Author's response to reviews

Title: Knowledge, attitude and practice of Physiotherapists towards promotion of physically active lifestyles in patient management

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Version: 2 Date: 11 December 2012

Author's response to reviews: see over
The Editor in Chief,

BMC Health Services Research

Sir/Ma,

RE: KNOWLEDGE, ATTITUDE AND PRACTICE OF PHYSIOTHERAPISTS TOWARDS PROMOTION OF PHYSICALLY ACTIVE LIFESTYLES IN PATIENT MANAGEMENT. (MS 4056996108342449)

The authors of the above titled article wish to submit the revised and corrected manuscript and the response to the reviewers stating the corrections. We wish to express our sincere apologies for sending the revised manuscript late. This was due to logistics in putting together the revisions of some technical aspects of the study. The late submission and any inconveniences caused are regretted.

The following revision have been made to the manuscript

1) Competing interest, authors contributions and acknowledgement sections have been included

2) The manuscript structure has been revised to conform with the correct structure of the BMC Health Services Research

3) The figures in the main manuscript have been removed and uploaded separately
The reviewers' comments were also well noted and the responses to the comments are stated below.

1st Reviewer:

Abstract:

1) The country (Nigeria) where the research was carried out has been placed in the third sentence of the background/objective

2) The background for the study has been shortened

3) The participating physiotherapists were practicing in both public (government owned) and private clinics/hospitals. This has been included in the methodology of the abstract.

4) The questionnaire was adopted from a previous study. This has been included in the methodology of the abstract

5) The abstract has been reduced to less than 250 words

Introduction:

1) The statement on the first line of the abstract has been changed, the repetition has been corrected.

2) The first statement of the last paragraph of the introduction has been corrected. It now states thus “Proficiency of prescription of non-treatment physical activity programmes during consultation can best be predicted by the physiotherapist’s level of confidence in applying such programmes in patient management”.

Materials and Methods:

1) The questionnaire used in collecting data in this study was not pretested and validated for the Nigerian environment neither was it validated by the authors of the study it was adopted from. However the content in the questionnaire was well understood by the respondents and matched the work environment in Nigeria. This is viewed as a limitation and it is included in the limitation section at the end of the article.
2) The section "questionnaire design has been included in the materials and methods section

Data Analysis:

1) The specific statistical tool (Chi-Square) has been included.

2) The word "represented" in the first statement of the second paragraph has been changed to "presented".

Discussion:

1) The comparison of our results with that of Shirley et al with regard to students and physiotherapists has been removed. We realize that the comparison may not be appropriate due to the dissimilar sample population.

2) A limitation section has been created at the end of the discussion section.

Supplementary Documents:

1) A legend has been added for the the Acronym "PA" on the appropriate tables.

2) Table 4: The legend for significant level has been included

3) Table 5: The legend for significant level has been included

2nd Reviewer:

1) Recommendations:

Recommendation to policy makers, clinic managers and Heads of Physiotherapy Clinics in Nigeria has been included.

2) Terminology:

The term "lack of time" has been corrected to "Insufficient consultation time" to reflect the true meaning of the phrase.
3) Sampling Technique:

Physiotherapists from only fourteen states of the country participated in the study. Since, the selected states were those which had relatively higher number of currently practicing physiotherapists as obtained from the Medical Rehabilitation Therapists Board, we could infer that the results were representative of the physiotherapists in the country. This is however viewed as a limitation, and is stated thus in the text, since not all physiotherapists from all the states of the country were represented in the study sample.

4) Table of respondents

The table showing frequency distribution of respondents from various states has been included in the manuscript as Table 1

Thank you for your kind consideration of our manuscript.