

Answers to reviewer 1 and changes made to the document.

Comment reviewer	Our answer	Changes made
Dear colleagues, First of all, I want to tell you that it has been a pleasure review your manuscript about the Dutch VISA-A scale. I think this is an interesting study about the VISA-A scale for Dutch patients. The main strength I think is the discussion about the application of this scale for sedentary patients. It is an international accepted issue which had not previously been approached from clinimetric perspective. It is well written and very structured, making it easy to read and follow. Technically is well developed: authors have referred results for SEM, SDC, that are values for improve the interpretability of the scores. Well done! Tables are correctly edited and formatted, and I think that provides relevant information for readers.	Thanks for this pleasant remarks.	
However, I recognize that I'm worried about the originality of the publication, since I have previously seen the results published in: https://pure.uva.nl/ws/files/1607599/104125_07.pdf . I hope this is not a problem for publication.	Indeed this manuscript is part of a PhD thesis, however is not published before. Indeed it can be found in our university system filing PhD programs.	
Following, these are some notes about formal changes or contents that you can consider in the review: - Page 1, but along the manuscript, you write: "Cronbach's Alpha", and is: Cronbach's Alpha. Please, review. -	Agreed	Throughout the manuscript replaced
There are some notes with MsWord tracked changes (pag. 5). Please, delete from the main file.		Deleted
- In the beginning of the results section, you write: "Of 104 participans, 11 questionnaires were filled out...". Please, correct "participants"		Corrected
- I think it would be interesting that you provide more information about the characteristics of the studied population: level of sports, training hours, kind of disciplines...It is important when comparing different versions of the scale.	We agree that would be an interesting addition to this manuscript, however outside the scope of the primary research question. However we did not include this information in the questionnaire so we cannot elude on that.	No changes made
- I miss a justification of the sample size used for the analysis.	Indeed no sample size calculation was added to the current manuscript. Basically we used the COSMIN criteria in which it is stated that states that a minimum of 50 patients are needed, however 100 may be better.	The following phrase was added to the method section: <i>According to the COSMIN criteria we decided to choose a Sample Size of at least 100 patients.</i>
- You must define the meaning of FAOS; AOFAS, SF-36 first time that appear in the manuscript. Then, write the acronym. The same with HRQL!		Corrected throughout the manuscript
When were the data taken? You could specify the interval time (Month/year).	We did not document the exact time-frame, however in our opinion it is also not relevant for the research question. The inclusion stopped when the number needed was achieved.	
You write that the acquisition data were along 3.5 years in the discussion section?? Please, clarify. -	Indeed it took some time before we found enough patients willing to fill in the enourmous amounts of paperwork needed for this study.	
Was the data collection protocol reviewed and approved by a research committee? If so, clarify it and enter it in the manuscript.	For this protocol a waiver was obtained, since it only compromised a questionnaire study.	Added to the methods: The accredited Ethics committee (Dutch Acronum: METC) reviewed this study by expedited review and determined, based on the Dutch Medical Research Involving Human Subjects Act (Dutch acronym: WMO), that the research activities described

		meet the requirements for exemption from METC review under the WMO.
- How were diagnosed the participants? By clinic only? Have they any additional US, MRI,???	In all patients pathology was confirmed as part of the inclusion criteria. Mainly by US or MRI. However since not relevant to the research question we did not document these variables. The only statement we can make is that the pathology was confirmed.	No changes made.
- When you write: "In 15 patients, complaints had changed at re-test"...how you assess the clinical change? Which is the rationale or the instrument to affirm this. -	At every measurement, an anchor question (7 item Likert) was added to measure clinical change. This is a well proven method to document perceived change and of importance in validation studies.	We added: <i>measured by an anchor question (7 item Likert)</i> .
Finally, I think that it could be interesting to explore the factor structure of the scale. What do you think about? Thanks!	We agree that this might be an interesting new research project, but outside the scope of this current project.	