Author’s response to reviews

Title: Adherence to physiotherapy clinical guideline acute ankle injury and determinants of adherence: a cohort study

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Author’s response to reviews: see over
Maastricht, 16th March, 2007

Dear Dr. Le,

Herewith I submit our revised manuscript ‘Adherence to physiotherapy clinical guideline acute ankle injury and determinants of adherence: a cohort study’ (MS: 1201254681130904).

I have listed the changes in a point-by-point response to the concerns of the reviewers and editor.

Concerns reviewer PD

- Data extraction to calculate the indicators was done by the researchers (PW and EH). The information is included in the manuscript.
- Results in the abstract are specified: adherence to individual recommendations varied from 71% to 100% (in stead of: at least 70%).
- Numbers are specified throughout the manuscript when percentages are given.
- Number of treatment sessions is used as outcome indicator, because it can be seen as outcome of treatment. It is subject of debate though, because we agree that it also reflects the process of care. We added a remark in the discussion section.

Concerns reviewer JB

- Content of the clinical guideline as described in the background section, is presented in a box.
- To measure adherence to the guideline an initial set of 15 possible indicators were identified by two researchers. Final selection of indicators was based on identified key recommendations of the guideline. A consensus procedure resulted in four process-indicators for final inclusion in this study.
- Patients with > 40 points on the Function score within 5 days after injury were considered ‘light injury’ requiring no specific treatment. These were included in the results of adherence to the guideline (table 3). They were excluded in the regression model (table 4) to analyse adherence to maximal 6 treatment sessions for patients with severe injury (< 40 points within 0-5 days).
- The main message is stated more clearly in the conclusion section: Adherence to the clinical guideline Acute ankle sprain showed that the guideline is applicable in daily practice. Adherence to the guideline, even in a specific group of physiotherapists familiar with the guideline, showed possibilities for improvement. The necessity to exceed the expected number of treatment sessions may be explained by co-morbidity
and recurrent sprains. It is not clear why female patients were treated with more sessions.

- In the conclusion the possible implications for implementation were emphasised: quality indicators may be used for audit and feedback as part of implementation strategy.
- In the data collection section, the reference to ‘referral’ is removed because it contains no relevant information. All patients were referred by a physician.
- The enter model was used for logistic regression. Stepwise forward selection and stepwise backward elimination were used as alternate models to test consistency. We have added this explanation in the data analysis section.
- Nagelkerke has been left out of the data analysis section.

Combined concerns

- Reasons for non inclusion of patients were injuries older than 6 weeks and severe trauma (fracture). The total number of eligible patients was not registered.
- Due to the limited number of physiotherapists and number of patients per physiotherapist it was not possible to perform multi-level analysis to analyse the influence of physiotherapy characteristics. The inclusion of physiotherapist characteristics (age, experience, specialisation, work-setting) in the regression model, showed no consistent and stable results, due to insufficient data, and were therefore not included in final analysis. In the revised manuscript we included a remark about this issue.

Concerns Editor

- The ethical approval for the study by Deventer Hospitals is stated in the manuscript file.
- The background of the study is added in the background section of the abstract.
- Tables are revised to conform to the journal style.
- References are listed according to the journal style. However, a few references automatically changed to ‘et al’ in stead of listing all authors. This was adjusted manually, but may be subject to changes due to automatic bibliography by Reference Manager.

Yours sincerely,

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