Reviewer’s report

Title: Life impact of ankle fractures: Qualitative analysis of patient and clinician experiences

Version: 2 Date: 29 March 2012

Reviewer: Cindy Mann

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This paper addresses an interesting area of research in which there appears currently to be little data, namely the impact of ankle fracture from a patient perspective. The aim to contribute towards a conceptual framework for the development of a patient-reported measure to assess outcomes following ankle fracture is made clear and would seem to be a useful addition to scientific knowledge.

Discretionary revisions

I think there are several ways in which this paper could be strengthened:

1. A fuller description of the patient sample would be very helpful. The authors state that patient participants were recruited to the sample to fill 3 strata of time since ankle fracture (Methods, participants and setting). Was this a happy result of the convenience sampling or was purposive sampling undertaken? Purposive sampling would perhaps have been beneficial to also ensure a wide age range, gender balance, and range of fracture severity, all of which are participant characteristics of interest as they may influence experience of life impacts. Justification of the sampling strategy is needed if this was convenience sampling.

2. The authors acknowledge in paragraph 3 of the conclusion that injury, clinical factors and personal attributes are relevant factors in the wide variation they found. Could the authors therefore add some information about demographics and injury to help assess how well the sample and the data represent the wide variation in the population of those experiencing ankle fracture? Alternatively this should be included as a limitation.

3. To enable a better assessment of quality it would be useful to include information about the member of the research team who undertook the interviews, e.g. what was that person’s role in relation to the patients, what clinical or research experience of ankle fracture does that person have? The potential impact of their role and experience on the research question and findings then needs addressing.

4. Similarly, it would be helpful to see the semi-structured interview schedule used and an explanation of how it was developed e.g. did the areas covered derive from the researchers’ clinical experience or from other sources? Did this schedule change at all in response to data from earlier interviews?

5. Where, and for how long were participants interviewed?
6. There is no information about how patient recruitment was conducted and how the interviews were set up.

7. How were health professionals recruited? Were they colleagues of the researcher? Having a range of different health professionals is a strength but only having one of each type in 3 cases is a limitation that could be discussed.

8. There are some particularly interesting statements in the results section that made me want to know how many people the statement applied to. These were: Daily living 1st paragraph - how many had stopped participating in recreation or fitness-related activities; occupational or domestic 1st paragraph, how many had made a career change; occupational or domestic 2nd paragraph, how many were currently experiencing no limitation.

9. In the background section 2nd paragraph, I would be interested in a little more detail about the psychological complaints i.e. what kind of complaints were documented in the paper cited as reference [4] and this could perhaps be picked up in the discussion section.

10. The quotes are not attributed so it is not possible to tell from how wide a range of the sample the quotes have been drawn. A table with basic demographics, some injury detail and participant codes could be supplied and quotes could then be attributed using these codes. This would bring the data ‘alive’ a bit more.

11. Discussion paragraph 4. Although comparison with previous research is difficult, this paragraph would benefit from more discussion of the findings in relation to previous research into the impact of ankle trauma or other musculoskeletal trauma.

This is an interesting and novel study but would benefit from greater breadth in the sample and depth in the data to fully capture the experience of people who have had ankle fracture (I know personally two people whose experiences would add data additional to that reported in this study). However it seems reasonable as a basis for a thematic framework that could be used to conduct more detailed work in developing domains for a patient-reported outcome measure.

Minor essential revisions

1. The reference to the research methodology (Methods, analysis ref [12]) is confusing as this refers to another research paper by the first author in which the methodology is described in a very similar way, rather than to a paper elucidating the theoretical base of the methodology. A different reference is needed.

2. The end of the 1st paragraph in the Analysis section is a little unclear to me. Does this mean that the health professionals’ interviews were coded using the framework developed from the results of the patient interviews but that if any new themes arose from the health professional data these could be added to the framework?

3. Reference 5 is duplicated at reference 11

4. In the Discussion section, the paragraph headed Future research, in the first sentence ‘specific’ appears twice - delete first ‘specific’
5. Results theme 5 occupational domestic, 2nd paragraph, last sentence: ‘d’ missing from ‘change’
6. Results theme 6, financial impact, 2nd paragraph, 2nd sentence: delete ‘that’

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests