Dear reviewer,

thank you for the thorough revision of our manuscript, we are very grateful for the constructive contribution and your comments.

In the following, we will illustrate how we have fully addressed your individual concerns by responding in detail to the comments and indicating the specific changes to the manuscript. Our answers to the reviewer are written in italics, changes to the manuscript are marked up using the "Track Changes" function.

This is an interesting and well conducted study which is also very well written.

Line 47: Is the low interobserver reliability a claim or ist there literature to back it up

Thank you for this comment, a reference has been included to support the statement.

Line 64: The study of Marin Fermin et al. only included studies with arthroscopy to find coocomitant injuries. Because of incdience about 17% with 84% of them needing treatment they recommend MRI. Still its not evaluating the use of a MRI so please rephrase the sentence.

Thank you for this feedback that contributes to a better understanding of the manuscript. The sentence has been rephrased.

Line 103: Did you search for concomitant injuries?!

Thank you for this interesting question. In this study, we did not search for concomitant injuries. This manuscript only focuses on the classification and the relation between osseous and ligament injury.

Line 131-134: Same information as provided under Fig.1 reference

Thank you for this comment, the wording has been revised.

Line 191-193: Your data of 59 patients might not allow that typ of statement. At least a limitation that an unknown injury might be found with more cases should be made.

Thank you for the constructive remark, a sentence was added to put the statement into perspective.

205-203: Stress radiographs could determinate the difference between Neer I and Craig IIC and would be cheaper and faster than MRI. Please discuss!

Thank you for this very good remark. A paragraph has been added discussing stress radiographs.

Line 208: If MRI helps to better classify and treat and show concomitant injuries shouldn`t it be standard diagnostic, and if yes can you show me one study were delayed surgery of lateral clavicle fractures of about 1-2 weeks changed the outcome?

Thank you for this interesting comment. Concomitant injuries and their significance were not investigated in this study. The MRI here was primarily a tool to examine ligament integrity in relation to the osseous injury and not to detect concomitant injuries. As described in the conclusion, the authors do not conclude that MRI should become the standard diagnostic tool, as X-ray also provides evidence of a potentially unstable situation, which should be considered. In case of doubt, cross-sectional imaging can of course be added, but the authors see no need to recommend it as standard.

Line 222: Conclusions is half as long as the discussion and should be shortened.

Thank you for this remark, the conclusion has been shortened and revised.