Reviewer's report

Title: Evaluating rehabilitation following lumbar fusion surgery (REFS): study protocol for a randomised feasibility study.

Version: 6 Date: 10 April 2015

Reviewer: Ann-Christin Johansson

Reviewer's report:

1. Will the study design adequately test the hypothesis?

Aims and objectives are clearer now. I suggest the authors cancel the following:

(including population mean, SD and effect size)

/ This help achieve a more detailed analysis of the patient group under evaluation and thus a robust basis for the analyses of future work evaluating clinical efficacy/

/This study will provide useful data for the development, refinement, and analysis of complex rehabilitation following instrumented LFS/

The two last sentences above are general motives for the study which can be related to in the discussion or possibly in the introduction.

2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?

The method section is improved, but references to treatment is still missing. It is said that the RG treatment will employ principles of CBT to facilitate recovery possibly via cognitive restructuring and in vivo exposure learning, I suggest at least one reference which refer to this treatment - Rehabilitation Group Content Paragraph 3

3. Is the planned statistical analysis appropriate? Ok

4. Do the figures appear to be genuine, i.e. without evidence of manipulation? Ok

5. Is the writing acceptable? Ok

Additional comments

Method

Randomisation – I accept your motives.

Allowed walking distance – I understand it is based on your common practice, it is all right to me but based on my experience of this patient group, walking too far is a non-existing problem.

Method
The CBT intervention – a bit clearer now, but what principles of CBT? As I have suggested above, some reference is needed. I suggest the authors strengthen the theory connection, by for example referring to a reference.

The 3-hours training seems minimal (Rehabilitation Group Content Paragraph 1). As I see it this is the weakest part of your study, it is a bit shrouded in mystery what you are going to do with the patients, and how you will control/reach treatment fidelity (I mean the CBT treatment).