Author’s response to reviews

Title: A self-management program for employees with complaints of the arm, shoulder and/or neck (CANS): study protocol for a randomized controlled trial.

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Author’s response to reviews: see over
Dear sirs,

We would like to thank the reviewer for all the constructive comments to improve our manuscript. The manuscript has been revised according to the reviewers’ comments as follows:

1) our responses/explanations are presented in italics below the reviewers’ comments.
2) we have added a "clean" copy of our revised manuscript, together with a masked copy that includes all the amendments highlighted in yellow.

Comments:

General:

1) Please ensure the title conforms to journal style for study protocol articles. The title should follow the format "__________: study protocol for a randomized controlled trial."

We have adapted the title of the manuscript, see page 1, line 1.

Reviewer #2

1. In the background section, 6th paragraph (beginning "Work-related factors) is may be better if woven into the prior paragraph.

We adapted this, see page 4, paragraph 3, lines 3-5.

2. Also in the background section, the 9th paragraph seems a bit out of place. The prior paragraphs addres mutli-component interventions, then this paragraph goes back to the point of the burden of CANS. It should either be moved earlier in the background or woven into the discussion proximal to it.

This paragraph underlines the need for interventions. We moved this paragraph, see page 5, paragraph 4, lines 2-5.

3. It would be helpful to provide just a bit more description of the "intervention mapping" process, either in the background or methods section. This will give readers a more thorough idea of how the intervention was adapted.

The manuscript includes a short description of the intervention mapping process: The self-management program described below was compiled based on the self-management program developed by Detaille et al. [50, 51]. Based on a recent multidisciplinary guideline for non-specific CANS [36], relevant literature, focus group sessions with employees with CANS, and relevant experts, and following the process intervention mapping [52], we adapted the program developed by Detaille et al. [50, 51] to suit and alleviate the problems/needs of employees suffering from CANS. The complementary ehealth was also developed based on the recent multidisciplinary
guideline for non-specific CANS [36], relevant literature, focus group sessions with employees suffering from CANS, and relevant experts.
We added some information about the intervention mapping process, see page 9, paragraph 3, lines 1-4 to page 10, paragraph 1, lines 1-7. We are currently working on a publication which describes the whole process of intervention mapping, therefore we only included only a short description of the intervention mapping process in this (study protocol) manuscript.

4. Spell out SMART and VBBA the first times they are used.
   We adapted this, see page 10, paragraph 1, line 7 and page 12, paragraph 3, line 5.

5. Secondary outcomes: rather than having a lot of paragraphs with 1 or 2 sentence, combine into paragraphs with meaningful groupings.
   We combined several paragraphs, see page 11, paragraph 1 to page 13, paragraph 1.

6. Secondary outcomes: it is not clear why there is no description of measures for "use of usual care, sports activities...." in the last paragraph. Even if these were measures developed specifically for the study, it would be helpful to state so and to provide bit more information on what each measures.
   We added short descriptions of most of these secondary outcomes, see page 12, paragraph 5, line 1 to page 13, paragraph 1, line 2.