Comparative Effectiveness Review Disposition of Comments Report

Title: *Prehabilitation and Rehabilitation for Major Joint Replacement*

Draft report available for public comment from May 10, 2021, to June 7, 2021.

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Comments to Draft Report

The Effective Health Care (EHC) Program encourages the public to participate in the development of its research projects. Each draft report is posted to the EHC Program website or AHRQ website for public comment for a 3- to 4-week period. Comments can be submitted via the website, mail, or email. At the conclusion of the public comment period, authors use the commentators' comments to revise the draft report.

Comments on draft reports and the authors' responses to the comments are posted for public viewing on the website approximately 3 months after the final report is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator, if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

This document includes the responses by the authors of the report to comments that were submitted for this draft report. The responses to comments in this disposition report are those of the authors, who are responsible for its contents, and do not necessarily represent the views of the Agency for Healthcare Research and Quality.

Summary of Peer Reviewer Comments and Author Response

This research review underwent peer review followed by public comment. We observed several themes from peer review and Technical Expert Panel comments on the draft report and outline those themes and our responses to them below.

- **Methods and writing:** With the exception of a few reviewers, most reviewers believed the report was based on suitable methods and the writing was clear and well-organized. Several reviewers noted they were particularly pleased with the "Implications for future research" section as a suitable framework for next steps in this field.
- **Confusion of questions and purpose:** Several reviewers were surprised to find inconclusive results/not clear evidence in support of rehabilitation given its widespread use. We have clarified in our responses (with additional text added to the report) that the objective of the rehabilitation-specific review questions was to primarily synthesize the *comparative effectiveness* of rehabilitation programs (i.e., what specific components of rehabilitation and methods in which they are delivered lead to better outcomes?) because most studies compared one active form of rehabilitation to another. In this sense, it is not completely surprising that no clear winners emerged, because it is more challenging to identify a significant benefit when two active forms of treatment are compared (compounded by the issues of small sample sizes as well as intervention and outcome heterogeneity already noted in the review).
- **Clarification of acute vs. postacute rehabilitation:** Several reviewers noted the need to specify what we meant by acute vs. postacute rehabilitation and the rationale for how we defined these terms. We have provided the rationale and defined the terms the first time they appear in each section of the report.
- **Clarification of risk-of-bias assessment:** Several reviewers noted the challenges in achieving a low-risk-of-bias rating, particularly given the challenge of blinding personnel and patients. In the implications for future research, we further discussed the issue of blinding. We noted that while the evidence from high-risk-of-bias studies should be considered cautiously, a high-risk-of-bias rating does not mean such studies have no evidentiary value or that they are intrinsically wrong. We followed AHRQ methods to not remove studies deemed to be at high risk of bias, but present the risk of bias assessments alongside results to aid in interpreting study findings.
- **Clarification of methodological details:** Some reviewers asked for more details in approaches used for grading the strength of evidence and how certain domains (e.g., directness, precision) were assessed. Some reviewers questioned why we did not conduct meta-analyses, especially given that some past reviews of this literature have. We provided greater justification for these choices in the report.

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Public Comments and Author Response

We received no public comments.

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