Reviewer's report

Title: The use of risk sharing tools for post adoption surveillance of a non-pharmacological technology in routine practice: results from a one year experience

Version: 4 Date: 9 October 2012

Reviewer: Iben Axén

Reviewer's report:

Major Compulsory Revisions

In the Abstract, under conclusions, you state that the use of risk sharing tools is likely to improve the efficiency of health resources. I do not know if that is a valid conclusion after this study, as you did not perform any analyses of cost.

In fact, I am not sure that you are examining the effectiveness of using a SRC at all. In this study full payment for the procedure (as all the treatment goals were met) was the result, thus it is impossible to say if the SRC added any benefit to the implementation. I can appreciate from your arguments that it may, in theory, but you have not compared your procedure with one without using a SRC.

In the Introduction, I would have liked an even clearer description of the SRC. Particularly, I would like you to spell out exactly how the risks are shared. I appreciate the economic aspect, but I assume there are other risks?

Likewise, not being familiar with the NRT technique, I think a clearer description would be helpful. What is the surgical material exactly? What are the mechanisms that are thought to deactivate neurons?

I am confused why you chose to include patients with just 2 weeks’ duration of their neck/back pain. The European guidelines that you refer to are for chronic LBP. Please explain.

Under Materials and Methods, you describe the cost of the NRT intervention. It is more than 10 times as expensive as a “normal” consultation, and presumably, the underlying assumption is that it is money well spent, i.e. the effect of the intervention is “credited” in a reduction of sickness absence, for instance. However, you do not explain this aspect, and it is, from what I can gather, previously only studied in a few studies (I cannot understand the references in Spanish) and not reviewed in systematic reviews. The Cochrane review that you refer to does not conclude cost effectiveness issues, and neither does the European guideline. Please elaborate on this.

In the Discussion section, I think one aspect of generalizability is missing: that of the competence of the clinicians. The implementation of this approach is highly dependable on this factor.

Minor Essential Revisions

In the Abstract, the abbreviation SRC is not explained.
In the Materials and Methods section, a typo occurred: it is called cervical myelopathy. Also, the last sentence of that paragraph is not grammatically correct (….or sensory level).

**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