Author's response to reviews

Title: Effectiveness of physiotherapy exercise following hip arthroplasty for osteoarthritis: a systematic review of clinical trials.

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Author's response to reviews:

Dear Nina Titmus,

Re: 2058437129241438

Effectiveness of physiotherapy exercise following hip arthroplasty for osteoarthritis: a systematic review of clinical trials.

Catherine J Minns Lowe, Karen L Barker, Michael E Dewey and Catherine M Sackley

Many thanks for your email. We are delighted to hear that the above manuscript is considered acceptable for publication in BMC Musculoskeletal Disorders. As requested, we have gone through the manuscript formatting checklist and considered the final comments from the reviewers. Please see below for our response to these.

We consider the comment upon the available studies offered by reviewer 1 to be very interesting and hope the publication of this article stimulates debate regarding when interventions should ideally occur. Although if we were designing a trial post hip arthroplasty we too would probably choose to begin the post surgery intervention at an earlier timepoint, other researchers have chosen differently. In the absence of any research determining the optimum time point at which to offer rehabilitation to patients (which the review highlights as an area needing future research) we do not accept that this type of post hoc change to the protocol is appropriate. Our protocol design, as shown by the selection criteria, aimed to be as inclusive as possible and the studies referred to by reviewer 1 meet the criteria laid down in the protocol at the start of this review.

We believe the review by reviewer 6 answers the review by reviewer 4 and fully agree with reviewer 6 that there are no clear answers due to both the poor quality of existing research and current lack of available evidence. We believe, as reviewer 6 says, that we have clearly discussed the limitations within existing research and the need for future well designed trials to be undertaken.
We welcome the comment by reviewer 3 regarding further discussion about the absence of pain as a clear outcome measure. As you may remember we have already changed the selection section to include the following sentence explaining that pain was not included:

“Effectiveness outcomes included in trials were measures of functional activities of daily living, walking, self report measures of quality of life, muscle strength and range of hip joint motion. As most trials use functional measures, which include pain, rather than specific pain outcomes, it was not considered possible to include pain as a separate effectiveness outcome”.

In response to this reviewer’s belief that this point should be discussed further we have included the following words into the discussion section to further address this point:

“It was not possible to include pain as a main outcome in this review since the studies identified in this review did not tend to measure pain as a specific outcome. This does not mean that pain is considered unimportant. Some available functional measures include a pain subscale while others, such as the Oxford hip score, include pain as a component within the score. The influence of pain on the performance of objective measures also needs to be considered. However, the means by which pain is measured may, as in this review, make pain difficult to explore systematically across studies”.

We believe this point is now addressed.

Many thanks for your assistance with this paper and we look forward to hearing from you.

Yours sincerely,

Catherine Minns Lowe, Karen Barker, Michael Dewey and Catherine Sackley