Reviewer’s report

Title: National audit of post-operative management in spinal surgery

Version: 1 Date: 4 January 2006

Reviewer: Dave Baxter

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

This is an interesting paper which may provide a useful contribution to our knowledge of current clinical practice in the area of rehabilitation post spinal surgery. There are, however, a number of issues which need to be adequately addressed before it can be considered for publication.

1. The introduction needs to make the clear the context of care within the UK for an international audience (e.g. NHS versus private care). The literature cited would also appear dated, and incomplete: for example there is no reference to Christensen’s work (Acta Orthop Scan Suppl, 75 (313) 2-43, 2004). The references need to be reviewed and updated.

2. It is unclear what proportions of the sample were obtained from the two societies surveyed, nor is an estimate provided of what proportion of the population of surgeons performing back surgery is represented by the current sample; these represent important pieces of data.

3. What attempts were made to improve the response rate to the current survey, and what were the reasons for excluding n=12 returned questionnaires?

4. Given the brevity of the questionnaire (for which no details are provided in terms of its development), the questions could be tabulated and presented, along with a summary of responses (see below).

5. The Figures provided are probably unnecessary; instead, results could be usefully summarised in a table based upon the actual questions included in the questionnaire.

6. Results expressed as percentages should also include the actual n value, given the small numbers involved: e.g. 18% in specialist centres (p.3) should also be expressed as 9/51.

7. It might be argued that the review highlighting the evidence in favour of post-operative rehabilitation [ref 18] didn’t appear until after the current survey (2002). What then might have been considered as best evidence at the time of the study, and is the finding of variation in practice really therefore that surprising (indeed the finding of variation in practice – even where the evidence is reasonable clearcut - is common in the area of rehabilitation). Is the variation in practice simply not due to variation between centres or practice setting as has been reported by others in related areas? These are issues that need more detailed consideration in the Discussion.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No

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