Reviewer’s report

Title: Social Acceptability of Treatments for Adolescent Idiopathic Scoliosis: a cross-sectional study.

Version: 1 Date: 3 May 2006

Reviewer: Hans-Rudolf Weiss

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General
Aim of this study is to elicit treatment preferences from the parents of "youngsters" in the age of risk of AIS, in order to consider the question of social acceptibility of treatment options. A pre-test group of 100 Parents was formed, repeatability was tested in 18 Parents and a study group of several thousand parents was interviewed by the authors.
No patients have been asked "in order to avoid biased resposes", however only those "biased resposes" from patients or their parents really will enlighten the subject tested. If I do not have a child with scoliosis I will hardly answer the questions in the same way patents of non-scoliotic children will answer. So with respect to study design I do have severe doubts that the study is really testing the subject it was stated the purpose for!
Additionally the children were not questioned at all. The question arises as to whether we will be able to learn anything from this study.
A response rate in the study group of less than 40% seems not reasonable to be published. Therefore we could rely on the 100 parents from the pre-test sample, only. On the other hand PG and SG do not differ too much from each other, so maybe it will be right to take also the SG into account.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. Abstract, Conclusions, The authors state a "growing tendency" to consider acceptability of treatment, what evidence do we have therefore?
2. Abstract, Conclusions "evidence is lacking".....Not only RCTs give evidence, there is evidence that PT can be used to improve signs and symptoms of scoliosis!
3. Abstract, Conclusions, Is "social acceptability" a fixed term, or is it matter to change? What measures can be applied to increase acceptability of treatment?
4. Page 3, Introduction, line 6, what is "definitive evidence" mean? How is it defined? There is evidence for PT, rehabilitation and surgical treatment! What evidence do the authors mean is lacking? This should be described more precisely!
5. Page 3, Introduction, "conclusive evidence" - only RCT?
6. Page 3, Methods, 3,162 families questioned of 10 secondary schools in 4 northern Italian regions? Did only the two authors do the questioning? Who else was taking part in the performance of this study?
7. Page 4, How is "comprehensibility" of the study tested? Is this a term usually used in the validation process of a questionnaire? How about the validity? Does the questionnaire really measure what is intended to being measured? Is the "Chi-square test appropriate for measuring the repeatability? In the validation process of the SRS-22 other test have been used, why this one in this questionnaire?
8. Page 4, Results, What kind of rating scale is: " easy, complex and difficult"? This scale does not really make sense to me!
9. Page 4, How is "risk if progression" calculated and why the authors have asked especially for 25% and 60% risk of progression? Wouldn't it be better to ask for 40%, 60% and 80% to better comply with the guidelines the first author is coauthor of?
10. The tabled should be reorganized in a way to be understood more easily!

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The title page does not comply with the journals template

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major
compulsory revisions

**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.