Dear editor in chief of the World Journal of Orthopedics

We are very pleased to receive the valuable comments of the reviewers. We have amended the manuscript based accordingly and a new version of the manuscript is now being submitted. The corrected sections are marked yellow in the text. The complementary answers are provided in this letter.

Warm Regards

Comment 1: the authors reported "Levels of Evidence: Case-Control study (Level III)", but no control group is included.

Authors' response: The level of evidence was changed to IV in the resubmission of the article which is consistent with the cross-sectional study

Comment 2: Please define the shoulder gradient clearly in the introduction.

Authors' response: Done

Comment 3: Include MRI data in methods, and compare the different types of tendon lesions.

Authors' response: Done (Table 1 and 2).

Comment 4: Who did evaluate the Xray?

Authors' response: It was added to the new version of the manuscript

Comment 5: In your institution, the anteroposterior radiography is performed in all RCT affected patients?

Authors' response: Correct. We routinely obtain anteroposterior radiography for evaluating acromion type (1-4) and need for acromioplasty during surgery,evaluating ac joint osteoarthritis, evaluating greater tuberosity cyst, amoount of hypertrophic bone of GT and to rule out other shoulder pathologies.

Comment 6: It could be interesting for the reader to investigate the correlation (Pearson test) between pain and shoulder gradient.

Authors' response: Added to the new version of the manuscript

Comment 7: Please report the main findings at the top of the discussion paragraph.

Authors' response: Done as suggested

Comment 8: The discussion should be amplified, and more study reported.

Authors' response: Done as suggested