Author's response to reviews

Title: Effect of an education programme for patients with osteoarthritis in primary care - a randomized controlled trial.

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Author's response to reviews: see over
Dear Editor

Our manuscript *Effect of an education programme for patients with osteoarthritis in primary care – a randomized controlled trial* has once again been submitted online. We now hope that we have been able to rewrite the manuscript satisfactorily and we want to thank the reviewers for their effort and for their time. Modifications made are the following:

Reviewer Helen French:

**Abstract:**
We have added information that there were no other differences found between the groups.

**Background:**
The introduction is re-ordered as requested.
The sentence about Codosh et al is rewritten and hopefully clearer now.
The sentence “The programme has been developed…” is changed as suggested.

**Method:**
Abbreviations are used the first time we use the name. The section is rewritten so that all information regarding a particular test now is together. Single leg standing is removed and SOLEO used instead.

**Statistics:**
Information about SD and clinically relevant difference of EQ5D is added as well as the information that we used one SD in those cases when we had to estimate the clinically relevant difference.
We now state that data was normally distributed and give company name and location of SPSS software.

**Discussion:**
We agree with the reviewer that the limitations of the study take up space. We have learned a lot during the process, especially with help from the reviewers.
We have added information that we do not think that the differences in height of rising from a chair has affected the results, so it is not really a limitation of the method.
However, we think it is important to address it in the discussion.
QOL is inserted as requested.

Table 1: Orthopaedic aids are used instead of bandage.
Reviewer Stephan Milosavljevic

1) The tests were performed in the same order for each patient, both at baseline and at follow up. This is now described in the method.
2) The statistics of the reliability tests are now given.
3) The reason for not doing a Bonferroni (or similar used on less than three groups), was that we measured five different aspects of health (self-perceived health, self-efficacy, function in the lower extremity, balance and function in the upper extremity). We therefore do not think that all the measures can be clustered together and therefore hope that the risk of getting a false significant value is minimised. If the reviewer still wants us to perform a post-hoc analysis, we will of course do so but will, in that case, need some more time.
4) We now use two decimals in the results and in the tables, except for the p-values in EQ5D, which still are in three decimals, recommended by another of the reviewers (table 4). We did not change to three decimals in the other tables, because we think they are easier to read with two decimals. We will of course change to three decimals, if the reviewer finds it suitable.
5) We agree that the discussion focus a lot on limitations of the study. However, this is a result of previous review. In the second paragraph on page 11, we try to focus on how the result is useful for others (that this type of programme is feasible in primary health care).

We have had trouble with copy editing. We sent it to one of the suggested firms, but they have not responded to us at all. We have therefore now sent it to our ordinary professional translator. Therefore the manuscript submitted today has not been to a copy editor. Since the deadline is today, we have submitted the manuscript, but will submit the new version as soon as we get it from the professional translator.

We hope that you will find these modifications of the manuscript satisfactory for consideration of publication in *BMC Musculoskeletal disorders*

Yours sincerely

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