Reviewer's report

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

Version: 1 Date: 25 February 2007

Reviewer: Jozé Braspenning

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General

The paper is about adherence to the physiotherapy guideline on Acute ankle injury. To measure the adherence indicators have been developed based on the guideline. Furthermore, determinants of adherence have been identified.

The study has been set up as a first step in implementing the guideline. Knowledge will be collected on the ability to adhere and its determinants. An appropriate implementation strategy can be based on the results of the study. Having this aim the background section gives lots of information on the guidelines itself and the discussion can be more focussed on the research question.

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

1. The description of the content of the guidelines in the background section is extended and distracts from the research question. Perhaps a box or an appendix can be used.
2. The determinants are all patient characteristics. Adherence to guidelines is also effected by characteristics of the professional and the setting. It is unclear why these determinants have been left out.
3. It is stated that 15 indicators have been identified, but only the four process and three outcomes indicators have been described.
4. Why were patients with > 40 points on the Functions score within 0-5 days after injury excluded, because no specific treatment was required? Not treating these patients is adhering to the guideline as well, isn’t it?
5. The main message can be stated more clearly. Physiotherapists can adhere to the guidelines. Adherence to the guidelines even in a very specific group familiar with the guideline showed that there was room for improvement. Although the necessity to exceed the number of sessions could be explained by co-morbidity and recurrent injury.

However, why female patients have been treated in more sessions doesn’t seem to be related to their condition.

Using outcome indicators to describe adherence to the guidelines makes certain corrections based on prognostics factors necessary.

6. What have we learned in order to develop an appropriate implementation strategy?

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

1. No information is given on the number of eligible patients seen by a physiotherapist.
2. Page 6, Data collection, first sentence: “... and referral”. In the paper no further information is given on his variable. A more clear link to the variables and the indicators will be helpful.
4. Page 8. Data analysis: Is the explained variance calculated in a special way? The way suggested by Nagelkerke? If this is the case we should have a reference otherwise the author can be left out.

Discretionary Revisions (which the author can choose to ignore)
What next?: Accept after minor essential 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.