PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Occupational support following Arthroplasty of the lower limb
	(OPAL): trial protocol for a UK wide phase III randomised controlled
	trial
AUTHORS	Sheehan, Lucy; Woodward, Amie; Archer, Marion; Jordan, Carol;
	Martland, Maisie; McDonald, David; Parkinson, Gill; Watkins, Lou;
	Adamson, Joy; Drummond, Avril; Hewison, Ann; Keding, Ada;
	Kottam, Lucksy; MADAN, IRA; McDaid, Catriona; Reed, Mike;
	Sinclair, Lesley; Smith, Toby; Thomson, Louise; Wu, Qi; Baker, Paul

VERSION 1 - REVIEW

REVIEWER NAME	Farivar, Abdolhay
REVIEWER AFFILIATION	Royal North Shore Hospital, Rheumatology Department
REVIEWER CONFLICT OF	No competing interest
INTEREST	
DATE REVIEW RETURNED	04-May-2024

GENERAL COMMENTS	It is a well-designed protocol paper. However, as you know, you
	may see lots of challenges during the implementation of the
	intervention. Hope all goes well for you!

REVIEWER NAME	Arnold, Susanne
REVIEWER AFFILIATION	Warwick Medical School, Warwick Clinical Trials Unit
REVIEWER CONFLICT OF	No competing interests
INTEREST	
DATE REVIEW RETURNED	13-May-2024

GENERAL COMMENTS	This is a review of a trial protocol for Occupational support following Arthroplasty of the lower limb (OPAL).
	Abstract: clear overview of the background to the problem and the plan for the trial.
	Introduction: important rationale and plan for the trial described clearly and in detail
	Methods: Page 8, lines 224 - 227: Could you just give a few examples of what is included in each of these workbooks i.e. what is that the participants have to actually complete/do.
	Page 9 and table 1: Why are you only collecting adverse events at 6 and 12 months?
	Page 10, line 310: You mention adherence to the intervention but do

not give any detail that I can see about how you will actually measure this or what you mean by adherence. And along with this can I ask, if the patient does not get back to work without any sick days in four weeks in the 12-month follow-up period how will this be interpreted?

Page 12, qualitative section: You have included an intervention delivery checklist, participant questionnaires and completion rates in this qualitative section - these are not qualitative measures.

Discussion: a clear overview

VERSION 1 – AUTHOR RESPONSE

Methods:

Page 8, lines 224 - 227: Could you just give a few examples of what is included in each of these workbooks i.e. what is that the participants have to actually complete/do. Thank you for the comment. We have now amended this on page 8, lines 225-230.

Page 9 and table 1: Why are you only collecting adverse events at 6 and 12 months? Thank you for the comment. We have amended this on page 7, table 1.

Page 10, line 310: You mention adherence to the intervention but do not give any detail that I can see about how you will actually measure this or what you mean by adherence. And along with this can I ask, if the patient does not get back to work without any sick days in four weeks in the 12-month follow-up period how will this be interpreted? Thank you for the comment. The authors have noted in lines 315-316 that adherence will be self-reported, including adherence to the rehab programme. This is collected in the primary outcome achieved questionnaire. Likert scales will also be employed to measure how helpful the participants found the intervention. If a patient does not return to work (as per the criteria) in a 12-month period, this will form part of the analysis of the effectiveness of the intervention.

Page 12, qualitative section: You have included an intervention delivery checklist, participant questionnaires and completion rates in this qualitative section - these are not qualitative measures. Thank you for your comment. We have amended this on page 12, line 406.