Reviewer's report

Title: Yoga for Managing Knee Osteoarthritis in Older Women: A Feasibility Study

Version: 2

Reviewer number: 1

Referee's comments to the author(s)

Only this section of the report will be returned to the authors. Do not comment in this section on the interest/importance level of the manuscript, or whether or not the manuscript should be accepted.

Review of pilot yoga trial for osteoarthritis

This manuscript describes a pilot study of an 8-week yoga program for patients with osteoarthritis. Although the authors describe this as a pilot trial, it is not entirely clear in what sense they are using the word “pilot” as their primary outcomes are treatment effects. Further clarification on this nomenclature would be helpful. Additionally, a potential limitation of this study, which was not noted, was that the randomization scheme would easily permit study staff to know the intervention group, as all those with odd-numbered study IDs were assigned to that group. Therefore, it seems unlikely that the study was in fact single blind. Finally, additional details on the conduct of the study would be helpful, especially in the spirit of this being a pilot study. For example, how was their sample size determined? How long did recruitment take?

Specific suggestions/questions:

Introduction:
- The authors note that yoga is recommended by the Arthritis Foundation to promote joint flexibility and muscle strength. On what data is this recommendation based?
- Please provide references for the statement that Iyengar yoga is not commonly practiced in the United States and Hatha yoga as the most commonly practiced style of yoga. Iyengar yoga is considered a type of hatha yoga. It may be that the survey from which the statement that Hatha yoga is the most common form of yoga in North America included Iyengar yoga.
- The authors cite 3 studies on yoga for OA management. There appears to be a broader literature, as evidenced by a Scoping Review by Haaz and Bartlett published in 2011; the authors may wish to consider these and studies of yoga in general populations with pain (including those with arthritis) in their introduction.

Methods:
- The authors indicate the lower age bound for eligibility. Was there an upper
limit?
- Please clarify why the second screening for eligibility was performed in the home.
- Were all 18 intervention participants included in a single cohort/class?
- More information on Tukey’s LSD method for handling multiple comparisons would be helpful.

Results
- Please specify who was screened over the telephone. Was there an attempt to screen all participants? Was it only those who called the study line?

Discussion
- It seems a bit strong to state that a 12-week assessment (4 weeks after the yoga intervention was completed) provides information on long term effects.

Figure 1.
Additional information would be helpful to orient the reader. Consider stating that the control is a weight list control. The relevance of this is for the analyses, some which include both groups. Also, considering adding information about the duration of the intervention and when the follow-ups were conducted.

It is not clear what additional information is presented in Graph 1 that is not included in Table 3. My other concern about the graph is that it does not provide information about the sample size for each analysis or confidence intervals around the assessment.