Author's response to reviews

Title: Trochanteric osteotomy versus posterolateral approach Function the first year post surgery

Authors:

Margot van der Grinten (m.vandergrinten@erasusmc.nl)
Max Reijman (m.reijman@erasusmc.nl)
Frans C. van Biezen (f.vanbiezen@erasusmc.nl)
Jan A.N. Verhaar (j.verhaar@erasusmc.nl)

Version: 3 Date: 6 January 2011

Author's response to reviews: see over
Dear Editor,

First of all, we would like to thank you and the reviewers for all the constructive comments and suggestions to improve our paper.

This revised version has been re-checked by a native English speaker with experience in correcting scientific papers.

Below we present a point-by-point response to each of the Reviewers’ comments.

We hope that we have adequately dealt with all the comments and look forward to your response in due course.

Yours sincerely (on behalf of all co-authors),

Margot van der Grinten

Report Eduardo Garcia-Cimbrelo

1. Signification tests must be included
   A section “statistical analysis” has been added (page 5). Also p-values were given for each table and for figure 1.

2. misleading sentence
   Sentence has been changed (page 7) to:
   *No significant differences were found between the groups for the WOMAC or SF-36 pain scores (Fig 1), for the WOMAC limitations and SF-36 scales Physical functioning and Role physical, or for the HHS.*

Report Brian McGory

1. The number of cases seems small
   Patients excluded from our study can be divided into four groups (page 4).
   1: the Erasmus MC is a university hospital and tertiary referral centre where many complex cases are seen on the outpatient clinic. We included only simple routine cases that can be treated in every standard hospital. Therefore the group of “primary hip arthroplasty” was much smaller than the overall production.
   2: Patients unable to mobilize for other reason than the coxarthrosis for which they were operated were excluded from the study.
   3: Patients not in command of the Dutch language
   4: Unwilling to participate

2. Statistical analysis needs to be added
   See answer 1. Report Garcia-Cimbrelo

3. Authors need to describe abduction strength testing methodology
Hip abduction torque for both hips was measured with a handheld dynamometer with the patient on his/her side. The dynamometer was positioned on the lateral epicondyle of the distal femur. Maximum abduction force after three attempts was scored.

4. Authors need to comment on X-ray analysis, lever arm, femoral offset
   On page 4 an extra sentence has been added:
   *In both groups pre-operative templating was performed to recreate the anatomical situation as accurately as possible.*
   No standardized X-rays were made pre- or postoperatively, so exact measurements of abductor lever arm cannot be made. As the goal in templating was to recreate the anatomical situation, no major changes are expected pre- and postoperatively.

5. How was post operative data obtained in patients with complications?
   On page 5 an extra sentence was added:
   *If a complication was scored, patients were still included in the study, and tests were performed if possible.*
   On page 8 extra information is given on “lost to follow up”
   *At 3-months post-surgery 2 patients with a dislocation were no longer willing to participate, and 1 patient was lost to follow up. At 6 months, 2 patients were no longer willing to participate (1 dislocation), and at 12 months 6 patients (3 TO, 3 PL) were lost to follow-up.*

6. It may be helpful to break out osteotomy non union patients
   An extra table was added (page 10, table 3) in which the difference between patients with union and non-union of the trochanteric osteotomy in abduction strength is shown. We agree that this is important information. Further break up doesn’t seem appropriate as the non-union group is small (4).