Author's response to reviews

Title: The Implementation of a Community-Based Aerobic Walking Program for Mild to Moderate Knee Osteoarthritis: a Knowledge Translation Randomized Controlled Trial: Part I: The Uptake of the Ottawa Panel Clinical Practice Guidelines

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Author's response to reviews: see over
Responses to Reviewer Reports

Part I

On behalf of our research team, we would like to thank the reviewers for taking the time to provide their valuable feedback. Please note that changes to the manuscript have been highlighted in yellow.

Reviewer: Carol Oatis

Is the question posed by the authors well defined?

1. We have now clarified that the population for the intervention consists of patients with mild to moderate osteoarthritis of the knee in the abstract (p.2). Specific details of the population are provided in the methods section (p.7).

2. At the time of the study, knowledge translation was a new concept and there were very few long-term implementation RCT studies. We believe we have provided sufficient evidence regarding the effect of KT behavioural interventions and compliance/adherence at the end of the introduction.

Are the methods appropriate and well described?

1. We have provided more clarity on the precautions that were taken to avoid contamination in the methods section (p.8): “To avoid contamination between the two walking interventions, participants in the W group were instructed to walk in the mornings, while the WB group walked in the afternoons at the main walking site”.

2. As stated in the manuscript (p.8), participants in the W and WB groups were supervised and monitored during the 12-month intervention. After 12 months, participants were no longer supervised in these two groups (W and WB) to measure the retention effect and were encouraged to continue with the walking program on their own. They then came in for follow-up assessment at 15 and 18 months.

3. We have now clarified that the educational sessions was delivered by a trained instructor. The behavioural intervention section provides precise information regarding the different components of the WB intervention and believe it is in an appropriate section of the manuscript (under the intervention section of the methods section (Pp.10-11).

4. We indicate the behavioural intervention lasts the length of the entire program (12 months). The educational sessions were delivered over 20 consecutive weeks, the face-to-face meetings occurred during the first 6 months, and telephone counselling occurred during the last 6 months (Pp.10-11).
5. Thank you very much for pointing this out. We have clarified the methods of recording compliance for all three groups (p. 12). We have also added the limitation of self-report of physical activity being overstated in the discussion (p.19).

6. Participants in the W and WB groups were paid $5.00 for each walking session they attended (recommended 3 times a week) and $10.00 per evaluation. In addition, the two walking interventions were reimbursed for the $10.00 walking club memberships. The C group received $60.00 per monthly logbook (corresponding to 3 times a week and 4 weeks per month) I have added that since participants were provided monetary compensation for their participation in the study, the generalizability of the results may be questionable (p.19).

Are the discussion and conclusions well balanced and adequately supported by the data?

1. The “as expected” as been removed, this was simply a typo.
2. We have clarified the discussions and have rearranged one of the references, which indeed caused some confusion.

Are limitations of the work clearly stated?

1. As mentioned earlier, we have added a few more limitation which were suggested (Pp.18-19).
2. We believe that although only participants with mild to moderate OA were selected, we believe the results to be generalizable. Although we excluded participants with severe OA of the knee as they are typically candidates for surgery, we did mention potential selection bias in the limitations (p.19).

Do the title and abstract accurately convey what has been found?

1. We have modified the abstract as mentioned earlier (p.2).

Additional questions:

1. We added the paragraph which identifies and outlines the two parts to the manuscripts. We believe that this provides clarity to the reader.

Minor Essential Revisions:

1. We have revised the manuscript, and have made several corrections regarding simple typos.
2. We have now indicated in table 4 that a higher score is better. Unfortunately we were unable to find a MCID for this specific scale.
3. Thank you for pointing this out. It is in fact suppose to read n(%) This change has been made and the table 2 numbers have also been updated.
4. As suggested, we have decided to remove the retention rate.

Reviewer: Enrique R. Soriano

1) What were the differences in results between log books and recorded attendance? Logbook were used for all the participants of the three comparative groups for self-reported walking sessions in terms of minutes per day. In addition, observed attendance (# of walking sessions at the walking Club), vital signs, intensity and # of steps were recorded by the exercise therapists when the participants from the W and WB groups attended the walking sessions at the walking Club. The observed attendance was used to validate the logbook information and complete any missing self-reported data.

2) Please see response (6) for reviewer #1. See p.19.