

Response to Reviewers

Dear Edito-in-Chief,

Thank you for giving me the opportunity to submit a revised draft of my manuscript titled “Are the shoulder maneuvers as accurate as the MRI in diagnosing supraspinatus tears?” to *World Journal of Orthopedics*. We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on our paper. We have been able to incorporate changes to reflect most of the suggestions provided by the reviewers. We have highlighted the changes within the manuscript.

Here is a point-by-point response to the reviewers’ comments and concerns.

Comments from Reviewer and Science Editor

Comment 1:

“The cohort was not uniform in that some patients underwent physiotherapy between the physical and arthroscopic examination and some patients had both a supraspinatus and infraspinatus tear. The authors should specify the number of patients in each of these subgroups.”

Response: In the arthroscopy there was found 90 full-thickness tears: 70 supraspinatus, 20 supraspinatus and infraspinatus tears. There was specify in the line 232 of the manuscript.

Comment 2:

“Additionally, why was the principal surgeon performing the arthroscopy not blinded to the results of the shoulder maneuvers tests? Why was it important the he/she have knowledge of the physical examination findings?”

Response: The main surgeon was that performed the shoulder maneuvers because he or she was responsible for the patients in the outpatient care. This was a limitation of our study pointed in the discussion.

We look forward to hearing from you in due time regarding our submission and to respond to any further questions and comments you may have.

Comment 3:

Title Consider the revised title “Comparing shoulder maneuvers to MRI and arthroscopic findings in patients with supraspinatus tears.”

Response: We agree with the suggestion and revised the title to “Comparing shoulder maneuvers to MRI and arthroscopic findings in patients with supraspinatus tears.”

Comment 4:

Abstract Line 4. Shoulder maneuvers and magnetic resonance imaging are performed to diagnose supraspinatus tendon tears irregardless of whether arthroscopy is considered. Line 7. The study compared the sensitivity and specificity of shoulder maneuvers and magnetic resonance imaging to arthroscopic findings (intact, partial, or full thickness supraspinatus tendon tear). Methods Line 15. 199 consecutive patients met eligibility criteria of having shoulder pain persisting for at least four weeks.

Response: There was revised in the manuscript.

Comment 5:

“Conclusion Line 37-39. The authors concluded that MRI had a greater accuracy in excluding tears. This finding suggests that there may be a high false positive physical examination test results rate in patients with an intact tendon. Data on the 47 patients (approximately 25% of the cohort) with an intact tendon must be reported as this is essential to the discussion, conclusion, and core tips.”

Response: There were included in the manuscript

Comment 6:

“Introduction Line 66. Delete semicolon and separate into two sentences.”

Response: There was revised in the manuscript.

Comment 7:

“Study design Line 85. Please clarify this sentence. “3 months or more from the period of the physical examination and MRI to arthroscopy.”

Response: There were excluded patients with more than three months between the physical examination and the MRI to arthroscopy. Exemple, if there were performed the physical examination or the MRI in May 2017 and the arthroscopy in October 2017 (five months latter), this patient was excluded of the study.

Comment 8:

“Results Line 188-192. This paragraph should be rewritten for better clarity. A total of 720 patients were consecutively seen at four orthopedic centers of which 199 met enrollment criteria.”

Response: The paragraph was rewritten.

Comment 9:

“Line 201-202. This data should be included. What was the false positive and negative rate in the group with intact tendons?”

Response: There were included the false positive rate in the manuscript

Comment 10:

“Discussion Line 250. Please separate into two sentences. Please clarify the statement “associated rotator cuff lesions” on Line 252.”

Response: There was revised in the manuscript

Comment 11:

“Lines 254 to 258. These sentences are redundant.”

Response: There was revised in the manuscript

Comment 12:

“Lines 257 to 261. Move “The drop arm test had similar specificity to MRI for supraspinatus tears” to the previous paragraph. “

Response: There was revised in the manuscript.

Comment 13: “Lines 259 to 261. This information as previously stated needs to be better clarified in the results section.”

Response: There was specify in the line 194 of the manuscript.

Comment 14: “Limitations Lines 264 to 268. This is not a limitation.”

Response: We considered that the lack of the reliability of the clinical tests, MRI and arthroscopy a limitation of this study because the reproducibility assessment is one of the indicators of the study's external validity. For example, the shoulder maneuver that is highly specific but has low interobserver agreement may be of little use in clinical practice.

Comment 15: “Limitations: Lines 275 to 277. It is not clear how adding a second surgeon reduced the bias.”

Response: The inclusion of a second surgeon reduced the bias once he or she didn't know the previous physical examination and MRI. The assessment was carried out individually by each surgeon.

Comment 16: “Limitations: Lines 278 to 281. This is not a limitation.”

Response: We agreed with the reviewer and excluded from the manuscript.

Comment 17: “Issues raised: (1) The “Author Contributions” section is missing. Please provide the author contributions; and (2) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.”

Response: The “Author Contributions” and “Article Highlights” were included.

Yours sincerely.