



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_38431
Title of the Manuscript:	WORK- RELATED MUSCULOSKELETAL DISORDERS AMONG RADIOLOGISTS IN NIGERIA
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Correlation of risk factors, age, years of working/hours per day/min-max intensity-intervention, radiology modality with WRMSD/symptoms/symptoms intensity, maybe regression, factorial analysis for getting more significant conclusions. What about intensity of WRMSD? What was analysed: symptoms or existing diagnosis?	The experience and part of the body affected by WRMSD were analysed. These had been included in the section for materials and methods.
Minor REVISION comments	Abstract- less not important information. Introduction- more of risk factors of radiologist. Methodology: In questionnaire was asked about symptoms (pain, crepitation, etc) or diagnosed MS disease? What questions were put in questionnaire? Wrote what institution made ethics (not "ours"). Results: Why number of patients per week (<50, 50-100, >50)- what the sense? 10 per day procedures are very small number and impossible to cause WRMSD. Years of practice-50- it means age of practicing doctor- more than 75? Why such division of modalities where ultrasound in both group 86-88)? There is need for correction of tables, some information (sociodemographic, work-related) could be merged, unification of symbols (% or percentage), no repeating of symbols in the columns, etc. Correction of gramatics ("sprain"(25), hour" (131), etc. In discussion section- less information what you didn't' studies in your work, more explanation (for ex. Why WRMSD with age/working years was lower). What are the differences of radiologist with other sedentary professions risk factors? How it can be/why no relation of MS symptoms with practice, age and etc. Why eye strain put with WRMSD? Where it is in results section? Conclusion- shorter, answer to aim, other information- to discussion.	The name of the institution has been included. The tables and results were analysis of the different questions in the questionnaire Number of patients per week is used because some of the respondents do not scan patients everyday. They rotate round the available imaging modalities and also had to do other works like teaching and official duties. This was based on the number of years the respondent had practiced radiology. Only 2 people belonged to this category of 41-50years of practice. The reason is to show that ultrasound is the commonest imaging modality used by the radiologist all over the country to rationalize the need for evaluating its contribution to WRMSD. Line 96- Ninety four of the respondents have had visual acuity test for eye strain. The fatigue of the intrinsic muscles of the eye may be contributory. Moreso the eye is an important component of radiological practice.
Optional/General comments	Not analysed dependence on risk factors, no possible usage of pain relieving measures..- just how many Nigeria radiologist have complains (or disorders?) of musculoskeletal system. Some references are old. Would be good to get from questionnaires some information about place of work, measures to overcome WRMSD, etc.	All the respondents work in the radiology departments of health institutions and private radiological centre. In order to avoid bias, we choose not to expose the place of work. We did not capture management in the questionnaire hence left of measures to overcome WRMSD. Further studies will address this and ergonomics in radiological practice.