Reviewer’s report

Title: Subacute and chronic, non-specific back and neck pain: cognitive-behavioural rehabilitation versus primary care. A randomized controlled trial.

Version: 2 Date: 10 July 2008

Reviewer: J. Bart Staal

Reviewer’s report:

In general the article has improved. It describes an interesting study on the rehabilitation of low back and neck pain patients. I still have a few comments:

Major compulsory revisions:

1) This study does not show great differences in results between the rehabilitation and the primary care group (except for the hazard ratio for sub-acute patients at 18 months). This could be due to a lack of effect of the rehabilitation intervention but also due to a lack of contrast between the two groups. If the physicians and other treatment providers in the primary care group follow their guidelines their messages should also consist of re-assurance, encouragement to be physically active despite the pain, return to normal duties and work etc. Have the study authors any idea to what extent the caregivers in the primary care group adhered to these ‘guideline messages’ and if this may have influenced their results? Please elaborate on this in the discussion section and maybe also in the method section of the manuscript.

2) A significant hazard ratio was found for return to work over 18 months in favor of the rehabilitation group only in sub-acute patients. The action phase of the intervention, however, lasted from 2 to 8 months. The delay in the effect is remarkable. Is there any likely explanation which can be discussed?

Minor essential revisions:

3) On page 6 it is stated that study participants were recruited within the primary care of the adjoining municipalities. Please clarify this recruitment. Were they informed about the study by their doctors or physiotherapists or in another way?

4) What is meant by ‘subtotal observation periods’ (page 10, Line 2)? If this is not very important, it can be removed. In that case the reference (33) suffices.

5) Page 11: ‘There were positive correlations between return to work share and (1) low age and (2) sub-acute BNP’. What is the relevance of this statement for the power calculation? My advice would be to describe the power calculation much more briefly.

6) For the control group the terms primary care and health-centre group have been used interchangeably. Please be more consistent. On page 16 for example
the primary care of the rehabilitation group is reported?

7) One of the exclusion criteria was ‘whiplash associated injury as a primary obstacle to working’. However, on page 16, the per-protocol analysis, it is suggested that patients with whiplash-associated disorders were included. Was this in these cases no primary obstacle to work?

Discretionary revisions

8) The article as a whole presents a lot of information. In order to improve the readability some paragraphs could be combined. For example, the results of return to work share, return to work chance and net days can be described in one paragraph (page 13 and 14) as well as follow-up and premature cessation of recruitment (page 12).

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