Author's response to reviews

Title: Patient and health professional views on rehabilitation practices and outcomes following total hip and knee arthroplasty for osteoarthritis: a focus group study

Authors:

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Author's response to reviews: see over
Dear Ms. Rajabi,

RE: MS: 2124146157303066 - Patient and health professional views on rehabilitation practices and outcomes following total hip and knee arthroplasty for osteoarthritis: a focus group study.

We thank you and the reviewers' for the additional comments and suggestions for improving the above named manuscript and are very pleased that you have accepted it for publication in BMC Health Services Research. We have incorporated the reviewers’ suggestions and provide detailed responses below as to how they have been addressed in the manuscript. We have gone through our manuscript again and feel it conforms to the journal’s formatting requirements.

We look forward to learning the next steps in publishing our manuscript in your journal.

Kind regards,

Marie Westby, BSc.(PT), PhD Candidate

Response to Reviewers, Manuscript #2124146157303066

Reviewer #1

Thank you for your additional comments. We respond to each in turn below:

Discretionary Revisions

1. I continue to be concern about the comment re. Native North Americans. The only place I was able to find this term was on page 25 in the strengths of the study. As this is the first reference, it seems to me to be rather irrelevant. The reference also seems to confuse issues related to geographical isolation and access to care with (potential) ethnic differences.

Authors’ Response: We now refer to this participant on page 8 under Results. We do not further identify the individual in the quotes in order to maintain confidentiality. The comment regarding
issues faced by Aboriginal North Americans has been moved to the body of the discussion (page 25).

2. Page 24, The sentence in the discussion indicates “Across all themes was the overarching view that “hips and knee are two different beasts”….As written the results did not give me this impression.

Authors’ Response: This statement has been modified for greater clarity (page 25). We also draw attention to the mention of the greater post-operative pain experienced by individuals with TKA on pages 11 and 16 and further eluded to in Table 6, Subtheme 4.

3. Page 25, Strengths of the study. While I agree that the uniqueness of the study is addressed in this section, I am concerned that placement under “strengths of study” fails to adequately highlight the study’s contribution. Typically, “strengths of study” refers to features of study design rather than to the study results.

Authors’ Response: We thank the reviewer for this comment however, feel it is appropriate to link the strong study design and its contribution to the data and important outcomes in this section.

4. The section on Clinical implications seems to wander into the opinion of the authors’ versus supported by results of the study. I sense that this is particularly the case with regard to the recommendations regarding outcome measures. The recommendations may well be aligned with the principles of client-center practice, but are they all actually supported by this study.

Authors’ Response: In response to this comment, we reviewed the results and can link each bulleted point to two or more within or across group themes. We did, however, rephrase two recommendations for greater clarity.

5. Authors’ response: Editorial correction has been made.

6. Authors’ response: Additional terms have been added to the list of abbreviations on page 28.

**Reviewer #2**

Your additional comment is appreciated and we respond to it below:

1. Overall comments
… it is still unclear to me how the subthemes relate to the six major themes. Omit subthemes?

Authors’ Response: We have added a sentence under Results, Key themes (page 9) that clarifies the relationship between subthemes and key themes. Subthemes and key themes are not intended to have the same labels nor be collapsed, as is the nature of this form of analysis.