Author's response to reviews

Title: Listening to patients: using verbal data in the validation of the Aberdeen Measures of Impairment, Activity Limitation and Participation Restriction (Ab-IAP)

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Author's response to reviews: see over
Dear Editorial Board

RE: MS: 5693482003579478

Thank you very much for your letter indicating that the reviews have been positive. We thank the reviewer for their detailed and helpful comments and are pleased to submit our responses to the reviewers’ comments as follows:

1. Aims: We have now made the aims clearer and introduced it early on into the background section of the paper. The primary aim of the study was to validate the 35 item Ab-IAP with the results being used to inform future revisions to the Ab-IAP measures. The secondary aim was to compare whether items that people have difficulties interpreting corresponded to items identified by the previously reported item analysis (i.e. the analysis that reduced the pool of items from 59 to the 35 in the current version of the Ab-IAP). We have also revised the title to reflect this.

2. Order of reducing items: We have now made it clearer that the statistical item analysis was carried out previously (and directed the reader to the published paper outlining this work) and resulted in the initial pool of 59 items being reduced to 35, but as the new clearer aims state, the purpose of this study was to check that this reduction of items removed the most problematic items and that the items left were understood by respondents.

3. Which of the 59 items were not included in the 35 items version: Tables 2, 3, and 4 indicate which items were removed from the 35 items version.

4. Use of the term face validity: As the distinction between the types of validity has become less important than the whole, we have dropped referring to ‘face’ validity and now only refer to validity.

5. Selecting participants’ with osteoarthritis: We have made it clearer that the Ab-IAP measures were developed for people with hip and knee osteoarthritis and this is why this population was selected to perform the think aloud task.

6. Analysis: We have provided a more detailed description of the constant comparison techniques used and further justified the use of the standardized classification scheme employed. Additionally we have clarified the use of the ‘insufficient information’ category.

7. Results: We have identified differences between the preoperative and postoperative groups and hip and knee involvement due to one participant’s results. Additionally we have ensured that discussion of the results is now contained to the discussion section.

8. Correction of Ab-IAP: We have ensured that the Ab-IAP is correctly referred to as the Ab-IAP measures (plural).
Thank you for all your time and attention to this. I look forward to hearing from you with respect to the progress of this resubmission.

Kind regards

Dr Jeremy Horwood