Reviewer's report


Version: 1 Date: 16 May 2007

Reviewer: Kurt Svardsudd

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)

1. The study population consisted of “a convenience sample”, which means that it might be selected as compared to a sample of persons with low back pain from some other source, for instance general practice. In addition, the drop-out rate was substantial. Both these circumstances may have effects on the results. The drop-out problem is mentioned in the Discussion section, but I would like to see a more thorough discussion of the possible influence these circumstances might have on the results.

2. In page 9, last line it is stated that a significance level of 0.05 is used. However, 41 statistical tests are reported and (according to the text) several more appear to have been done. This means that the manuscript is afflicted by a mass significance problem. I see two possible solutions, either limiting the number of tests to the main effects, or adjusting the significance level, for instance by dividing 0.05 by the square root of the number of tests performed. The latter approach would result in a significance level of 0.01 or even 0.005. Since this is a small pilot study the former approach might be more reasonable.

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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)

3. The authors argue for a pragmatic approach in the “tool-box” setup, which means that the therapist is free to choose the most appropriate treatment items from a list of items specifically limited for the treatment arm in the trial, rather than having only one available method or item which on the other hand would favour homogeneity and standardisation. The main argument pragmatism, presented in page 7, is the resemblance to normal practice. I subscribe to that argument. However, in the Background section the pragmatic approach used in other studies is described as confounding. The authors should take this imbalance into consideration.

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Discretionary Revisions (which the author can choose to ignore)

4. The authors are using abbreviations quite liberally. Moreover, some abbreviations are explained repeatedly. The purpose of abbreviations is usually to save space, but at the price of lower legibility. In this Journal there is no space limitation (within reason) and therefore no real need for abbreviations. I therefore suggest that these are spelled out. The text would be so much easier to read.

5. The text, and especially the Background section is rather lengthy. Even though there is no real space limitation in the Journal I suggest that the authors consider shortening this section. Some of the content is repeated in the Methods section (where it belongs) and shortening would certainly improve legibility and understanding.

6. Page 6 lines 6-7 “and were medically stable”. I suggest that the authors either describe more specifically what it means, or deletes this passage if the full meaning is included in the next sentence.

7. The terms “clients” and “patients” are both used in the text, as I understand as synonyms. If so, choose one, if not so explain the difference.

8. For non-British subjects the categories junior and senior I and II physiotherapists are not familiar. Describe what it means.

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: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

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