Reviewer’s report

Title: Clinical comparative effectiveness of acupuncture versus manual therapy treatment of lateral epicondylitis: feasibility randomized clinical trial.

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Reviewer: Nyasha Mafirakureva

Reviewer’s report:

Title of paper: Clinical comparative effectiveness of acupuncture versus manual therapy treatment of lateral epicondylitis: a randomized pilot study for a three-armed controlled trial.

General comments

This is a well written piece which highlights the gaps that exists in the management of a common problem in working populations. The subject potential relevance to both the scientific community and the working class individuals.

Major comments /minor comments

Abstract:

nicely written abstract outlining the problem the authors are trying to address. The population, intervention, comparator and outcomes are clearly defined making it easy for the reader to understand. Results for the main outcomes are summarized and they adequately support the conclusions being draw by the authors

Introduction

Reference numbering seems odd - first reference on the first paragraph is number 34?

While it is important to highlight the economic burden in the last sentence of the first paragraph, it is equally important to provide some references of where this has been documented.

What is short-term pain relief?

Methods

Treatment with corticosteroid injection is a criterion for exclusion - what about patients who start using this during the trial? What were the allowable treatments outside the trial?
Primary outcomes - whilst retention is clearly defined, adherence is not, at least until the results and discussion. This should be defined under methods.

Wouldn't it have helped to have some objective measures of pain - e.g visits to the outpatient department or usage of some medicines. These could have easily affected the primary outcomes.

Statistical analysis

A few more details about the model may be helpful - how was it developed, variable selection, validation and testing etc.

Results

The presentation of patient satisfaction results is not categorized by the treatment groups? I would do this for consistency

Discussion

This study has confirmed the feasibility of executing a larger trial, with some changes to improve retention rates, to examine treatment effects more precisely. - what changes are those?

One factor that may have contributed to the low retention rate in the exercise alone group, is that they were instructed only once (on the day of randomization) and did not receive any additional intervention (just wait and see). - I thought they received periodic messages from the secretary - see patient outcomes under methods

Patients were not compensated for participating in the study, and, as under normal circumstances, had to pay for their own treatments, which may have contributed to lower attendance than expected - there maybe need for a measure of affordability at baseline (income or insurance cover)

Thank you for the opportunity to review your paper

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