Reviewer’s report

Title: Association of the sense of coherence with physical and psychosocial health in the rehabilitation of osteoarthritis of the hip and knee: a prospective cohort study.

Version: 1 Date: 21 November 2012

Reviewer: Christine Cedraschi

Reviewer’s report:

This is an interesting study, of clear clinical relevance, which sheds further light on the possible predictors of success in the rehabilitation of osteoarthritis of the hip and the knee.

However, some issues need to be addressed:

1. Some points deserve further specification, namely:
   • The exclusion criteria are not all clearly defined. What is ‘severe illness’ at inclusion? Same as the definition for follow-up? If so, please mention at first occurrence. What is the rational for excluding patients with medication non-compliance? And how was this medication non-compliance defined?
   • The definition of the interventions deserves further attention. From the first paragraph, it seems that all inpatients have been outpatients before, i.e. have participated in the outpatient programme before. Is that really correct?
   • It is stated that rehabilitation was patient-tailored. However, some more details would be helpful for the reader to get an idea of the general course of each program, e.g. How many sessions did the patients attend? Is it up to 36 for outpatients? How many sessions per day for the inpatients?
   • It may come up as a surprise to include patient education in the group of passive therapies. Please elaborate on this point.

2. In the Results section, the reader is somehow left wondering about the role of the independent variables/potential confounders. No results are provided. Does this mean that these variables (in/out patient program, length of treatment, comorbidities,...) played no role? This issue would also be worth commenting in the discussion section.

3. Regarding the length and type of treatment, Table 2 suggests e.g. a mean of 23 hours of active and passive therapies for a mean duration of 22 days inpatient hip program. Although it has been stated that treatment is patient-tailored, the numbers in this Table need to be explained more in detail in the text.

4. The discussion is interesting. It should, however, be noted that it is not self-evident how SF-36 is conceptually related to health promoting behaviours or to appropriate bodily resources. Indeed, the SF does not measure health promoting behaviours; in the same line, it is not obvious that ‘appropriate bodily
resources’ are equivalent to physical dimensions of health-related quality of life.

**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