Reviewer’s report

Title: Cross-cultural adaptation and measurement properties of the Dutch Knee Self Efficacy Scale (K-SES).

Version: 1 Date: 06 Oct 2018

Reviewer: Eric Hamrin Senorski

Reviewer’s report:

General comments

Thank you for letting me review this manuscript. In general, a well written manuscript with extensive methodology and analyses. The authors have aimed to translate and test the measurement properties of the Knee self-efficacy scale (K-SES) according the COMSIN guideline. The outcome is important and its use is important in the evaluation of patients who have sustained an ACL injury. The authors have translated KSES into Dutch and have extensively analyzed its content by analyzing structural validity, test re-test reliability, measurement error, and internal consistency. The method section is well described. However, it is unclear whether those inconsistencies in the confirmation analysis would be there in the English version as well.

Important for this paper, the authors suggest simplified version of the K-SES, motivating it with a higher internal validity. However, the author only performed the analysis of internal validity on the newly suggested score. Because of this I have strong concern with this paper. Proposing a new score which was not the a priori purpose of the paper has strong limitations. As the new score is not presented in the manuscript, nor has its measurement properties tested, the author can choose to remove this from the manuscript or make a clear rationale and tests its properties. Without these changes I cannot suggest this manuscript can be published. In summary, I am positive to the authors paper, and with a major revision, publication may be possible.

Please find my point-by-point revision below with specific comments to each section of the manuscript.

Title

The title is inappropriate as the manuscript fails to provide information on the new proposed score. Therefore, it should be revised.

I would also suggest removing the period.

Introduction
Well written and gets to the point. I do not have any major comments more than I would ask to
author to re-read reference 13 and asked them to rephrase Line 58 about the beliefs of K-SES
and return to sport. The K-SES has not been validated for this use and, therefore, the sentence
becomes speculative.

Line 69: Please be consistent in the use of factors or dimensions. These are addressed differently
throughout the manuscript.

Methods

Very well chosen methodology, performed by the book.

Patients samples paragraph, I it's a bit confusing when the different samples are presented. The
reader cannot make use in which way the different samples have been used and which analyses
were performed on which samples.

Consider creating a flow diagram, figure or table to make this clear. Otherwise, one cannot
understand the rationale of using different samples.

In addition, the point in time (in relation to reconstruction) in which patients from each group
answer the KSES could be unclear for the reader. Group 1 answers pre operatively; group 2, 3 to
36 weeks after reconstruction (do you think this could alter results?). And when did group 3
respond?

Line 108, please remove or motivate why there is an additional purpose presented here.

Line 116, what questionnaire are you referring to?

Line 116: it might be better to state when patients in group 3 answer to KSES (in relation to
injury), since you state when for the other 2 groups.

Line 123, again, what questionnaires?

Line 126, please add a description of how the K-SES is scores.

Line 127, what is the rationale of using the total K-SES? This score has not been validated or
used previously?

Line 129, were all subscales of the KOOS used?

Line 143, and what was done in cases were data was missing?

Line 149, days between collection of questionnaires?

Line 151, a total score of which K-SES measure
Line 159, factor or dimension?
Line 163, clarify, is the first factor K-SES present and the second factor K-SES future?

Very well described and detailed methods. Great work.

Adequate table illustrating your hypotheses.

Results

Line 200, typo "the".

Line 203, why is not sample 3 in the table? No demographics would not motivate the use of these patients.

Line 203, both samples or both sample 1 and 2’ similar in page 7 line 141, page 10 line 234 and page 11 line 253.

Line 208, inconsistency, in this section written second sample, earlier it’s called sample 2’.

Line 210, specify when these patients reported inferior scores.

Line 216, the test cannot be < 0.000.

Line 218, Is the reference in these analyses the K-SES total?

Line 233, Please remove next.

Line 241, please specify what T explains.

Line 241, typo, regard.

Line 244, please clarify that the new proposed score was used in the model and whether this was a priori determined. Otherwise, state that this was post hoc.

Line 244: Here you state for first time KSES physical; please refer to it within parenthesis where you explain how you create it. If it is what you mean, or it should just be present instead for physical.

Line 245, Are you now relating to sample 3, this is not clear. Please present the demographics of this sample. And, whether your modified version of the K-SES was used.

Line 248, which type of ICC. Test re-test?

Line 250, did you not determine the reliability of the original K-SES?
Line 252, Please remove next.

Line 252-253, suggest rephrasing. It is very hard to understand what you are comparing. Please be as specific as possible.

Line 254-264: are you referring to the K-SES Dutch version?

Line 264, again, be specific in which outcomes you are referring to.

Line 272, again, be specific. Which KOOS have you used?

Discussion

Why is there no discussion about the new proposed score (also suggested in the title). Please consider choosing to discuss all your analyses performed. Presently, the discussion is focused on

Line 279, but you did not assess reliability of the all the K-SES?

Line 299, good are critical discussion.

Line 304, be consistent in using patient or athlete.

Line 311, what is the original study?

Line 320, as earlier stated, was it reliable?

Line 333, there is sometime missing in this sentence.

Conclusion

Why are there references in the conclusion?

Line 344, is an anecdote, why in conclusion? And id the authors keep this you must make a clear determination of what are the predictors that have been significant in RTS?

Please re-write the conclusion as it is not a conclusion at the moment. Keep it short and concise as in the abstract.

Why is there nothing said about the new score?

Abstract
In general, appropriate. Please see my previous comments with regard to the new proposed score.

Line 21, please reconsider this statement as there is little evidence related to the K-SES and return to sport.

Line 34, are you referring to the KOOS? If so, be specific.

Line 38, please make clear for the reader what the two model solution is.

Tables

Clear and easy to read in general.

Table 2, specify when these patients responded to PROs

Table 2, are there no more demographics available? Only gender and age?

Table 3, no p-values?

Figure

None.

References

Adequate.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review? 
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

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No competing interests to declare.

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