Author’s response to reviews

Title: Do patients care about higher flexion in total knee arthroplasty? A randomized, controlled, double-blinded trial.

Authors:

Morten Grove Thomsen (morten@grovethomsen.dk)
Henrik Husted (d272477@dadlnet.dk)
Kristian S Otte (kristian.otte@hv.regionh.dk)
Gitte Holm (Gitte.holm@hv.regionh.dk)
Anders Troelsen (a_troelsen@hotmail.com)

Version: 3 Date: 21 March 2013

Author’s response to reviews:

Dear Editor-in-Chief

Thank you for the opportunity to resubmit my revised manuscript with the title “Do patients care about higher flexion in total knee arthroplasty? A randomized, controlled, double-blinded trial.”

I have taken your comments into account and added the suggested changes to the manuscript. Changes to the manuscript have been marked with the underline feature.

I hope you will consider this revised manuscript for publication in BMC.

Response to reviewers:

Comments posted by reader 1.

Regarding surgical skills and the outcome after TKA: All surgical procedures in this study were performed by 1 of 2 senior surgeons dedicated to knee replacement surgery – and both surgeons had extensive experience with both systems for years thus eliminating any learning curve. We therefore believe that all knees achieved optimal balancing and flexion during the surgical procedure.

Regarding preoperative deformities: As an objective parameter for preoperative function of the knee, we included preoperative ROM as preoperative ROM has been shown to potentially influence postoperative ROM. We found no statistically significant differences in preoperative ROM between the two groups that could influence postoperative outcome.

Comments posted by reader 2.

Regarding longer than 1-year follow-up: Unfortunately we are not able to carry out further follow-up in this trial, because the study is closed. However, we feel that the vast majority of patients will improve until one year after surgery after which a plateau regarding flexion will be reached – a finding demonstrated by
others as we discuss in the methodological limitations in the discussion section (references 6 and 25). Others have found this as well: Shoji H et al. (Orthopedics. 1990 Jun;13 (6):643-9) found that in 231 patients operated with various designs of TKA and followed up to 9 years: “In nearly all cases, no further improvement of flexion was noted after 1 year following surgery.”. This reference has been added to the manuscript. Therefore, we think that a follow-up of one year in this setting gives a pretty accurate proxy of the ultimate flexion. But it is a good point and we will take this into consideration in planning future studies.

Best regards,

Morten Grove Thomsen, MD
Corresponding author
e-mail: morten@grovethomsen.dk