Reviewer’s report

Title: Compliance with clinical guidelines for whiplash improved with a targeted implementation strategy. A prospective cohort study.

Version: 1 Date: 4 April 2013

Reviewer: Philip Van der Wees

Reviewer’s report:

The authors have presented an interesting paper in further building the body of knowledge for implementing guidelines in the field of physical therapy. My main comments are related to recruitment and assessment of non-compliant professionals based on the hypothesis of the authors. I have listed my comments below.

Major compulsory:

1. Based on the hypothesis I would expect that the target group would only be non-compliant professionals. However, it seems that due to the low response rate of potential participants via records of the MAA, additional recruitment strategies were initiated resulting in a sample of both compliant and non-compliant professionals. Can the authors clarify this?

2. Non-compliance is defined in the introduction by lack of knowledge and adequate practice. However, non-compliance was measured via record of clinical practice and not based on lack of knowledge.

3. Was the analysis of record of practice for identifying non-compliant professionals via MAA used as baseline measurement, or were separate records sent to the researchers by participants themselves? If the latter: were the two records (used for recruitment and sent by participants) concordant for non-compliance? And how was baseline measurement conducted for participants as recruited via advertisement?

4. The authors describe in the discussion that their hypothesis was that greatest improvement was expected for low baseline knowledge and being physiotherapist. In addition to the abovementioned issue that knowledge and practice were measured separately, the authors did not include professional background in their hypothesis as described in the introduction.

5. The authors argue that the identification of eligible professionals for education can be done via insurers. However, only non-compliant practitioners can be identified by the insurer via the record of practice which does not necessarily indicate low knowledge.

6. The hypothesis that non-compliance would be main predictor for the impact of the education is not confirmed in the univariate and multivariate regression
models. Please elaborate on this issue in the discussion.

7. Please elaborate on the recruitment and non-compliance issues in the discussion.

Minor essential:
8. Why were only 3 key messages used in the confidence questionnaire (knowledge related to use valid measures of outcome is not used)?

9. Was the detailed analysis of the prognostic factors based on open ended documentation of the records of practice or were the features pre-classified. In addition, were the VAS and NDI used in the further analysis?

Minor discretionary comments:
10. Define ‘these’ health professional groups in the introduction at the bottom of page 4.
11. The ‘recently’ published RCT from the authors of the study (introduction, page 5) was in fact seven years ago.
12. What are ‘educational venues’ (methods, page 6)?
13. Change p values ‘greater’ than 0.25 into ‘smaller’ than 0.25 (methods, page 10)

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interests