Reviewer’s report

Title: Quality of physical therapy from a patient’s perspective; factor analysis on web-based survey data revealed three dimensions in patient experiences with physical therapy

Version: 2 Date: 6 February 2014

Reviewer: Veronika Schoeb

Reviewer’s report:

The submitted article is a very useful study and a promising approach to evaluate quality of physical therapy services. The study emphasizes the importance of striking a balance between continued assessment of health services quality and acceptable investment of time and resources. While this work is certainly very useful to both researchers as well as practitioners, I would like to suggest a few amendments to improve the clarity of the article and make it accessible to a wider audience (essential revisions).

1. Abstract: I would like to see the abstract more concise and more informative. The first sentence is not clear enough to state the problem (“due to the high scores of satisfaction measures”). The second sentence should also be reformulated to clarify what dimensions are meant. The fourth sentence talks about the “consensus by patients, physical therapists, health insurers, and policy makers” but this is confusing. The aim of the study should be stated more clearly. It would also be useful to know at this point the number of items included in the survey (Methods section of the abstract). The conclusion should summarise the study and respond to the research question.

2. Background: As the authors mentioned, different concepts are using a different terminology: patient satisfaction, patient-centredness, patient expectations, patient experiences, etc. I would like to see one paragraph clarifying those concepts. The authors talk about those different concepts in the discussion, but I would like to see them earlier in the background section. It would also help to clarify some of the dimensions which seem very similar (physical therapist’s approach / patient-centredness).

The dimensions of patients’ experiences (main topic of the study) are only listed in the text and presented in Table 1, but it would be useful to get clarification about the way questions are posed.

3. Discussion: Some limitations are stated. Yet, I could not easily follow the “third way” of collecting patient data. It is unclear to me how the quality of the reasoning process can be measured. Together with other measures, the authors suggest to move towards an assessment without providing evidence how this could be (or has been) done or whether it is effective. As this suggestion is taken up at the end of the article, I would like to see a more solid argument here (incl. references).
Another suggestion made by the authors is related to the “mandatory open-access complaint registration”. While I understand the argument that if such a registration exists, patients might report any dissatisfaction, however, I would not jump to the conclusion that “if there are no complaints, one can assume high quality was provided”. Could you give me some evidence that this is the case in similar circumstances?

4. Conclusion: This paragraph should be reformulated in order to match the aim of the study. The first sentence is not clear enough.

5. Table 3: If I understand this table correctly, there were only around 50 people in the sample (out of 2'213). If this is the case, this should be mentioned clearly in the text as the validity of the results is quite compromised.

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests