Reviewer’s report

Title: Effects of self-management, education and specific exercises, delivered by health professionals, in patients with osteoarthritis of the knee.

Version: 1 Date: 11 August 2008

Reviewer: Graeme Jones

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The rational for this protocol is well developed and stated.

My comments mainly relate to the small print areas
1. The diagnosis of OA needs to be firmer. Physician diagnosis is not enough. Does there have to be clinical evidence, pain or Xray change to make this diagnosis? I would prefer the ACR clinical criteria with at least some radiographic evidence. There needs to be standardisation of Xray scoring.
2. What do the authors plan to do with severe knee OA? They will exclude those with planned TKR but what about bone on bone change?
3. The authors correctly point out that the WOMAC is sensitive to change but this is only true if scores are high enough to begin with eg a person with a pain VAS of 10/100 has limited scope for improvement. Will the authors predefine a pain level for entry as is standard for many OA trials?
4. The assessment period on controls does not match that in the intervention group. They will receive the SMP from week 8 but won’t be assessed until 6 months. How will this be dealt with in the analysis especially when the intervention group receive no intervention in this period?
5. Sample size calculations are given for one primary outcome. Please provide the full data for the main primary outcome (the WOMAC) and an estimate of power for the secondary outcomes

Level of interest: An article whose findings are important to those with closely related research interests

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’