Reviewer’s report

Title: Physician-reported barriers to using evidence-based recommendations for low back pain in clinical practice: a systematic review and synthesis of qualitative studies using the Theoretical Domains Framework

Version: 0 Date: 16 Dec 2018

Reviewer: Tim Rapley

Reviewer’s report:

Abstract: I think in abstract (and probably title) you need to make clear that this is a review of qualitative studies only (as can be read as covering all studies at the moment). I also be tempted to add 'guidelines' to your key words.

Background: There are couple of moments when you need to make clear your evidence, by references, for your statements. So, Line 12-13 on not routinely used and Line 16-17 that this results in 'poor health outcomes for patients'.

Also, I think that here, you could focus on something you (begin to) raise in the discussion - that, given this emerges in discussions with patients, you need to outline (the paucity of) effective interventions targeted directly at for patients.

Methods: Note, it should say, for point 2 of inclusion, 'contained qualitative method (e.g. focus group, interview)' - as, if you use this format of words, a focus group or interview is an example of 'method', not methodology.

Discussion: I think what is key here, as you focus on, that what you observed is about how different 'domains' are involved in specific activities, and when you break down the activity, you see even more factors involved. And this is a real strength of your discussion, moving things forward in this area. I'm interested in how this findings - which appears coherent - relates to other TDF synthesis, not in LPB, but more widely. The potential focus on single target domains is clearly problematic and something that you need to flag is not only tied to LPB, but a broader question for the community. However, I'm not sure that your examples in Box 2, then do justice to your argument, as they can be read as we can return to a more single domain, single, targeted, intervention focus (without reminding the reader that you need to focus on them all at same time, to potentially support effective change). This is as much about presentation as anything.

I'm interested in the single study [50] that did show an effect - which domains did it focus on, what is specific about that one? If it is not too much work is would be lovely to see a table of the domain-specific barrier/behaviour for these intervention studies, as this could really help other to see the variety of focus and specificity.

Finally, you note, the assumptions in and around 'patient demand', and offer an example (desire for image, specialist referral etc) and then note 'This perception assumes something about the
'patient and further research' is needed. There is a vast (and ever growing) range of qualitative work on patients and LBP, from their perspective (and on a range of issue, information needs, experiences of consultations, referrals etc, etc … see for example Snelgrove 2013 review, of even Slade’s 2014 review on a specific aspect, but other work is embedded in medically-unexplained/physically-persistent symptoms literature). So, I'm really, really, surprised about this comment.

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