Reviewer's report

Title: The experience of brace treatment in children/adolescents with scoliosis

Version: 1 Date: 9 February 2006

Reviewer: Manuel Rigo

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) Abstract section: There is not abstract and it has been defined as the most important section of any paper submitted to Biomed.
2) Background section:
   - This is a research paper, according to the instructions the section should be called ‘Background’ rather than Introduction.
   - Idiopathic scoliosis is a biphasic process. First it appears and later it can progress, regress or remain stable. Progressive idiopathic scoliosis could be defined as a chronic illness but the definition given by the authors is not consistent for all idiopathic scoliosis.
   - Second paragraph seems to be a short background on brace therapy. However Milwaukee and Boston brace (including its modifications) are not the only braces used in Europe. The authors should state that, in their country, Boston brace is the most common brace.
   - The impact of brace therapy (and particularly of type of brace) on the quality of life ‘during the treatment period’ and not just its long term effect has been also studied by Climent JM, Sanchez J: Impact of type of brace on the quality of life of adolescents with spine deformities. Spine, 1999 Sep 15: 24(18):1903-8.
   - It is not necessary to separate ‘the aim of the study’ as a different section from the background according to the ‘Biomed style’.
3) Methods section:
   - It should include ‘Sample’, ‘Ethics’, ‘Instrument and data collection’ and ‘Data analysis’ according to the ‘Biomed style’.
   - The sample seems too short, even acceptable for a paper giving just results based on qualitative data. Inclusion criteria are, at least, questionable. Age range (10-18) seems too big and hypothetically, the psychological impact of bracing could be different in children, adolescent and almost mature patients. Time wearing is also considering full and partial time together. Twelve hours as a minimum seems to be too less compared with full time as it allow the patients to avoid the brace for social life (mainly school). All could be accepted but it should be discussed in the ‘discussion section’ why the patients were selected in this way and how it could influence the results.
4) Results section:
   - No comments
5) Discussion section:

- It should be stressed again why this paper is an important contribution, and it is, regarding the qualitative information given. It promotes a better understanding on psychological aspects that could help doctors, physiotherapists and CPOs to improve compliance in their patients.
- Inclusion criteria to select the patients could be discussed in this section.

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

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 of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.