

Response Letter

These are the Comments To Authors: "Dear authors: Thank you for submitting your work which should be accepted for publication after some clarifications and revisions. Please find my comments below. 1. Is this a prospective or retrospective study? Please mention clearly in the beginning of methods. 2. There is no clear follow up protocol as the mean follow up is 43 months with very wide range of (24 to 72)months. You need to explain the follow up protocol and at what point in time were the clinical assessment for study and scoring performed. As clearly achieving similar score at 24 month by one patient and at 72 months by other patient is not comparable. It would have been better to compare all at approx. 24 months interval which is a reasonable time to recover from cuff surgery. *****More importantly, patients were treated from June to December 2014, then how is it possible to have an average follow up of 43 months with a range of (24 to 72) months by December 2016.***** 3. What was the time interval between the trauma and the the time of surgery in traumatic group as if there was significant delay in diagnosis or surgery they really does not class as acute repair . 4. Traumatic group having the same age are expected to have some age related changes and the possibility of acute on chronic tear and if there was significant delay between traumatic event and surgery, it defy the purpose of study. 5. Based on the above limitations of the study, conclusion should be carefully crafted. I wish you luck with your study and would be happy to consider it for publication after revision. Regards Reviewer"

These are the answers to the comments:

1 - This is a retrospective study.

2 - This is a retrospective study of 87 adult patients with rotator cuff injuries treated arthroscopically at the Hospital Ortopédico de Belo Horizonte. Most of them were operated from June to December 2014, and the others were retrospectively selected by medical records. Patients were immobilized postoperatively in a Velpeau sling for 6 weeks. Sutures were removed 10–14 days after surgery. Patients were encouraged to start pendulous movements and elbow, wrist and hand range of motion immediately after surgery. Active motion was only permitted 6 weeks after surgery, following evidence of restored strength and proprioception. It was used the same physical therapy protocol in both groups. The average patient follow-up was 43 months (range 24–72 months). All patients were evaluated 24 months after surgery, since most cases of re-rupture occur before two years after surgery.

3 - In traumatic group, surgeries were performed within six months after the traumatic event.

4 - Actually, it is possible to the traumatic group to have some age related changes, and it is very difficult to know if this changes were present. Because of the difficulty to determine a lesion with purely traumatic origin, in this study it is analyzed the lesions that were diagnosed following trauma, as described in the text: "Clinically, it is difficult to differentiate between patients whose rotator cuff injuries originate traumatically from those that have some degenerative component, as there is no way to know what degree of tendon degeneration occurred prior to the inciting trauma. This is especially important as a significant part of the population has some degree of asymptomatic tendon degeneration⁽³⁴⁾. Several authors^(18, 35-37) proposed methods to differentiate between these two types of tears. However, there remains no established protocol. Therefore, because of the difficulty

in differentiating between these two groups, we focused our analysis purely on those lesions that were diagnosed following trauma, rather than were determined to be of a purely traumatic origin. This may also provide greater clinical applicability to our findings.”

Also, these are the revisions that were made and are highlighted in the revised manuscript:

This is a retrospective study of 87 adult patients with rotator cuff injuries treated arthroscopically at the Hospital Ortopédico de Belo Horizonte. Most of them were operated from June to December 2014, and the others were retrospectively selected by medical records.

批注 [1]:

In this group (traumatic), surgeries were performed within six months after the traumatic event.

批注 [2]:

All patients were evaluated 24 months after surgery, since most cases of re-rupture occur before two years after surgery.⁽¹⁹⁻²¹⁾ In patients who were selected retrospectively, we used the evaluations performed within 24 months.

批注 [3]:

REFERENCES

(modified) 1 Rockwood CAJ, Matsen III FA. Rotator cuff. In: Matsen III FA, Fehring EV, Lippitt SB, Wirth MA, Rockwood CAJ. The shoulder. Philadelphia: W.B. Saunders Company; 2008. p. 800.

批注 [4]:

(added) 19 Kluger R, Bock P, Mittlbock M, et al. Long-term survivorship of rotator cuff repairs using ultrasound and magnetic resonance imaging analysis. American Journal of Sports Medicine. 2011; 39:2071-81. doi: 10.1177/0363546511406395

批注 [5]:

(added) 20 Miller BS, Downie BK, Kohen RB, et al. When do rotator cuff repairs fail? Serial ultrasound examination after arthroscopic repair of large and massive rotator cuff tears. American Journal of Sports Medicine. 2011; 39:2064-70. doi: 10.1177/0363546511413372

批注 [6]:

(added) 21 Ianotti JP, Deutsch A, Green A, et al. Time to failure after rotator cuff repair: a prospective imaging study. J Bone Joint Surg Am. 2013; 95:965-71. doi: 10.2106/JBJS.L.00708

批注 [7]: