Author's response to reviews

Title: What does standard rehabilitation practice after total hip replacement in the UK entail? A mixed qualitative and quantitative study.

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Author's response to reviews: see over
The Editor
BMC Musculoskeletal Disorders

Dear Editor

Re: Manuscript Title ‘What does standard rehabilitation practice after total hip replacement in the UK entail? A mixed qualitative and quantitative study’

Manuscript ID. MS: 1852269560742315

Please find attached to this letter the response to the reviewers’ queries regarding the above manuscript. Many thanks for considering it for publication in your journal

Kind regards

Tosan Okoro

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BMC Musculoskeletal Disorders

Authors

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Response to Reviewer’s comments

27th January 2013

Reviewer 1 Vigdis Schnell Husby

Major compulsory revisions:

Introduction
Page 4: … the length of hospital stay... (i.e. length of stay…) has been changed to ‘…, the length of hospital stay following joint replacement has markedly over the past decade from a mean of 3 weeks to 4 days’

Page 6, line 1: Changed from ‘..To facilitate continued adaptation, training intensity (usually….lifted) is ….’ to ‘…To facilitate continued adaptation, training load is progressively increased…..’

Methods
Use of numbers/letters in text adjusted. All numbers less than 10 spelt out, otherwise in figures
Description of statistical analysis included at the end of methods section:

‘…The responses to the questions posed were analysed statistically by making direct comparisons in terms of percentages for each questionnaire item with regards to the total number of responses.’

Discussion:
1. 1st paragraph changed to start with
   ‘…..Despite 83.7% of survey respondents being able to ascertain what PRT entailed….. muscle trophy’

   rather than

   ‘…This is the first study in the published literature….’ To reflect a change of the discussion to an emphasis on the study results, the relevance of the results, generalisability, limitations and possibilities of future research.

2. Suggestions are made as to why there is a possible discrepancy between knowledge of PRT and actually including PRT in the exercises prescribed, as well as why patients are not routinely referred to outpatient physiotherapy on discharge-
See ‘Discussion’ section 4th paragraph ‘… Due to the current financial pressures the NHS is under…. It was also evident from the focus group discussion that routine outpatient assessment post-operatively was not considered except patients were anticipated to have problems with mobilization ….’

Orthopaedic surgeons’ role in rehabilitation recommendation is stated in the 4th paragraph of the ‘Discussion’ section

‘…The orthopaedic surgeons’ role in the rehabilitation recommendations is mainly determined by the integrity of the implants …..making exercise prescription by physiotherapists in the early post-operative phase more relevant….’

P11 line 16-17
Physiotherapy background removed from discussion as already mentioned in ‘Methods’ section

Conclusion:
Future research suggestion

Changed to
‘…Future research should focus on the issues restricting implementation of suitable PRT regimes to improve functional outcome’

Reviewer 2 Esther Williamson

1. Detail regarding the focus group is provided in the first paragraph of the ‘Methods’ section as below

‘….A heterogenous sample of physiotherapy participants were purposively sampled using the following criteria: 1) a minimum of 5 years experience post-qualification, 2) experience of treating patients following THR and 3) working in either the inpatient, outpatient and community environment with patients following THR. The participants were accessed through physiotherapy management leads that provided a suitable list and the above criteria was used to approach potential candidates. Of the four physiotherapists subsequently recruited, two worked in the hospital setting, one worked in the community and the other was outpatient based.

After informed consent, the focus group was conducted by the first author (TO; main moderator) with a co-author (AR) acting as a co-moderator and scribe. A number of topic areas were discussed with the group with the questions posed based on a preliminary review of the literature from which a number of gaps appeared [20-21].

The focus group lasted a total of 90 minutes. The results of the meeting were transcribed (summary provided in Table 1) with content analysis and theming [22, 23] performed in order to develop questionnaire domains and items.

….’

No validity check was performed on the questionnaire developed

Results of the focus group are described in Table 1 with all subsequent tables renumbered.

2. The survey was piloted with n=5 local physiotherapists. It did not lead to changes in the final questionnaire sent out. This statement is added to the ‘Methods’ section
‘….The questionnaire was piloted with five local physiotherapists and no further changes were made before incorporation of the questions into an online questionnaire ….‘

3. 171 hospitals were identified from the National Joint Registry of England and Wales. Every third hospital on the database was sampled as the first author (TO) made the calls personally. Not all physiotherapists spoken to were comfortable giving email details hence the low number of emails obtained.

4. 63 email addresses were obtained from the 171 hospitals approached. The total amount of responses obtained was 106. It is hard to quantify the total number of responses possible in order to have a response rate and this is reflected in a statement in the ‘Methods’ section-

‘…..It was not possible to estimate a response rate as the number of possible viewings on the CSP website could not be estimated and responses from emails obtained were anonymised.’

5. The Chartered Society of Physiotherapists (CSP) website- Agree with reviewer that it is difficult to calculate a truly accurate response rate (see response 4 above)

6. The findings dependent on grading of the physiotherapist has been removed as suggested (Table 2)

7. Flow chart not done as hard to quantify the total number of possible respondents but done to get a handle of types of respondents

106 total responses
63 emails obtained- assume all responded. From about 63 hospitals- Attempt made to contact 171 hospitals
43 left ?colleagues of email respondents, ?CSP website

8. Previous Table 2 removed as no further reference made to occupational banding of physiotherapists

9. Preoperative phase: Muscles to target are both preoperative and post-operative as per the results of the focus group with the physiotherapists (table 1)

10. Immediate post-operative phase: mobilization of patients results mentioned in the manuscript text with Table 6 detailing discharge criteria and number of times patients reviewed.

11. Continuing rehabilitation phase: Time frame patients were seen post-operatively not one of the survey questions so the information is not available. Other details requested including discharge criteria and number of sessions shown in Table 6.

12. Additional limitations:
   
a. Exploration of why physiotherapists do not use PRT is addressed above- see response to reviewer 1 ‘Discussion’ no.2.

b. An exploration of the limitation of the number of NJR centres contacted for email addresses is provided in the 6th paragraph of the ‘Discussion’ section: ‘…..A more comprehensive survey of these centres may provide more generalisable information but this was inherently difficult as only 63 emails
addresses were obtained from 171 hospitals contacted (36.8%). Further research is required to this regard…”

Minor Revisions

1. Explicit aims of study now stated as suggested at the end of the ‘Introduction’ as below

‘….The aims of this study were firstly to define standard rehabilitation care following THR in the UK secondarily to determine whether PRT is prescribed as part of standard care…”

2. This statement is from the literature (REF) But not exclusively in the THR population. Part of the problem is that there is huge variation in practice. This study was an attempt to quantify this

3. Focus group findings are summarized in Table 1.

4. Criteria for discharge is provided in Table 6

5. See previous sections on suggestions as to why physiotherapist do not prescribe PRT

6. Structure of discussion is modified as suggested

7. Agree with comments. Reference to a single focus group being a limitation removed

8. More weighting is given to the qualitative work with details given for the focus group in the ‘Methods’ section and the findings summarized in Table 1.

9. Abstract aim is modified to include assessment of PRT as suggested