Author's response to reviews

Title: The effect of neural mobilisation on cervico-brachial pain: design of a randomised controlled trial

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Reviewers report response

Dr Jasper Schellingerhout

1. The authors state that it is a single blinded study, which is incorrect

Although the questionnaires are self-report questionnaires, at 6 months and at 12 months the ULNDT as well as the neurological examinations are measured again on the patients. Furthermore, the questionnaires are done by telephone at 3 weeks and 6 weeks, which makes it important that the person recording the answers, are blinded. I have removed the words “single-blind” under the heading Study Design

The following has been added in the section on the ULNDT

The ULNDT1 will be assessed again at six months and 12 months

2. The outcome measures chosen by the authors are motivated by referring to articles considering psychometric properties in populations that are not alike

A reference on a patient group with cervical radiculopathy and whiplash-associated disorder has been added under the EQ5D. The reference to AIDS patients was to illustrate the use in a non-English-speaking group of patients in South Africa. This is also the questionnaire recommended in the “Clinical practice guidelines for management of neuropathic pain: expert panel recommendations for South Africa” (2012) The following was removed and added to text

Peolsson et al (2014)[49] measured quality of life in patients with cervical radiculopathy and whiplash associated disorder and found health related quality of life worse in these populations compared to a healthy group.

3. Furthermore, the authors seem to be uncommon to the concept of psychometric properties. For example, “criterion reliability” is not a psychometric property and reliability is not measured using Pearson’s r.

The criterion reliability is deemed important for identifying patients as catastrophisers.

The criterion reliability as tested by Osman et al [54] could correctly identify of 77.1% of the cases.

The patient specific functional scale has been changed accordingly

The scale has excellent validity (r =0.73 - 0.83) when compared to the Neck Disability Index [45]. The test retest reliability coefficient is excellent (ICC= 0.97) [46].

4. Could the authors motivate why the primary outcome measures are measured at 3 and 6 weeks, whereas catastrophising and neuropathic pain are determined at 6 and 12 months. Long-term outcomes for the primary outcome measure would be very informative and are common in these type of clinical trials.
The primary outcome measures (Pain, function and quality of life) are measured at 3 weeks, 6 weeks, 6 months and 12 months, as those are the main areas of interest. The neuropathic pain questionnaire and pain catastrophising questionnaire are only repeated at 6 months and 12 months as this describes patient groups and it is not expected that this would change in the 3 week or 6 week period. The following was added to text

The primary outcomes are pain (Numeric Pain Rating Scale), function (Patient Specific Functional Scale) and quality of life (EuroQual Instrument). These self-report outcomes will be followed up at three weeks, six weeks, six months and 12 months.

5. The authors state that the duration of treatment is determined by the treating therapist “based on clinical reasoning”. This is vague and non-reproducible

The patients are paying private patients and it can therefore not be expected of them to commit to a specified amount of treatment. The treatment range will be between 2 and 8 treatments and will not exceed 8 treatments. Amount of treatments will be recorded and reported on. The following has been added to the intervention section: The amount of treatments will range between two and maximum of eight treatments and will be recorded. Patients that have not improved by the sixth treatment or patients that report any adverse events will be referred back to their general practitioner.

6. The setting should probably be “private physiotherapy practice” instead of “private practice

This has been changed accordingly

Submitted respectfully,
Annalie Basson