Reviewer’s report

**Title:** Prognosis of Patients with Whiplash-associated disorders consulting Physiotherapy: Development of a predictive model for recovery

**Version:** 1  **Date:** 19 September 2012

**Reviewer:** Michael Schneider

**Reviewer’s report:**

**Major Compulsory Revisions:**

NONE. Overall, this is an extremely well done study of the highest quality.

**Minor Essential Revisions:**

1. These data were gathered over the two year period 1998-1999, which is 13 years ago. The authors should give some explanation as to why they are just now publishing the results.

2. The primary outcome measure was a single question upon which recovery was defined. Was this the sole basis of the telephone interviews at 6 weeks, 3 and 6 months? Was any other information gathered during these follow-up phone interviews?

3. There is brief mention of a baseline questionnaire that is part of the SGI form that must be completed by patients to report their injury. However, we do not have any specifics about how many or what type of items are on that questionnaire...unless Table 1 reflects those items. This is unclear.

Also, the authors state they selected these potential prognostic factors based on the literature and clinical experience. Were there any other potential factors that were not available from the SGI form that could still be important potential prognostic factors? Examples such as: Body mass index, physical activity level, type of physiotherapy care received, etc. Are there any other limitations to gathering data from a form over which the research team has no ability to modify?

3. The CONSORT study flow diagram shows that a total of 7524 patients reported neck/shoulder pain as a result of their collision, yet only 901 (12%) consulted physiotherapists. Where did the vast majority (88%) of these other patients go for treatment? Are the predictive factors of recovery in the 12% of WAD who seek PT services different from those who seek other medical care? This low number of patients treated by PT and these questions above are worthy of some discussion.

**Discretionary Revisions:**
1. The authors mention that this study can help physiotherapists to improve the treatment of patient and help manage their expectations. However, there is no discussion about how therapists would specifically modify their treatment approach/methods to improve patient outcomes based upon these results. For example, are the authors recommending that therapists use the principles of cognitive behavioral therapy to attenuate catastrophizing or fear avoidance behaviors in patients with a good prognosis? Should therapists take a more aggressive approach to physical exercise and conditioning in these patients? Some discussion about the practical application of these results for practicing therapists would be useful.

2. 

**Level of interest:** An article of outstanding merit and interest in its field

**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