Author's response to reviews

**Title:** Physical rehabilitation interventions for adult patients with critical illness across the continuum of recovery: an overview of systematic reviews protocol

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**Author's response to reviews:** see over
Dear Dr Moher,

Re: Re-submission of revised systematic review protocol

MS: 3512724761760713

‘Physical rehabilitation interventions for adult patients with critical illness across the continuum of recovery: an overview of systematic reviews protocol’

On behalf of all the authors, our thanks for the comments from the Reviewer and Editors and the opportunity to submit a revised version of this protocol manuscript for further consideration. The comments have helped refine the manuscript, and ensure it meets all Journal requirements fully. A detailed point-by-point response is provided below, with changes highlighted in the text for enhanced clarification.

We hope the manuscript may now be acceptable for publication in the Journal and we look forward to hearing your further comments.

Yours sincerely

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Response to the Editor’s comments

Editorial request 1:

1) Please ensure that your abstract is correctly formatted. This should not exceed 350 words and should be structured into separate sections headed Background, Methods/Design, Discussion (if appropriate). Please minimize the use of abbreviations and do not cite references in the abstract. Systematic review registration, if your reports the results of a controlled health care intervention, please list your registry, along with the unique identifying number (e.g. Systematic review registration: PROSPERO CRD0123456789). Please note that there should be no space between the letters and numbers of your registration number.

Response

Many thanks to the Editor for clarification on the structure and format of the abstract. We have minimised the use of abbreviations to one (Preferred Reporting Items for Systematic review and Meta-Analysis, PRISMA), and checked our word count is within the limits (n=302) with no citation of references. We have also checked use of abbreviations throughout the text and ensured these are explained in full and kept to a minimum.

Editorial request 2:

2) Please reformat your author contributions section. We suggest the following kind of format (please use initials to refer to each author's contribution): AB carried out the molecular genetic studies, participated in the sequence alignment and drafted the manuscript. JY carried out the immunoassays and revised the manuscript. MT participated in the sequence alignment and drafted the manuscript. ES participated in the design of the study, performed the statistical analysis and helped to revise the manuscript. FG conceived of the study, and participated in its design and coordination and helped to draft the manuscript. All authors read and approved the final manuscript.

Response

Thanks again to the Editor for these comments. The ‘Author contributions’ section has been reformatted as advised, with contributions from each author (referred to by initial) detailed in order.
Response to the Reviewer’s comments

Minor/discretionary revisions

1. Background: paragraph 2, line 2
-I think it should read delivery, not delivered?

Response

Thankyou to the reviewer for noticing this grammatical error which has been corrected.

2. Limitations
-I think a section on the limitations of your design would be helpful. My biggest concern is that, as you have identified in the background, most available reviews report on in-ICU interventions, thus you may be unable to address some of your objectives eg. objective 1. I think you need to state this. Also, only reviewing systematic reviews means you will ignore any primary studies conducted since the last review and thus your findings may omit any newer evidence. Will you discuss your findings with reference to any current primary studies to address this

Response

Many thanks to the Reviewer for highlighting this important point, and we have included a specific additional section in the proposed Discussion around ‘Potential limitations of overview design’. In this section we outline that in keeping with our approach mirroring that of a Cochrane Overview, including data from new studies not previously included in a systematic review is beyond the remit of the proposed piece of work. However we will identify when new studies exist, and include reference to those in our Discussion. Our overview will identify the current state of systematic review evidence for physical rehabilitation interventions for adults with critical illness, and we will acknowledge any further limitations to the conclusions that we draw in our Discussion.

3. Types of participants
-you need to define your criteria for short stay post op management

Response

This has been clarified as less than 48hours length of stay on the ICU.

4. Outcomes
-do you need to specify a minimum follow up period that is acceptable eg at least one follow up post ICU discharge

Response

We have given examples of possible duration of follow-up (one, three or twelve months post ICU discharge).