Title: Six-week high-intensity exercise program for middle-aged patients with knee osteoarthritis: a randomized controlled trial

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Author’s response to reviews: see over
Covering letter

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Thank you for further suggestions to improve our manuscript. Revisions have been made accordingly.

Author list - The list of authors in the manuscript should be written exactly as they are in the submission system. The authors (forename, middle initial (if any), surname) should be written identically and in the order in which they are listed in the submission system.

Author list is rewritten.

Tables - Tables must be divided into cells / fields. The borders of tables included as part of the manuscript file must be visible black lines. Tables generated with tabbed text are not acceptable. Please ensure that text alignment in columns is clear and consistent.

Tables are adjusted accordingly.

Reviewer’s report:

Abstract and Discussion: Wording and sentence structure needs review.

Wording and sentence structure has been reviewed and revised.

Your point around Figure 3 is not logical – Fig 3 demonstrate that are fairly comparable number of individuals in both the exercise and the control group improved. You need to drop this discussion point.

This section is rewritten:

In this study, no improvements were seen on group level in pain or function. However, regular exercise in general is important to prevent diseases caused by inactivity [8], and thus patients with knee osteoarthritis should be encouraged to exercise. In clinical practice, patients with severe knee osteoarthritis should have treatments based on individual preferences and different stages of motivation [32].

I cannot see where you are going with paragraph 2 (p 12). What point are you trying to make?

The paragraph is rewritten:

Younger patients are usually more physically active than elderly [38], and have higher demands on level of physical function and physical performance at work or leisure time. Thus, moderate to severe knee osteoarthritis might be perceived as more disabling by younger individuals. Our study population was younger (<65 years) and comprised more men (49%) than most other populations with knee osteoarthritis described in randomized controlled trials of exercise [15-17, 39, 40], which might have reduced the effect on self-reported function in the present study.

I would drop the last paragraph in the discussion section. There was no improvement in the control group for any of the KOOS main outcome measures. In fact deterioration was demonstrated.

The last paragraph is deleted.
Conclusion: Drop last sentence as Fig 3 shows that it was also possible to benefit from being allocated to the ‘no exercise’ group.

**Conclusion is rewritten:**

A six-week high-intensive exercise program had no effect on pain or function in middle-aged patients with moderate to severe radiographic knee OA. Some effect was seen on quality of life in the exercise group compared to the control group.

Table 3: information in the title about scoring of PCS and MCS should go in the test (Method section)

*The information is moved to the method section.*