Author’s response to reviews

Title: Hop tests and psychological PROs provide a demanding and clinician-friendly RTS assessment of patients after ACL reconstruction, a registry study

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Author’s response to reviews:

Dear editor and reviewers,

Thank you for taking the time to review and giving us the opportunity to consider our work in your journal. We would like to thank the reviewers for great comments and suggestions. Please find our point-by-point response to the reviewer’s comments below.

Editor Comments:

1. Under your Ethics approval and consent to participate heading in the Declarations section, please clarify whether informed consent had been obtained from participants or if the need for informed consent had been waived due to the retrospective nature of the study.

The following sentence has been added under the declaration section: “Upon registration in Project ACL patients sign a written consent for their data to be used for further analysis.”

2. When submitting your revised manuscript please ensure you do so as a single clean copy without any tracked changes, colored or highlighted text, as these are no longer required at this stage of the editorial process.

All the amendments in red have been removed.

We operate a policy of open peer review for this journal, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:
Reviewer 1: ABSTRACT

The author was able to make all necessary changes to the Abstract
INTRODUCTION
We commend the authors in making some great adjustments to the introduction.

METHODS

1. Inter-rater reliability - the following reference could be used

Thank you for your valuable suggestion. However, in the referenced study, authors examine the FLEE test battery, comprising Timed Lateral Step Down, Lateral Leap and Catch, Single Leg Hop, Timed Hop, Triple Hop, Crossover Hop, Square Hop, and LEFT. As the only test we have in common with our study is the single leg hop for distance, we choose not to integrate the proposed reference.

2. I thank the author for their justification for the use of tests in each battery, the ACL-RSI and KOOS QoL as a psychological outcome measure. Couple of minor comments in relation to this new content:

- The justification for the use of the KOOS and ACL-RSI as a psychological measure would be better placed in the PROs section above. You have used all PROs in the batteries therefore specific justification of why one is included or not is not required here.
We have made the suggested amendment.

- The sentence regarding the ACL-RSI justification - what is meant by the "highest methodological quality"? I don't think this sentence is necessarily needed - you could add something to the section above saying that it was designed specifically for ACL-injured athletes.
In the systematic review we reference that authors assess psychometric qualities of all available PROs to assess ACL injured patients. The ACL RSI is the PRO with the highest reported methodological quality, meaning that is has strong positive evidence for internal consistency and structural validity, in addition to moderate positive evidence in test-retest reliability, cross cultural validity, hypothesis testing validity and content validity. Therefore, we choose to leave the sentence about the highest methodological quality, but we added your suggestion as well, “the ACL-RSI is specifically developed for patients with ACL injuries”.

- In regard to the justification of the 5MF and 2MF tests - I think it would be worth reporting the 5MF first, and then stating 2 "clinician friendly" tests (i.e minimal equipment, cost or training required compared to isokinetic testing) were chosen from this battery - the vertical hop and hop for distance. This will link to your conclusions better, and get the reader thinking about the implications of your results.
Thank you for another great suggestion for our manuscript. We added “Furthermore, the 2 hop tests require minimal equipment, cost or training compared to isokinetic testing and were chosen as clinician friendly.”.
RESULTS

I commend the author on making necessary adjustments.

DISCUSSION

"When 5 MF tests with or without 2 PROs were used, the passing rate, compared with only 2 hop tests, the passing rates decreased from 47% to approximately 29% and 13%, respectively."

I maintain that the order of 29% and 13% is incorrect -

5 MF tests with 2 PROs according to in text (Line 178) and in figure 2 =13%
5 MF tests (without 2 PROs) according to in text (Line 177 and 180) and in figure 2 = 29%
You are right, our mistake. We have now changed to 13% and 29%, accordingly.

Reviewer 3: I am happy to confirm that my comments have been addressed.
Thank you.