Reviewer's report

Title: Pain, motor function and health-related quality of life in children with cerebral palsy as reported by their physiotherapists

Version: 3  Date: 20 May 2014

Reviewer: Alan Farrow-Gillespie

Reviewer's report:

Major Compulsory Revisions:
1. The authors adequately revised the manuscript to address the second aim of their research.

2. Under methods, the authors have clarified that the Pain Questionnaire, the GMGCS, and the KIDSCREEN-52 were completed by the physiotherapist.

One minor point to consider: did the physiotherapist answer the pain question "yes/no...presence of physical pain in the last 4 weeks" from the SPARCLE Protocol by direct observation of the patient or from questioning of the caregiver. This may be important as several references discuss the difference in proxy reports of pain between that of parents and that of health professionals. Page 5, line 3-9.

3. The authors adequately identified the reporting person as the physiotherapists. Again, in Results, Page 6 line 7, "Physiotherapists reported that pain (defined as persistent physical pain perceived during the last four weeks) was present in 51.4% of children and adolescents with CP." Was this observed by the physiotherapist or as reported to the physiotherapist by a parent/care-giver? I am assuming that the physiotherapists evaluate and treat their CP patients on an intermittent basis and are not in constant contact with the patient. This has validity in determining the accuracy of proxy reports compared between health professionals and parents. Previous studies (14,18) noted that the proxy reports of pain and HRQOL by parents were influenced by mood and stress that the parent was experiencing. This is a relatively minor point and not well defined in previous proxy report studies, but a question worth asking.

4. Table 2 is more well defined and understandable.

The small sample size and low response rate cannot be corrected in the present study, but noting the low number of reported moderate to severe pain in CP patients in Table 1 does severe pain in CP patients make it more difficult for families to return to health care providers for follow up?

5. The discussion has been improved and is well defined now "as perceived" by the physiotherapist. The discussion is now well written, balanced, and informative. This paper has importance in care of the CP population. It
specifically addresses the importance of HRQOL and pain assessment by physiotherapist who often treat CP patients on a regular schedule and are often the first care giver to notice a change in HRQOL or pain.

6. In the conclusion, "Our findings further underline the relevance of health professional's view about pain and HRQOL in pediatric patients with CP." I would emphasize that physiotherapist (vs all health providers) have a particularly unique view of pain patients in the CP population and may be the first provider to report and intervene for pain and decreases in HRQOL.

Minor Revisions:
1. Page 2, last line. Should "pain release" be changed to "pain relief?"
2. Page 9, line 14. Should "be always completed" be changed to "always be complemented?"

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests. Alan Farrow-Gillespie, MD