Reviewer's report

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

**Version:** 1  **Date:** 28 September 2009

**Reviewer:** Joan C Rogers

**Reviewer’s report:**

**Major Compulsory Revision**

1) **Major concern.** The surgeon (n = 9) and physician (n = 5) samples are too small to know that saturation occurred, especially when participants are from different countries. When numbers are so small, percentages (Table 2) are misleading. Deleting this part of the study should be considered. Of somewhat lesser concern, but still of concern, is claiming minority representation as a strength of the study based on 1 African American and 1 First Nation participant, particularly when inclusion was via interview versus focus group.

2) **Design.** Pages 7-10, Several aspects of the study design need to be clarified:
   a) Page 6 indicates "...as appropriate for each of the other sites. The sites need to be better described so that comments like -- "larger communities" (Page 28) have meaning for the reader. How many? Where were they?
   b) Of the 11 focus groups, how many were held for each stakeholder group? How many in Canadian? in the US? This information needs to be brought together in the text rather than dispersed throughout. What was the size of the focus groups (mean, range)? What was the role of WM and CB in the focus groups? In this regard, clarify the comment - "Analysis occurred concurrently with data collection...." Given the purposive sampling procedures and the advantages stated on Page 6 for using focus groups, the inclusion of one-on-one face interviews or telephone interviews seems contradictory. How was the "response form" modified for these participants?

**Minor Essential Revisions**

None

**Discretionary Revisions**

1) It is not clear why delay in IRB review resulted in only 1 US site.
2) Subthemes-within group analysis. I understand that the study's focus is on themes versus subthemes. However, the section on subthemes is particularly weak and different information is provided about each group of stakeholders and subthemes. For example, we learn that 5 focus groups were held with patient participants; but this comment is not made in regard to the other stakeholder groups. What about the other 6 focus groups? Given the overall length of the
paper, you might consider deleting this section.

3) Data analysis. In terms of data analysis (Page 9), subthemes were developed with stakeholder groups and key themes across stakeholder groups. Given this procedure, I expected to be able to identify the presence of a subtheme label of "Communication is key" in each of the stakeholder subthemes. Please clarify why "The communication is key" occurs as a subtheme only for surgeons. Or, perhaps this can be clarified in the data analysis section, Page 9.

4) To improve the study's potential for impact, I suggest that the authors explicitly address the contribution that this study makes to knowledge. As written, the discussion section seems to proceed, almost in a theme-by-theme fashion, to reinforce the congruence between this study and prior studies. What does this study contribute uniquely that was not previously known? Or, is it merely confirmatory?

5) Page 5, I suggest the following to improve clarity: Disparate view on the need for total joint arthroplasty (TJA) surgery and expectations and outcomes of surgery.

6) Page 6. Under physicians, the comment about involvement with patients with significant co-morbidities or inflammatory joint disease is confusing because, inflammatory disease was excluded from the study.

7) Page 14, Is Liaising a word?

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.