Reviewer's report

Title: The Implementation of a Community-Based Aerobic Walking Program for Mild to Moderate Knee Osteoarthritis: a Knowledge Translation Randomized Controlled Trial: Part II: Clinical outcomes

Version: 1 Date: 13 June 2012

Reviewer: Stéphane Sobczak

Reviewer's report:

1. Global comments:
This is an interesting paper which examines the effect of several effective walking program based on the Ottawa panel. The outcomes of this paper are important and very interesting for the readership of BMC Public Health.
I have got some global concerns:
1.1 There are too many abbreviations make reading difficult. Need to decrease them. The manuscript is very long and there are many results, maybe too many results for only one paper. I think it would be interesting to divide this manuscript. The first one might describe the results of the ‘quality of life’ and the second one might describe the ‘clinical outcomes’ !?
1.2 I have not all directions (Part I ?) about the study design, inclusion/exclusion criteria (pp 5) and the description of each intervention (pp 6). The part I is maybe actually under review? I did not find on internet the ‘part I’ and this reference is not in the references list. So, you understand it is difficult for me to have a good idea of your methodology.

2. Major comments:
2.1 Background or ‘introduction’
2.1.1 Please remove the term ‘introduction’ and follow the BMC Public Health recommendations. The Background needs to be revised on its shape. Example : ‘the purpose of this …’ need to be at the end of the background…

2.2 Methods
2.2.1 The readerships need more information about the methodology (see comment 1.2.1).

3. Minor comments:
3.1 Abstract
3.1.1 Please add (OA) after Osteoarthritis.
3.1.2 Remove statistical comment in Methods.

3.2 Key words
3.2.1 No more than 10 Key words ! see BMC Public Health guidelines

3.3 Background

3.3.1

Various PA programs for OA have shown significant and beneficial effects on QOL at 2 and 3 months [18-24]. However, this effect was not maintained after a period of unsupervised PA [20] [21] [25].

Hurley reported:
“exercise benefits people with OA while people are exercising; when they stop exercising the benefits can be maintained for a short time, but the gains are likely to be lost overtime unless individuals are actively encouraged to continue exercising” p.444 [26].

Modify into:

Various PA programs for OA have shown significant and beneficial effects on QOL at 2 and 3 months [18-24]. However, this effect was not maintained after a period of unsupervised PA [20] [21] [25]. According Hurley [26], “exercise benefits people with OA while people are exercising; when they stop exercising the benefits can be maintained for a short time, but the gains are likely to be lost overtime unless individuals are actively encouraged to continue exercising”.

3.4 Methods

3.4.1

This community-based study was approved by the University of Ottawa Research Ethics Board (H 01-07-08) as well as by the City of Ottawa Public Health Research Ethics Board (110-06). All participants signed informed consent. Please see part I for more details on the study design.

Modify into:

This community-based study was approved by the University of Ottawa Research Ethics Board as well as by the City of Ottawa Public Health Research Ethics Board. All participants signed informed consent. Please see part I for more details on the study design.

3.5 Results and tables

3.5.1 I am not sure that you need to write all these decimal numbers!

3.6 Tables

3.6.1 Please format them in function of BMC Public Health guidelines.

3.7 References

Might you format your references list?

Felson DT, Zhang Y. An update on the epidemiology of knee and hip

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests