PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Factors influencing allied health professionals' implementation of upper limb sensory rehabilitation for stroke survivors: A qualitative study to inform knowledge translation
AUTHORS	Cahill, Liana; Carey, Leeanne; Mak-Yuen, Yvonne; McCluskey, Annie; Neilson, Cheryl; O'Connor, Denise; Lannin, Natasha

VERSION 1 – REVIEW

REVIEWER	Julie Vaughan-Graham University of Toronto
REVIEW RETURNED	15-Oct-2020

GENERAL COMMENTS	Reviewers Comments Page 4 The abstract requires revision based on the comments provided within the manuscript Page 5 Strengths and limitations A qualitative research approach was used The credibility of the findings is dependent on the trustworthiness of the data collection and analysis process not on using knowledge translation theories which are providing a framework to illustrate the findings. Page 6 Please provide a description of what is actually meant by 'somatosensory rehabilitation' so the reader understands the authors interpretation of this term. Page 7 Line 108 refer to the study as: Author et al (xxxx) used implementation theory… Line 113 suggest revising sentence. The sample for this study was small and responses were limited to a self-report questionnaire. Procedure Page 8 Line 119 The authors used a qualitative research approach utilizing focus group methods. Focus group methods are different from qualitative interviewing. Please clarify. Line 125 as above. Line 127 Focus groups are not interviews Line 130-134 The authors are mixing data collection methods that have different purposes. Focus groups are used to gain an overview of perspectives and use a group design to stimulate discussion amongst the participants. Interviews gain a much more

	focused and detailed perspective of the concept being studied. Please describe and justify the use of 2 different data collection methods. Line 133 Were only the interviews transcribed? Or were the focus groups transcribed. Who did the interviews? Was that author involved in the focus groups? If so, how did that authors knowledge of the focus group discussion influence the interviews? This section on transcription should be moved to the analysis section. How many focus groups were there? How many participants in each focus group? How many focus groups per organization? Did the focus groups include participants from different organizations? How many participants were interviewed? Participants Page 9 Please separate organization recruitment and participant recruitment, as these are/should be separate. Were all the participating organizations in the same state of the same country, please provide some geographical context re participating organization, as healthcare provision often differs dependent upon location. The participant sample is all therapists in the participating organizations. What was the inclusion criteria for participants? # of years of clinical experience etc - how did the authors determine the composition of the focus groups ie mix of seniority in participants etc? Please state participant recruitment methods as information sessions at which purposive sampling was undertake to recruit participants. All participants (not therapists) provided written consent. Research Team & Reflexivity Page 9 The authors only refer to interviews, what role did the focus groups have? What is meant by the term facilitator-researcher? This section is confusing as the text switches back and forth from LSC to NAL, AM and YMY. Please revise to increase clarity. Data Analysis Page 10 Please move detail re transcription to this section. Was transcription for the FG's and interviews done differently? If so, why? It is the participants that are assigned a unique identifier. Please write out in full before using an acronym eg TDF NPT, what do these terms mean? Was it the same members conducting the analysis in each phase? If not how was consistency achieved? Line 168 – how many (actual #) of transcripts out of how many transcripts in total did LSC and AM both code? Line 179 – as above – need actual #'s. How did NAL do this if this author was not involved in the stage 1 coding? Why is using TDT and NPT warranted/useful for this study – please explain more clearly in the manuscripts introduction as to why you chose this analytical framework Page 11 Line 192 How many – actual # of transcripts were double coded? Findings General comment : please identify if the quote is from a FG participant or from a one on one interview. Please use a consistent method to identify your quotes. Eg. FG 1: 7 = Focus group #1 participant ID 7

	Or, I: iv = Interview, participant ID iv Discussion Page 27 Line 609 It is not clear what the authors mean by this statement? Should PTs not be included in somatosensory rehab training? If so, how might that impact on patient care? Line 620 Is somatosensory rehabilitation such a new approach? Or is it a new 'term' for what we have been doing for years?? Line 630-633 This sentence is not grammatically correct and the meaning of this sentence is not clear. The findings identify that the therapists did not feel prepared by their entry to practice education to undertake somatosensory rehabilitation. This warrants discussion. How might implementation strategies be used to improve student therapists' exposure to somatosensory rehabilitation and thus utilization in ciinical practice? The 'Discussion' section should address the 'so what' of this research. How might the findings of this research and the use of implementation science/ knowledge translation theory be utilized to influence entry to practice and post-graduate education of OTs and PTs with respect to changing somatosensory rehabilitation in stroke rehabilitation? Limitations A limitation of this study is that both focus groups and interviews were used to collect data on the same topic. Please discuss how the differences in the data collected by the different data collection methods was taken into consideration in the analysis process.

REVIEWER	Marika Demers University of Southern California
REVIEW RETURNED	19-Nov-2020

GENERAL COMMENTS	This qualitative study aimed to identify the factors influencing the delivery of evidence-based upper limb sensory rehabilitation after stroke from the point of view of therapists working in different rehabilitation sites. This manuscript is well-written. One of the strengths of this manuscript is that the qualitative analysis used knowledge translation theories. However, I identified a number of issues (mostly minor) that should be addressed before this manuscript is suitable for publication. I feel there are discrepancies between the presentation of the results (somatosensory rehabilitation) and what was asked during the focus groups (focus on the SENSe approach). I am not familiar with the SENSe approach, but I feel the authors should be more transparent. My detailed feedback can be found below. I used the authors' line and page number. Strengths and limitations P.4, line 57: Specify the name of the 2 knowledge translation theories. I am not sure what 'grades' and 'levels' refers to (degrees obtained, years of experience?). Please be more specific. P.5, line 79: Provide more details on what are the recommendations and what should be offered to remediate somatosensory loss after stroke? P.6, line 100: It is not clear why 2 theoretical models were needed (sentence 105-106 is too generic). Maybe, this section could be

	strengthened by describing how both theories complement each other. P.6, line 108-116: This paragraph breaks the flow of the introduction. Consider reorganizing the introduction to link the results of this study to paragraph 2 or 3. P.7, line 119: Consider adding 'focus group' between 'from' and 'interview'. P.7, line 127: How many participants were in each focus group? Did you aim to recruit all clinicians at a given site or a sample? P.8, line 137: Any restriction based on time since graduation or clinical experience with stroke survivors? P.8, line 139: Did you purposefully recruited participants based on specific socio-demographic characteristics (clinical experience, gender, etc.)? More details are needed about the different sites. All rehabilitation centers? University-affiliation or teaching mission? In urban centers? P.8, line 151: Did the leader and moderator knew the participants prior to this study? Prior experience leading focus groups? If not, how were LSC and YMY trained? P.9, line 162: TDI: Define acronym first. P.9, line 164: Describe if any conflicts arose and how were they resolved. P.10, line 168: I am not sure why the entire transcript was not analyzed by 2 independent researchers. P.10, line 203: For readers that are not familiar with the Australian healthcare system, more details are needed to gain a better understanding of the organization of care. Table 1: For the last row, replace by 'Years of clinical experience working with stroke survivors' Table 2: I usually consider an interview with 3 participants as a focus group, as the interaction between participants is still present (unlike individual interviews). Please clarify. P.15, line 313: More precisions about what should stroke survivor understands are needed. P.16, line 339: Were the organizational constraints similar between different institutions? P.17, line 345: Again, without properly understanding the healthcare system and the 8 different organizations, it is harder to make sense of these results. P.24, line 569: More details about SENSe therapy are needed. P.27, line 613: Provide more details on what treatment priority do they focus if not for UL rehabilitation?

	P.28, lines 640-653: Another limitation to this work is the focus on only occupational and physical therapists' perspective. Viewpoints from individuals with stroke and managers could have provided a more complete picture of the barriers and facilitators to somatosensory rehabilitation. P.29, line 664: I feel this manuscript is missing directions for future research or possible strategies to address common barriers identified. Please elaborate on these 2 points.

REVIEWER	Rosa Cabanas Valdés Universitat Internacional de Catalunya
REVIEW RETURNED	23-Nov-2020

GENERAL COMMENTS	In my opinion, this manuscript is well done. The methodology is a qualitative focus group interviews.

VERSION 1 – AUTHOR RESPONSE

Reviewer Comments/Questions	Author Response	Further information
Reviewer 1:		
1. The abstract requires revision based on the comments provided within the manuscript	Changes made to design section: *"Qualitative study involving focus groups and interviews"*	See line 35, page 3.
2. Page 5, The credibility of the findings is dependent on the trustworthiness of the data collection and analysis process not on using knowledge translation theories which are providing a framework to illustrate the findings.	We agree credibility, as an aspect of trustworthiness in qualitative research, is established through data collection and analysis processes. One of the analysis processes contributing to credibility is data triangulation[1]; in our study the use of two different knowledge translation theories allowed triangulation of findings (as referenced in discussion, line 768, page 29). Consistent with Lincoln and Guba's criteria for trustworthiness in qualitative research, documenting the theoretical underpinnings of your work is a "means of establishing trustworthiness" in the first phase of thematic analysis [2]. We have a reference to credibility of analysis processes in the "Strengths and Limitations'.	See line 59, Strengths and limitations, page 4.
3. Please provide a description of what is actually meant by 'somatosensory rehabilitation' so the reader understands the authors interpretation of this term.	Description of somatosensation and somatosensory rehabilitation added to background section.	See lines 68-69 and 72-73, page 5.
4. Line 108 refer to the study as: Author et al (xxxx) used implementation theory…	Name of authors added in text, i.e. "Doyle and Bennett…"	See line 114, page 6.
5. Line 113 suggest revising sentence. The sample for this study	Wording changed according to suggestion:"*The sample for this study*	See line 118, page 6.

was small and responses were limited to a self-report questionnaire.	*was small (n=19) and responses were limited to a self-report questionnaire"*	
6. Line 119 The authors used a qualitative research approach utilizing focus group methods. Focus group methods are different from qualitative interviewing. Please clarify.	The distinction between focus groups and interviews has now been highlighted throughout the manuscript. To ensure clarity, the term 'interview' has been removed from references to focus groups and only used to describe 1:1 interviews in this study.	
7. Line 125 as above.	As above (see point 6).	
8. Line 127 Focus groups are not interviews	As above (see point 6).	
9. Line 130-134 The authors are mixing data collection methods that have different purposes. Focus groups are used to gain an overview of perspectives and use a group design to stimulate discussion amongst the participants. Interviews gain a much more focused and detailed perspective of the concept being studied. Please describe and justify the use of 2 different data collection methods.	The principal method of data collection in this study was focus groups. In taking a pragmatic approach often required in health services research, those therapists who could not attend the original focus group were followed-up with individual interviews. This process is described under 'Design' on page 8. The combined use of different data collection methods has been used in many previous studies[3-7] and is suggested to enhance the richness of data[8]. In our study, this approach allowed perspectives from important groups of people (e.g. part-time staff) to be included.	See 'Design', page 8.
10. Line 133 Were only the interviews transcribed? Or were the focus groups transcribed.	Sentence changed to *"Focus groups and interviews were audio-recorded….and transcribed"*	See line 250, page 10.
11. Who did the interviews? Was that author involved in the focus groups? If so, how did that authors knowledge of the focus group discussion influence the interviews? This section on transcription should be moved to the analysis section.	Wording changed for clarity: *"LSC facilitated focus groups"* Sentence added: *"Content of focus groups were not discussed in individual interviews"* Statement regarding transcription moved to analysis section.	See line 179-182, page 8. *(section moved to analysis section as per review comment)*
12. How many focus groups were there? How many participants in each focus group? How many focus groups per organization? Did the focus groups include participants from different organizations? How many participants were interviewed?	Table 2 adapted to include the number of focus groups, the number of participants in each focus group and the number of therapists participating from different organisations, and the number of participants who were interviewed.	See Table 2, page 12.
13. Page 9 Please separate organization recruitment and participant recruitment, as these are/should be separate. 14. Were all the participating organizations in the same state of the same country, please provide some geographical context re participating organization, as healthcare provision often differs dependent upon location.	Paragraph re-ordered to describe organization recruitment separately and first. Statement added with further information on geographical location of sites: *"All organisations were in Australia; seven in Victoria and one in New South Wales".* Table 2 also indicates whether sites were in metropolitan or regional areas.	See line 187, page 8. See line 188, page 8. See Table 2, page 12.

15. The participant sample is all therapists in the participating organizations. What was the inclusion criteria for participants? # of years of clinical experience etc - how did the authors determine the composition of the focus groups ie mix of seniority in participants etc?	Statement added: *"There was no minimum clinical experience level required for eligibility to participate"* In this pragmatic study, there was no pre-specified composition of seniority in focus groups. We acknowledge this may have created a possible power differential in the focus groups, and have noted this in the limitations of our study (see line 799).	See line 191, page 8.
16. Please state participant recruitment methods as information sessions at which purposive sampling was undertake to recruit participants.	Wording changed to include *"where purposive sampling was used"*	See line 193, page 8.
17. All participants (not therapists) provided written consent.	Wording changed according to suggestion i.e. *"All participants provided written informed consent"*	See line 194, page 8.
18. Page 9 The authors only refer to interviews, what role did the focus groups have?	The term interview was used in the original manuscript to refer to both focus group interviews and individual interviews. Separate terms have now been used throughout the manuscript for clarity.	See line 219, page 9.
19. What is meant by the term facilitator-researcher? This section is confusing as the text switches back and forth from LSC to NAL, AM and YMY. Please revise to increase clarity.	This term refers to a researcher who facilitated focus groups. Term changed to 'facilitator' for clarity. Sentence on role of NAL and AM relocated so roles described sequentially.	See line 232, page 9.
20. Page 10 Please move detail re transcription to this section. Was transcription for the FG's and interviews done differently? If so, why?	Details of transcription moved to Data Analysis section. Transcription for the focus groups and interviews was done in the same way. This has been clarified by using the terms 'focus groups' and 'interviews' separately.	See line 250, page 10. See line 252, page 10. See line 254, page 10.
21. It is the participants that are assigned a unique identifier.	Organisations and participants were assigned a unique identifier, wording changed to ensure this is clear.	
22. Please write out in full before using an acronym eg TDF NPT, what do these terms mean?	Terms written out in full.	
23. Was it the same members conducting the analysis in each phase? If not how was consistency achieved?	LSC was involved in all stages of analysis. To add clarity 'LSC' added to final statement in data analysis. Consistency was achieved through keeping audit trails of coding decisions, meeting regularly with co-authors (as detailed in line 263 and 289 on pages 10 and 11)	See line 296, page 11.
24. Line 168–how many (actual #) of transcripts out of how many transcripts in total did LSC and AM both code?	Statement added "(20%, three transcripts)"	See line 261, page 10.

25. Line 179–as above – need actual #'s. How did NAL do this if this author was not involved in the stage 1 coding?	Statement added "(20%, three transcripts)" NAL was involved in coding data to the Theoretical Domains Framework only, not thematic analysis in stage 1. This was seen as a strength in methodology, in that she was able to view data more objectively without pre-conception of themes developed in stage 1.	See line 272, page 10.
26. Why is using TDT and NPT warranted/useful for this study – please explain more clearly in the manuscripts introduction as to why you chose this analytical framework	Further detail provided in Introduction to justify choice of the Theoretical Domains Framework and Normalisation Process Theory.	See lines 136-144, page 7.
27. Page 11 Line 192 How many – actual # of transcripts were double coded?	Statement added "(20%, three transcripts)"	See line 291, page 11.
28. General comment : please identify if the quote is from a FG participant or from a one on one interview. Please use a consistent method to identify your quotes.	Detail added to quotes to indicate focus group or interview as source, e.g. "(P4, Physiotherapist, Site 1, focus group)"	See quotes on pages 14-27.
29. Page 27 Line 609 It is not clear what the authors mean by this statement? Should PTs not be included in somatosensory rehab training? If so, how might that impact on patient care?	This statement is about physiotherapists in this study not viewing somatosensory rehabilitation as their role when occupational therapists are involved. This finding indicates a need for tailored behaviour change strategies for physiotherapists to use a new somatosensory rehabilitation practice, rather than excluding them from training. A statement has been added to this paragraph to clarify this.	See line 735, page 28.
30. Line 620 Is somatosensory rehabilitation such a new approach? Or is it a new 'term' for what we have been doing for years??	The somatosensory rehabilitation approach for knowledge translation in this study, SENSe therapy[9] is mentioned in clinical practice guidelines for stroke[10] and was published in 2011. The approach is new to therapists and prior research demonstrates therapists do not use this therapy approach[11].	
31. Line 630-633 This sentence is not grammatically correct and the meaning of this sentence is not clear.	Additional word added for clarity: *"Therapists' positive views towards the new somatosensory intervention and its effectiveness were mapped to both of these components"*	See line 762, page 29.
32. The findings identify that the therapists did not feel prepared by their entry to practice education to undertake somatosensory rehabilitation. This warrants discussion. How might implementation strategies be used to improve student therapists' exposure to somatosensory rehabilitation and thus utilization in clinical practice?	This is an interesting finding however this study focused on graduated therapists in their workplace and future behaviour change strategies; a discussion of knowledge translation and implementation strategies in tertiary education is beyond the scope of this paper.	

33. The 'Discussion' section should address the 'so what' of this research. How might the findings of this research and the use of implementation science/ knowledge translation theory be utilized to influence entry to practice and post-graduate education of OTs and PTs with respect to changing somatosensory rehabilitation in stroke rehabilitation?	A sentence has been added to highlight how the findings in this study will be used in a knowledge translation study (The SENSe Implement study): "*The findings in this study will be used to further tailor implementation strategies in the SENSe Implement knowledge translation study*[12]" Specific strategies have also been named in line 736. A discussion of use of theory for increasing knowledge on entry to practice from university is beyond the scope of this paper (see point 32).	See line 771, page 29.
34. A limitation of this study is that both focus groups and interviews were used to collect data on the same topic. Please discuss how the differences in the data collected by the different data collection methods was taken into consideration in the analysis process.	Data were primarily collected using focus groups, with interviews used to supplement data collection when required. We do not believe this is a limitation but rather a strength (See point 9 for examples of previous studies using this methodology). Efforts were made to follow-up therapists who could not attend the main focus group so their perspectives were not lost. This pragmatic approach, often used in health services research, adds to the richness of our data. The analysis process for both focus groups and interviews was the same, as outlined in 'Procedures'.	
Reviewer 2 comments:		
35. P.4, line 57: Specify the name of the 2 knowledge translation theories. 36. I am not sure what 'grades' and 'levels' refers to (degrees obtained, years of experience?). Please be more specific.	The theories used are now named specifically: *"the Theoretical Domains Framework and Normalisation Process Theory"* Wording changed to *"Focus groups included therapists with different levels of experience and seniority"*	See box 'Strengths and limitations of this study', page 4.
37. P.5, line 79: Provide more details on what are the recommendations and what should be offered to remediate somatosensory loss after stroke?	Additional information added: *"Stroke clinical guidelines recommend standardised assessment and sensory-specific treatment of somatosensory loss"*	See line 90, page 5.
38. P.6, line 100: It is not clear why 2 theoretical models were needed (sentence 105-106 is too generic). Maybe, this section could be strengthened by describing how both theories complement each other.	Further information added on the two theoretical approaches and their differences to justify their use.	See lines 136-144, page 7.
39. P.6, line 108-116: This paragraph breaks the flow of the introduction. Consider reorganizing the introduction to link the results of this study to paragraph 2 or 3.	This paragraph has been relocated to earlier in the introduction to assist with the flow of this section.	See line 114, page 6.

40. P.7, line 119: Consider adding 'focus group' between 'from' and 'interview'.	Sentence reworded from feedback from reviewer one and includes term 'focus group'.	See line 147, page 7.
41. P.7, line 127: How many participants were in each focus group? Did you aim to recruit all clinicians at a given site or a sample?	Table 2 details the number of participants in each focus group. Recruitment was purposive (as stated in line 193) and participants needed to work with stroke survivors (as stated in line 190) so not all clinicians at a given site were suitable to be recruited.	See Table 2, page 12.
42. P.8, line 137: Any restriction based on time since graduation or clinical experience with stroke survivors?	Sentence reworded from feedback from reviewer one and includes *"no minimum clinical experience required for eligibility*"	See line 191, page 8.
43. P.8, line 139: Did you purposefully recruited participants based on specific socio-demographic characteristics (clinical experience, gender, etc.)? More details are needed about the different sites. All rehabilitation centers? University-affiliation or teaching mission? In urban centers?	Participants were recruited based on their patient caseload, that is whether they worked with stroke survivors (as stated in line 190). No other characteristics were a pre-requisite for participation. Details regarding location of sites are included in Table 2. Additional information has been added as a footnote to characterize participating sites: "*All organisations have dedicated rehabilitation services, engage in research and teaching and have affiliations with a university"* We have identified sites as 'Metropolitan' (a term encompassing the inner urban area of a city and its surrounding areas) and would prefer not to distinguish and identify sites as 'urban centers' to protect the anonymity of participating therapists.	See Table 2, page 12.
44. P.8, line 151: Did the leader and moderator knew the participants prior to this study? Prior experience leading focus groups? If not, how were LSC and YMY trained?	LSC acted as moderator and this section states: "*LSC had previously worked with some participants at four sites but not at the time of the focus groups and interviews*" (line 225) Statement added: "*LSC completed workshop training on focus group facilitation prior to leading the focus groups*" YMY's role was to take notes during focus groups and she did not undertake specialized training.	See line 222, page 9.
45. P.9, line 162: TDI: Define acronym first.	Acronym defined.	See line 254, page 9.
46. P.9, line 164: Describe if any conflicts arose and how were they resolved.	Statement added: "*Any discrepancies were resolved through discussion and review of the original transcripts*" (relocated from later paragraph)	See line 256, page 10.

47. P.10, line 168: I am not sure why the entire transcript was not analyzed by 2 independent researchers.	Entire transcripts were analysed by two independent researchers, the number of transcripts analysed (20%) has been added (in line with comment from reviewer).	See line 261, page 10.
48. P.10, line 203: For readers that are not familiar with the Australian healthcare system, more details are needed to gain a better understanding of the organization of care.	Additional details added to this sentence: *"Six organisations were public healthcare organisations (government funded) and two sites were private (privately funded)"*	See line 300, page 11.
49. Table 1: For the last row, replace by 'Years of clinical experience working with stroke survivors'	Wording changed to "'Years of clinical experience working with stroke survivors"	See Table 1, page 12.
50. Table 2: I usually consider an interview with 3 participants as a focus group, as the interaction between participants is still present (unlike individual interviews). Please clarify.	Interviews with three participants have now been described as focus groups and only individual, 1:1 interviews termed 'interviews'.	Updated through manuscript, see Table 2, page 12.
51. P.15, line 313: More precisions about what should stroke survivor understands are needed.	Heading changed to include 'somatosensation' i.e. *"Helping patients to understand somatosensation"*	See line 422, page 16. Wording also updated in Table 3, page 13.
52. P.16, line 339: Were the organizational constraints similar between different institutions?	Yes, this theme was apparent from data from all sites. This is now reflected in this section by the addition of the statement *"Therapists across all sites described organisational factors that created competing demands…"*	See line 446, page 17.
53. P.17, line 345: Again, without properly understanding the healthcare system and the 8 different organizations, it is harder to make sense of these results.	Sentence restructured with additional detail added: "Therapists working in the community, rather than inpatient settings…etc."	See line 455, page 18.
54. P.24, line 569: More details about SENSe therapy are needed.	A description of SENSe therapy has been added to the introduction.	See line 87, page 5.
55. P.27, line 613: Provide more details on what treatment priority do they focus if not for UL rehabilitation?	We believe this statement refers to 663 not line 613. Statement added: "*with physiotherapists focused on other areas such as mobility retraining"*	See line 733, page 28.
56. P.28, lines 640-653: Another limitation to this work is the focus on only occupational and physical therapists' perspective. Viewpoints from individuals with stroke and managers could have provided a more complete picture of the barriers and facilitators to somatosensory rehabilitation.	Statement added: *"the perspectives of stroke survivors and health organisation managers were not included in this study; these viewpoints may have provided a more comprehensive analysis of the barriers and enablers somatosensory rehabilitation"*	See line 792, page 30.
57. P.29, line 664: I feel this manuscript is missing directions for future research or possible strategies to	A sentence has been added to highlight how the finding in this study will be used in a knowledge translation research study (The SENSe Implement study):	See line 771, page 29.

address common barriers identified. Please elaborate on these 2 points.	"*The findings in this study will be used to further tailor implementation strategies in the SENSe Implement knowledge translation study*[12]" Specific strategies have also been named in line 745.	
Reviewer 3 comments:		
58. In my opinion, this manuscript is well done. The methodology is a qualitative focus group interviews.	Thank you for this feedback.	

VERSION 2 – REVIEW

REVIEWER	Dr. Julie Vaughan-Graham PT. PhD University of Toronto, Ontario Canada
REVIEW RETURNED	18-Jan-2021

GENERAL COMMENTS	Thank you for completing the revisions. The revised manuscript addresses my concerns. However, I disagree with one of statements in the strengths and limitations section. The authors state: "the number of health professionals (n=87) across eight different health organizations provided a representative sample of stroke rehabilitation therapists". Qualitative research does not seek to provide 'representation', this is a quantitative term. Qualitative research seeks to illuminate the perspectives of the participants. Additionally, the # of PTs included in this research study was very small, 18/87 and the majority of participants were female 80/87. The strength of this study is that it sought input from 8 different health organizations and included a relatively large sample of therapists with experience in stroke rehabilitation. Please consider amending this statement.