Reviewer's report

Title: Validation of an advanced practice physiotherapy model of care in an orthopaedic outpatient clinic

Version: 1 Date: 6 February 2013

Reviewer: Philip Van der Wees

Reviewer's report:

The authors have prepared an interesting and well written manuscript to validate the use of an advanced practice physiotherapist (AAP) for diagnosis, triage and treatment in patients with knee and hip complaints. The methods are well described and the data analysis is sound. The methodology includes one important limitation in using only one AAP in one clinical setting, which limits the generalizability of the paper. The APP had 30+ years of experience and received extensive post-graduate training, showing that a 'champion' was used which may not be representative for an 'average' APP. Although the authors discuss this limitation, I would have expected more elaboration on the feasibility of implementing such a model on a larger scale. Despite this limitation, the paper is of significant added value and fits the scope of BMC Musculoskeletal Disorders.

Major compulsory revisions:
- The results show that 109 patients had imaging tests available in their file at the time of consult. This implies that the consult was not their first visit to a clinician and the history of these patients may have enhanced the concordance between the APP and the orthopedic surgeons. In addition the mean duration of symptoms was almost 5 years which further suggests that these patients underwent a trajectory before the consultation (albeit with other clinicians). The authors should clarify this.
- The authors should further elaborate on the generalizability and feasibility of the APP model. Is it feasible to generate a sufficiently large cohort of APP with sufficient skills? And would this solve the waiting list problem in Canada?

Minor essential revisions:
- The authors should include a timeframe. When was the study conducted and how long?
- The authors should clarify whether there was a specific order in seeing the APP first or the orthopedic surgeon, or whether this order varied.
- Were the researchers able to prevent that patients provided information to the second clinician after the diagnosis and triage of the first clinician? Spill-over of information may have enhanced diagnostic concordance.
- The project seemed to have solved the waiting list problem of the hospital with a relative small intervention. Was this model further implemented in the routine
care of the hospital?
- I do not understand the raw proportions of agreement in Table 5. The
denominators add up to the 120 patients, representing the treatment approaches
of the orthopedic surgeons. What do the 100 cases in the numerators represent?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interests