Reviewer’s report

Title: Individuals' explanations for their persistent or recurrent low back pain: a cross-sectional survey

Version: 0 Date: 02 Aug 2017

Reviewer: Corrie Myburgh

Reviewer's report:

BMSD-D-17-00784- Individuals' explanations for their persistent or recurrent low back pain: a qualitative investigation.

Thank you for the opportunity to review this paper.

Major issues:

Unfortunately I think this manuscript misses the mark in a critical area, this being that its design is not identified and thus inadequately reported.

Design

According the authors the primary aim of this study was to investigate what patterns of thinking (discourses) underlie what people say caused their LBP to persist or recur and the secondary aim was to investigate where people with pain considered these patterns of thinking came from.

This is clearly not a purely qualitative investigation as suggested in the title, it appears to be a convergent parallel mixed methods design. If so, the paper must be comprehensively restructured.

Minor issues:

Method

We created an online survey to elicit individuals with LBP's understanding of the patterns of their pain.
Which pain patterns were associated with which discourse(s)?

This question required short text-box responses with no word limit.

I think the authors mean 'A text-box response' not responses

Were any a priori assumptions made? I believe the dominance of biomedical thinking could have been expected. What researcher perspectives were present among the author group? In particular the primary discourse tracer.

Results

An image of typical response received in response box would help to illustrate that discourse was traceable through the method of data collection.

Discourse 1: Body as machine

This essentially underpins the Cartesian worldview- Could this not have been anticipated?

Discourse 2: Pain as permanent

Heading does not make sense

Discourse 4: Pain is very negative

Are the respondents talking about their pain or their problem? Could this have been controlled for?

There were no apparent relationships between the participants' belief of where their pain had come from and the discourses in their responses to question 1.

I think this 'non-association' should be reported in more detail. This could be step 3 of the (mide methods) results- integration of the qual and quant.
Discussion

The key finding of this study is that people with LBP predominantly consider their condition to persist or recur because of biomechanical or structural reasons…

Pain vs problem debate. Are individuals capable of uncoupling their pain experience from the problem/condition the are suffering from?

Biomedical model relates to Musculoskeletal conditions not pain. Similarly the biopsychosocial model relates to problems not symptoms. (Waddell 2006)

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

No

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

No

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.

Not relevant to this manuscript

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