Reviewer's report

Title: Advice or Exercise for Chronic Whiplash Disorders? Design of a randomized controlled trial.

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Reviewer: Silvano Mior

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

I congratulate the authors on their initiative to address an excellent research question that is very timely and important. In general the design and strategies have been well laid out. I offer the following comments requiring further clarification of key issues raised in their proposal.

1. Comments (Please number your comments and divide them into: discretionary revisions - which the authors can choose to ignore - and compulsory revisions - which the authors must address.)

a) Discretionary revisions
Re: Baseline Measures: It would be helpful to readers if the authors had provided further information justifying their use of the primary outcomes scales that were selected and why, rather than simply including the references. It is appreciated that psychometric testing of some of the scales is limited but work has been published in regard to the scales, especially the primary ones, alluded to in the proposal.

b) Compulsory revisions:
Re: Consent: In the study population section, the authors indicated that they will recruit subjects with the assistance of the MAA and send a letter inviting participation. It is unclear at what stage the authors will obtain consent from the subjects for their participation and if there are any concerns related to matters of confidentiality in accessing names of claimants from the MAA without claimant authorization.

Re: Sample: In the inclusion section, it is unclear if subjects who may be undergoing any type of care for their WAD condition, either from physician or others, are eligible to participate. And if they are undergoing care, how will this be accounted for in the study? In the exclusion section, there is no mention if subject's who may be or are involved in litigation will be allowed to participate or if this is an issue in NSW? Subjects will also have to undergo a cervical x-ray but it is unclear if this if films that may already have been taken will be used and if not, what is the rationale for taking a new x-ray study?
Also, inclusion will include subjects with WAD I - III. Has consideration been given that numbers in each category to be included in the study would be representative of a similar percentage in the general population? Will the authors control for WAD type in their analysis?

Re: Treatments: In the advice group, it would be helpful if the authors define what they meant by "standardized education and ...resume light activity". In this same section, the authors suggest that they will encourage subjects to return to "normal activities" but it is unclear how this differs from encouraging them to "resume light duties". In the physical activity program group, subjects "explore and discuss... understanding of whiplash and attitudes..." consistent to CBT principles; will the nature of this information differ significantly from that provided to the advice group? If so could this potentially confound the outcomes in that the physical activity program now involves much more than an exercise program? Could the authors explain why they have not elected to provide advice as per CBT principles to both groups but exercise only to the second group, which may perhaps better answer their research question as to the role of exercise?

Also in this section, only the physical activity program group will undergo an assessment at the first visit to determine "...current and pre-injury ability to perform work and home activities..."; why is this also not done for the advice group? This could provide comparative functional data between the groups and also identify if such factors may impact on response.

At the 6 week study point, subjects will be asked to record "type and amount" of treatments that they may use until the end of the 12 month review. Will they be provided a diary or recommendations on how to record such data because relying on accurate recall 12 months later may pose to be a problem?

Re: Conclusion: As mentioned above, if the rationale and design of this RCT is to assess the "effects of advice and exercise programmes" it is suggested that both groups be provided similar advice strategy but only one group would be provided the exercise strategy.

Competing interests:

None declared.