Reviewer’s report

Title: People living in Nursing Care Facilities who are ambulant and fracture their hips: description of usual care and an alternative rehabilitation pathway.

Version: 0 Date: 08 Jul 2019

Reviewer: Mary Godfrey

Reviewer's report:

This paper describes the content of in-reach rehabilitation work following hip fracture for residents of care homes, most of whom had moderate/severe dementia. It is notable that this patient group tend not to receive in-hospital rehabilitation following hip fracture, being often regarded as 'not rehabilitable' on account of their cognitive impairment. Further, since the culture of care within care homes is largely dominated by a 'caring for' approach and risk averse, such residents who experience a hip fracture tend to lose mobility as a consequence.

This paper reports a study, part of a randomised control trial, which seeks to open up the 'black box' of the intervention to identify the content and process if rehabilitation work by the in-reach team with this group of residents. The study is well conducted and executed utilising multiple quantitative and qualitative methods of data collection enhancing the credibility of the findings. It is demonstrated that both the quantity and quality of multi-disciplinary rehabilitation work departs from 'usual care' for this patient group. An extremely valuable feature of the study, highlighted in the paper, are the strategies employed to engage people living with severe dementia successfully in the rehabilitation process. Although the authors suggest that the intervention was not 'theory informed' the strategies employed to successfully engage these people appear, on the contrary, to draw on a person-focused approach that took account of residents' agency, eliciting knowledge of the person to support meaningful action to enhance functioning and using individually tailored techniques to support residual skills, to pursue rehabilitation goals. Such an approach moreover explicitly drew on experiential and reflexive learning and a trial and error method through therapy team discussions and has much in common with theories of embodiment in dementia (for example, Kontas and Hughes). One of the issues that could have been drawn out in the discussion is whether such an intervention should additionally encompass a strand directed at formal carers within the care home context since supporting and sustaining therapy gains would seem to require their participation also. Another is the implications of the study for rehabilitation work with people with dementia more generally.

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?
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Yes

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I am able to assess the statistics

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