidence on work with elevated arms [3, 5-7]; which evidence? Is this an acceptable measurement of occupation shoulder exposures to injury?

What happens if the participants have both shoulders complaints? Which one would be included? Are there any criteria for that?

Sample size

Researchers are aiming to "show a difference between the groups of at least 5 points in the OSS". Are this 5 points differences in OSS were shown to be clinically significant?

Discussion

I agree that one of the limitations is the inability to blind participants and intervention. One advice would be to at least blind the person that will be doing the analyses.

Level of interest

Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English

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