Reviewer’s report

Title: Concordance Between Physiotherapists and Physicians for Care of Patients with Musculoskeletal Disorders Presenting to the Emergency Department

Version: 0 Date: 10 Jul 2019

Reviewer: Romain Jouffroy

Reviewer's report:

Thank you for allowing me to review this interesting paper concerning the Concordance Between Physiotherapists and Physicians for Care of Patients with Musculoskeletal Disorders Presenting to the Emergency Department.

I have few remarks on the form and on the background.

I hope my comments will be helpful to improve the quality of your manuscript.

The text is well written and describe the potential interest of advanced practice physiotherapists (APP) in 2 Emergency Departments (EDs).

The subject is interesting, as mentioned the authors in the introduction underlining the worldwide overcrowding in ED. Nevertheless, their results deserve this because APPs have a longer consultation time (13.5+-8.6minutes vs 5.8vs 4.2minutes). Beyond this, I fully agree that long ED waiting times are not only influenced by ED physicians' activities. The waiting time reflects more the efficiency of the system in the ED since admission to exit (ward or home). The increase of ED waiting time is affected by the increase of ED patients’ admission. APP could be an help to ED physicians for the diagnosis establishment but, in My opinion, the choice of treatment (type and planification) should remain to the physicians responsibility.

I am not sure that APP models of care could be a key solution to improving access to care in Canada, because, as clearly stated by the authors "ED physicians mentioned informally … that they often hesitate to refer to physiotherapy care since they know that a significant portion of the population does not have access to services within the public system and does not have insurance or the resources to pay for physiotherapy care in the private sector". APP models are not a solution for Canadian disparities in access to care.
In my opinion, there is a major selection bias because the 3 physiotherapists involved in the study are experimented and work since long time in the 2 ED involved in the study (“The three physiotherapists participating to this study were already working in both recruitment sites and were already involved in the ED. They had previous experience working in theses EDs as secondary contact providers, with experience ranging from 2 years to 14 years, and had experience for care of patients with MSKD, in both an inpatient and outpatient settings, with experience ranging from 2 to 29 years”). Thus, it is expected, prior to the study, that the agreement between practitioners (physicians and physiotherapists) will be elevated.

Another moderate selection bias affects the results. As the physiotherapists are experimented, they know the benefits of their practices, therefore it is expected that they prefer physiotherapy than drug medication (the argument is the identical for physicians with drug medication prescription).

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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