PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Evaluating the feasibility of ReWork-SCI: A person-centred intervention for return-to-work after spinal cord injury
AUTHORS	Holmlund, Lisa; Guidetti, Susanne; Hultling, Claes; Seiger, Åke; Eriksson, Gunilla; Asaba, Eric

VERSION 1 – REVIEW

REVIEWER	Joanna Fadyl Auckland University of Technology, Aotearoa New Zealand
23-Jan-2020	23-Jan-2020

GENERAL COMMENTS	Comments and suggestions: - In the abstract, which should be able to read as stand-alone information, the total number of participants is not mentioned, but you do state numbers who initiated a plan or returned to work. It would be helpful to be able to put the latter numbers in context when reading the abstract. I suggest simply amending to "All (n=7) ..." Introduction: I agree that it is important to tailor interventions to local context. It is also useful to understand local context of a previously reported intervention when considering what aspects are applicable in a new context. For international readership, a little more of an introduction to the Swedish system regarding SCI acute care, rehabilitation and broader support from social agencies would be helpful to understand the context within which the intervention is situated. Method section: p5, line 33. I had to read this a few times to understand. I think that the guiding principles were developed from the literature, but this is not quite clear enough in the description. Sampling and recruitment: Did the participants have to have completed their acute care, or just received it, to be part of the study and participate in the intervention? What was the earliest stage in their recovery that the initial steps of the intervention were offered? p7, line 35 - typo - "collocation" should be "collection" I think. Could you give a little more information about the locations that were chosen by the participants for the assessment - was this normally hospital or home? Re-Work intervention description: Overall, the intervention described seems very much in line with the vocational rehabilitation literature in SCI and more broadly. This is a considered and well-designed intervention. The only thing that surprised me was that follow-up ceases at 3 months post-placement.

	Is this to do with policy context? What support is available after the end of this three months should it be required? Indeed, it seems from the feedback that the follow-up aspect of the intervention needs to be revisited. While I see that reporting on outcome measures requires some interpretation, I'm not sure how valuable the discussion of statistical significance is given the small sample size and lack of comparison group. Would there be capacity for the intervention to assist with gaining new employment if the existing employment situation was not suitable? This is not clear, but it is likely that this situation would arise. Results: The tables showing details of the intervention delivered to each participant are very helpful. It is unusual in vocational rehabilitation intervention reporting to get this level of detail, yet it is crucial to be able to implement the intervention. I comment the authors for this level of detail in reporting. p13, line22: By prerequisites at work, do you mean adjustments / accommodations? p14 line 22: Sentence beginning 'Yet' should have one comma only, after "follow up". p19, line 10: The comment about the use of digital support seems to come out of the blue, having not discussed this at all in the results of the pilot. Is this sentence necessary?

REVIEWER	Marcel Post Center of Excellence for Rehabilitation Medicine, UMC Utrecht Brain Center and De Hoogstraat Rehailitation, Utrecht, the Netherlands
REVIEW RETURNED	18-Mar-2020

GENERAL COMMENTS	First, the dichotomous response scale of the checklist above makes it impossible to properly rate this paper. This paper describes the development and pilot testing of a return to work intervention. As the authors write, there is a lack of evidence on return to work interventions. Therefore the development of ReWork-SCI is potentially important. My main comments: 1. I found it difficult to get a good understanding of the intervention, in particular what if offers beyond regular medical/vocational rehabilitation with respect to return to work. I suppose this intervention was designed to fill a gap, and it would be helpful to describe this gap. For now, the article did not convince me of the innovativeness of ReWork-SCI. Most of the activities in the Appendix seem to be business-as-usual for a vocational counselor, although with a longer follow-up in this intervention. A more detailed description of the intervention could help and it would be good to include the schedule in the paper itself, not as a supplementary file. 2. The qualitative process evaluation is very useful. I wish the authors had described the results of their pilot in the same way (see below). 3. The second objective of this pilot study is to evaluate the feasibility of a study design. I am not very enthusiastic about this part of the paper. The good news is that all participants who were

	invited agreed and all participated in the follow-up. Still the desired sample size was not reached, a result that deserves more attention in the discussion. Most importantly, the current before-after comparison and the results displayed in tables 3 and 4 are not interpreted in terms of the potential effect of the intervention. The question to be answered, although only speculatively, is how much difference ReWork could make in a future prospective controlled design. It would be important to consider how good the chances of the current participants on return to work were at baseline, and for whom ReWork made a difference. Using this information the authors could estimate how large the difference in return to work rates (10%/20%/50%) would be in a future controlled study. This would provide the basis for a sample size calculation and, considering the current inclusion rate, lead to considerations whether or under what conditions a future trial would be realistic. 4. Further regards feasibility, 4 team members were recruited and trained as coordinator, but only one was appointed as coordinator whereas 2 were desired. This person left the center half a year later, after which number 5 was trained. This seems to be a yellow flag too. Was the first coordinator interviewed as part of the evaluation? Details: - Page 6 line 35. Inclusion criterion b is unclear, I suppose everyone with SCI will have had some kind of acute medical care after the onset of this condition? Similarly, what does 'ready to participate in the intervention' mean? - Page 7 line 47. The success criterion (25% of previous hours) seems lenient and is interpreted leniently. Table 3 shows that 3/7 worked part-time and 7/7 received sickness benefits at 6 months. On page 18, 5/7 are considered successful, in the abstract 4/7 are considered successful. The participant who finished a work trial but did not work at 6 months, why is this case called a success? - Table 1: A re-design of this table to make it look like table 2 would be helpful (so with the information for each of the participants separately). Further, abbreviations need to be written in full under the table. - Page 8. The authors picked single items from various measures (COPM, EurQol, LiSat), which is not recommended. - Page 9 line 43. I was surprised to read that the WEIS was not part of the assessment, and that both the WRI and WEIS were administered by the first author, so also limiting a good impression of feasibility. - Page 10. I do not like statistical testing in a very small pilot study, even if one of the tests reached statistical significance. - Page 10. I do not see involvement of other persons than the researcher in the qualitative analysis. This should be mentioned as a limitation. - Page 11. Recruitment was estimated as one participant per 2-3 weeks. Elsewhere it is written inclusion was performed in two waves (October and January). Please clarify. - Page 11. Participants were recruited about 6-15 months after onset of their SCI. Was there a reason for this timing, and how do the authors think did this relatively long time period between onset and recruitment impact the study results? - Page 14 line 51. The participants who returned to work, did they return to their former job/former employer, did they need any kind of vocational rehabilitation or schooling, how many hours a week did they work previously and at 6 months, how did the intervention contribute to their return to work? - Table 3. Why did the median value of the COPM performance not

	change?

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Joanna Fadyl

Institution and Country: Auckland University of Technology, Aotearoa New Zealand

Please state any competing interests or state 'None declared': None declared

Dear Joanna Fadyl, thank you for your thorough review. We appreciate your comments and suggestions and we believe that they have clarified and improved the manuscript and made it more accessible for an international readership. Below we have answered in detail to your comments and suggestions and guided to changes in the manuscript. We sincerely hope that you find these responses and changes clear.

Comments and suggestions	**Response**
- In the abstract, which should be able to read as stand-alone information, the total number of participants is not mentioned, but you do state numbers who initiated a plan or returned to work. It would be helpful to be able to put the latter numbers in context when reading the abstract. I suggest simply amending to "All (n=7) ..."	The number of participants is stated under participants, p.3, line 18. "**Participants** Two women and five men (n=7)".
Introduction: I agree that it is important to tailor interventions to local context. It is also useful to understand local context of a previously reported intervention when considering what aspects are applicable in a new context. For international readership, a little more of an introduction to the Swedish system regarding SCI acute care, rehabilitation and broader support from social agencies would be helpful to understand the context within which the intervention is situated.	We agree, we left this out due to the wordcount. We have added setting in the methods section, p.7-8
Method section: p5, line 33. I had to read this a few times to understand. I think that the guiding principles were developed from the literature, but this is not quite clear enough in the description.	We have restructured the description of the intervention based on your question and other review comments. We hope that the process for developing ReWork-SCI is clearer now, p.8-9.
Sampling and recruitment: Did the participants have to have completed their acute care, or just received it, to be part of the study and participate in the intervention? What was the earliest stage in their recovery that the initial steps of the intervention were offered?	We have clarified our eligibility criteria, p.9 lines 31-40. We have also clarified the earliest stage of recovery that were day-care, immediately after in-patient rehabilitation, p.9 lines 40-44. We have added a sentence on time since injury p.9, line 58. Information on time since injury is also in Table 1 and 2.
p7, line 35 - typo - "collocation" should be	You are right, thank you.

"collection" I think.	
Could you give a little more information about the locations that were chosen by the participants for the assessment - was this normally hospital or home?	We have clarified that data collection normally occurred at the rehabilitation centre or in the participant's home, p.11, line 15.
Re-Work intervention description: Overall, the intervention described seems very much in line with the vocational rehabilitation literature in SCI and more broadly. This is a considered and well-designed intervention. The only thing that surprised me was that follow-up ceases at 3 months post-placement. Is this to do with policy context? What support is available after the end of this three months should it be required? Indeed, it seems from the feedback that the follow-up aspect of the intervention needs to be revisited.	The reason that follow-up could cease three months post placement is in line with the Swedish setting, work-trial is normally up to three months and the employer have far-reaching responsibilities for RTW. Therefore, we had ambitions that the workplace and the person SCI could resume their responsibilities and of course contact the coordinator if needed. However, it was possible for the coordinator and the person with SCI to decide if further follow-up was necessary. We have clarified in the added section on settings, in Figure 1, phase 4. With regard to follow-up, in this feasibility study we focused on the first six months after initiating ReWork-SCI, since we assessed that this period were the most resource-intense and critical, we have clarified this in the methods, p. 7, lines 18-21. The outcomes relating to adherence showed that follow-up steps were challenging, and these needed to be adjusted along the way according to the dynamic approach used. This is addressed in the results, lines p. 15, lines 3-7. As you are pointing out we have highlighted that follow-up needs to be revisited in the discussion, p.21, line 35-p.22, line 31.
While I see that reporting on outcome measures requires some interpretation, I'm not sure how valuable the discussion of statistical significance is given the small sample size and lack of comparison group.	We agree and have removed this, the outcome was only used to determine primary and secondary outcomes for a full-scale trial, but we realize that it can be mistaken for efficacy testing and have removed it.
Would there be capacity for the intervention to assist with gaining new employment if the existing employment situation was not suitable? This is not clear, but it is likely that this situation would arise.	Thank you for this comment, this is an important question and we realize that it was unclear. ReWork-SCI serve as a complement to the current RTW processes. We have clarified this statement in the description of ReWork-SCI, p.8, lines 54-57. This means that the coordinators assist in initiating contacts with the Swedish Public Employment Office if necessary. We have also added a short section in the results section, p.18, lines 31-44 that clarifies the paths for the participants. The need assist in gaining new employment after SCI is addressed in the discussion p.22, lines 19-31.
Results: The tables showing details of the intervention delivered to each participant are very helpful. It is unusual in vocational rehabilitation intervention reporting to get this level of detail, yet it is crucial to be able to implement the intervention. I comment the authors for this	Thank you for this comment, we are happy to read that you appreciate this detail, which we agree is an important part of this feasibility study. We think it has contributed with critical information about delivering the intervention in a clinical setting.

level of detail in reporting.	
p13, line22: By prerequisites at work, do you mean adjustments / accommodations?	We mean a dialogue that entails both sharing information and a dialogue about needs and resources, but we realize that this sentence was unclear and have clarified this p. 16, lines 31-40.
p14 line 22: Sentence beginning 'Yet' should have one comma only, after "follow up".	Thank you, we have changed this.
p19, line 10: The comment about the use of digital support seems to come out of the blue, having not discussed this at all in the results of the pilot. Is this sentence necessary?	We think that digital support can be helpful in future interventions, but we agree that the sentence in this study is not relevant and have removed the sentence and the reference along with it.

Reviewer: 2

Reviewer Name: Marcel Post

Institution and Country: Center of Excellence for Rehabilitation Medicine, UMC Utrecht Brain Center and De Hoogstraat Rehailitation, Utrecht, the Netherlands

Please state any competing interests or state 'None declared': None declared

This paper describes the development and pilot testing of a return to work intervention. As the authors write, there is a lack of evidence on return to work interventions. Therefore, the development of ReWork-SCI is potentially important.

Dear Marcel Post, thank you for your thorough review. We appreciate the comments, suggestions, and your interest to reason about this research area. We believe this has contributed to clarifications and improvements of the methods, results, and discussion sections of this manuscript. Below we have answered in detail to your comments and suggestions and guided to changes in the manuscript. We sincerely hope that you find these responses and changes clear and that they answer to your questions.

Comments and suggestions	**Response**
I found it difficult to get a good understanding of the intervention, in particular what if offers beyond regular medical/vocational rehabilitation with respect to return to work. I suppose this intervention was designed to fill a gap, and it would be helpful to describe this gap. For now, the article did not convince me of the innovativeness of ReWork-SCI. Most of the activities in the Appendix seem to be business-as-usual for a vocational counselor, although with a longer follow-up in this intervention. A more detailed description of the intervention could help, and it would be good to include the schedule in the paper itself, not as a supplementary file.	Thank you for your comment. As a response to this question (and other review comments) we have added setting under methods p.7-8, clarified the description of the intervention, p.8-9 and integrated the intervention as a Figure in the manuscript as suggested, Figure 1. We have alsmade clarifications in the discussions with regard to the contribution of this study, p.20, line 51-p.21 line 17, and especially p.21, line 35-p.22, line31. We agree that in many respects a systematic assessment and RTW process should be regular rehab practice, however our studies indicate that this is not always the case (introduction and setting). ReWork-SCI is in line with previous literature and we think building on previous evidence is important. In

	developing a complex intervention according to the RMC guidelines, it is critical to identify and evidence base and to identify and develop theory. Another important step is evaluating the feasibility and address uncertainties of the intervention. Following these guidelines therefore means that experienced based practice and previous research can be packaged into specific components and intervention steps, and adapted for the specific. Standardization of interventions steps in a complex intervention is important for the effectiveness of an intervention. Therefore, we think this research contributes experienced based practice and to previous literature through highlighting intervention components and steps and providing a certain structure for RTW that can be further developed and evaluated. For example, the early dialogue with the employer was highlighted by the participants as a critical step. This is also in line with previous research for example for people with mental ill-health and policy development in Sweden. The development of a RTW intervention in a new context is important since systems for RTW varies between countries. In Sweden vocational counselors do not exist in health care and coordination of RTW are in early development in the primary care health services. Coordination is not implemented in SCI rehabilitation; this means risks of absent or delayed RTW process for the person with SCI in Sweden. Since interventions for RTW is rarely instantly applicable from one setting to another, therefore it is necessary to build on previous research, adapt to the new setting, and evaluate feasibility and efficacy (introduction, setting and discussion).
The qualitative process evaluation is very useful. I wish the authors had described the results of their pilot in the same way (see below).	Thank you for this comment. We agree that following the participants closely with repeated interviews was an important part of this feasibility study.
The second objective of this pilot study is to evaluate the feasibility of a study design. I am not very enthusiastic about this part of the paper. The good news is that all participants who were invited agreed and all participated in the follow-up. Still the desired sample size was not reached, a result that deserves more attention in the discussion. Most importantly, the current before-after comparison and the results displayed in tables 3 and 4 are not interpreted in terms of the potential effect of the intervention. The question to be answered, although only speculatively, is how much difference ReWork could make in a future prospective controlled design. It would	With regards to desired sample size and sample size calculation. We have addressed the sample size in the methods, p.9, and in the methodological considerations, p. 20, lines 19-29. There is no definite sample size recommended for feasibility studies (ref. to Hertzog et al, 2008). We deemed that a sample of six to ten participants was viable to evaluate the feasibility, in that sense the desired sample size for this study was reached. Having said that, we agree that a larger sample would have contributed to a larger variation in terms of precision of scores for the outcome which is address in the methodological considerations.

be important to consider how good the chances of the current participants on return to work were at baseline, and for whom ReWork made a difference. Using this information, the authors could estimate how large the difference in return to work rates (10%/20%/50%) would be in a future controlled study. This would provide the basis for a sample size calculation and, considering the current inclusion rate, lead to considerations whether or under what conditions a future trial would be realistic.	With regard to effect. The purpose of this study was not to evaluate the effect but the feasibility of ReWork-SCI and design.
Further regards feasibility, 4 team members were recruited and trained as coordinator, but only one was appointed as coordinator whereas 2 were desired. This person left the center half a year later, after which number 5 was trained. This seems to be a yellow flag too. Was the first coordinator interviewed as part of the evaluation?	Thank for highlighting that this is unclear. We agree that this is a yellow flag and therefore an important finding a feasibility study. The first coordinator is the one represented in the qualitative data since this person were employed six months after the first participant commenced in ReWork-SCI, this is stated on p. 13, line 3-5. We have clarified the recruitment of coordinators in the methods, p. 10, lines 17-28 stating that the management decided on who could function as a coordinator. We have also clarified our reasoning about staff shortage and staff turnover, and that this needs to be considered in future research related to the intervention, p. 21, lines 49-58.
- Page 6 line 35. Inclusion criterion b is unclear, I suppose everyone with SCI will have had some kind of acute medical care after the onset of this condition? Similarly, what does 'ready to participate in the intervention' mean?	Thank you for this comment, we have clarified eligible criteria, p.9, lines 31-40.
- Page 7 line 47. The success criterion (25% of previous hours) seems lenient and is interpreted leniently. Table 3 shows that 3/7 worked part-time and 7/7 received sickness benefits at 6 months. On page 18, 5/7 are considered successful, in the abstract 4/7 are considered successful. The participant who finished a work trial but did not work at 6 months, why is this case called a success?	In this feasibility we do not want to draw any conclusions of the effect, or success, of Rework-SCI. The sample size is too small, and six months is to short time period for such conclusions. Presenting the outcomes of part-time work or work trial refers to the feasibility of following ReWork-SCI and what happened along these six months. We understand that our language can be interpreted as a successful outcome. Therefore, we have looked through the wording carefully and changed them in both the results, span style="font-family:'Calibri Light"'>p. 18, line 30-44, and in the discussion, p. 22 33-51 so that presenting the outcomes is not mistaken as interpretation of the effect of ReWork-SCI. In Sweden it is common to start part-time work and gradually increase working hours. Starting work-trial can be an important means to assess work ability in previous or new duties. We have added setting and clarified the paths for the participants in methods, p 10, lines 3-

	10 and in the results p.18, lines 30-44.
- Table 1: A re-design of this table to make it look like table 2 would be helpful (so with the information for each of the participants separately). Further, abbreviations need to be written in full under the table.	We understand your concern with Table 1 and that presenting separate information or cases would be interesting in this study. However, due to ethical reasons we cannot present the participants demographics and characteristics separately. The SCI population in Sweden is small and there is a risk for participants being identified if we present characteristics separately. To present the participants as a group is therefore necessary to maintain confidentiality. Table 2 does not reveal and personal characteristics, rather the coordinators work with each person, therefore we could present this table differently.
Page 8. The authors picked single items from various measures (COPM, EurQol, LiSat), which is not recommended.	With regards to COPM we present both performance and satisfaction with is customary for this instrument. With regards to LiSat presenting the global item" Life as a whole" is based on research that shows that the domains significantly correlated with" Life as a whole" (except sexual life). see for example: 1. Ekstrand E, Lexell J, Brogardh C. Test-retest reliability of the Life Satisfaction Questionnaire (LiSat-11) and association between items in individuals with chronic stroke. J Rehabil Med 2018;50(8):713-18. 2. Fugl-Meyer AR, Melin R, Fugl-Meyer KS. Life satisfaction in 18- to 64-year-old Swedes: in relation to gender, age, partner and immigrant status. J Rehabil Med 2002;34(5):239-46. With regard to EuroQol we agree and have added analysis of EQ5D-3L in Table 3. The analysis I referenced p.13, lines 28-31.
- Page 9 line 43. I was surprised to read that the WEIS was not part of the assessment, and that both the WRI and WEIS were administered by the first author, so also limiting a good impression of feasibility.	Both WRI and WEIS was part of the clinical assessment at start of the intervention, please seeeFigure 2. We have clarified who did the different assessments in the legends to this figure: The coordinator conducted the Canadian Occupational Performance Measure at the start of intervention. All other data were collected by the first and the last author. We have struggled to find a statement in the article where we write that WEIS was not part of the assessment, please advise us on which page and line if we are mistaken. On p. 19, line 8-10 we write that WEIS was not suitable for one participant since we had no work environment to assess. We have added the full results of WRI and WEIS as supplementary files to be transparent with this data. Moreover, we had to make decisions on which instruments to use. We decided to not include WRI and WEIS as outcome measures due to

	that it would have been very time-demanding for the participants. In communication with the coordinator and the management we decided that it was too time-demanding for one coordinator to both learn and deliver a new intervention and WRI and WEIS but we agree that it would have been optimal, we have added a statement on limitations of data collection in the discussion, p.20, lines 28-33.
Page 10. I do not like statistical testing in a very small pilot study, even if one of the tests reached statistical significance.	We agree and have removed this, the outcome was only used to determine primary and secondary outcomes for a full-scale trial, but we realize that it can be mistaken for efficacy testing and have removed it.
Page 10. I do not see involvement of other persons than the researcher in the qualitative analysis. This should be mentioned as a limitation.	We have clarified this in the methods, p.13 lines 52-56 and in the limitations, p.20, lines 33-38. The first author conducted initial coding, but coauthors were involved in discussion the emerging analysis.
Page 11. Recruitment was estimated as one participant per 2-3 weeks. Elsewhere it is written inclusion was performed in two waves (October and January). Please clarify.	We recruited in two waves due to staff shortage, the one coordinator could not take too many cases at once. We have clarified recruitment, in methods p.9, lines 40-43, and in the discussion p.22, lines 38-40.
Page 11. Participants were recruited about 6-15 months after onset of their SCI. Was there a reason for this timing, and how do the authors think did this relatively long time period between onset and recruitment impact the study results?	The participants were between 95 to 430 days post injury, median 159 days, about five months after injury (Table 2). We also clarified this on p.9, line 58. We aimed for an intervention starting in early outpatient care and we saw a certain variety as a benefit in this feasibility study. In general, we believe that timing of RTW interventions for persons with SCI is an interesting research topic. In this intervention the intention is an early but time-sensitive intervention. However, what is early in terms of RTW after SCI is still not clearly defined in research. In future studies we would probably narrow the timespan and start after admission to outpatient care or to start the later phases in in -patient care. In Sweden this requires that the coordinator works with different teams, this was also a consideration for not starting earlier in this study. hope this clarifies your answer.
Page 14 line 51. The participants who returned to work, did they return to their former job/former employer, did they need any kind of vocational rehabilitation or schooling, how many hours a week did they work previously and at 6 months, how did the intervention contribute to their return to work?	We have clarified that all worked full-time prior to the injury and their opportunities based on type of SCI and pre-injury employment, p.9, line 56 -10 line 10. We have also clarified that three participants returned to part-time work in pre-injury work duties and that one participant engaged in a work trial for a new assignment at the workplace, additionally one participant was waiting to start a work trial in a new position assigned by the Swedish Public Employment Office, p.18, lines 30-44. No plan for RTW included a need for further training at the 6 month follow-up. We believe that the intervention contributed through a

	structured, person-centred, and coordinated support but we cannot draw conclusions about the effects.
Table 3. Why did the median value of the COPM performance not change?	It is difficult to draw any conclusions from such a small sample. We have clarified that two participants suffered from secondary complications that meant that the plans for RTW had to be postponed, p. 18. lines 40-44. This is probably part of the explanation for the COPM performance scores. We also know that the demands and expectations increase after admission to home after SCI. This could be an additional explanation. This is expected after SCI and we think that COPM along with RTW would be interesting to follow in an effectiveness trial.

VERSION 2 – REVIEW

REVIEWER	Joanna Fadyl Auckland University of Technology, Aotearoa New Zealand.
REVIEW RETURNED	11-May-2020

GENERAL COMMENTS	Authors have addressed all the issues that I raised in the last review. In general the paper reads well and is very informative. Although generally the writing is good, in a few places the new sections need a proof read before publication - e.g. missing an article or unusual wording.

REVIEWER	Marcel Post Center of Excellence for Rehabilitation Medicine, UMC Utrecht Brain Center and De Hoogstraat Rehailitation, Utrecht, the Netherlands
REVIEW RETURNED	03-May-2020

GENERAL COMMENTS	I thank the authors for their revisions and clarifications. Most of my questions are satisfactorily answered. Also my apologies for a few misreadings of the previous version (e.g., I noticed the 10 but overlooked the six). One comment remains as it seems I did not make myself clear in the previous round. The second aim of this study was "to evaluate the feasibility of (…) a study design for evaluating ReWork-SCI with regard to recruitment, retention, and outcome measures." Attention is paid to the feasibility of the intervention but very little attention is paid to the feasibiltiy of a future effectiveness study. Considerations to be addressed include the desired study design, what the sample size should be (based on an estimation of how large a difference (and in what outcome) ReWork would make as compared to usual care), and whether the execution of such a future trial would be feasible in their setting. I can imagine that this pilot study does not provide all answers, but since it was the aim of the study to address these questions, this topic needs to be adressed and limitations need to be acknowledged.

VERSION 2 – AUTHOR RESPONSE

Reviewer 2.

Comment: One comment remains as it seems I did not make myself clear in the previous round. The second aim of this study was "to evaluate the feasibility of (…) a study design for evaluating ReWork-SCI with regard to recruitment, retention, and outcome measures." Attention is paid to the feasibility of the intervention but very little attention is paid to the feasibiltiy of a future effectiveness study. Considerations to be addressed include the desired study design, what the sample size should be (based on an estimation of how large a difference (and in what outcome) ReWork would make as compared to usual care), and whether the execution of such a future trial would be feasible in their setting.

I can imagine that this pilot study does not provide all answers, but since it was the aim of the study to address these questions, this topic needs to be adressed and limitations need to be acknowledged.

Response: Thank you for clarifying your question to us. As you point out this study does not provide all the answers. It was important for us to conduct a feasibility study prior to a full-scale trial in order to capture key uncertainties such as potential implementation or design problems. We have captured key uncertainties of the intervention (adherence and acceptability) and looked at study design (recruitment, retention, and outcome measures) on a small-scale. We believe that the sample in this study is too small and that time to follow up is too short to do a sample size calculation based on the data in this study. However, we believe that the findings provide information about the key uncertainties that we had and provides a good basis for the next step of development and evaluation.

We have clarified our reasoning about outcome measures and recruitment based on the data of our study. We have reasoned about possibilities to do an efficacy study in a Swedish setting and a desired design, although we have also highlighted the uncertainties that remain and acknowledged the limitations. In terms of comparison to usual care, experiences of usual care are outlined in our previous studies and shortly described and referenced in the introduction. We have clarified the link to these experiences of usual care in the discussion. We hope that this will be seen as a relevant step to illustrate the development of this complex intervention.

We have made changes mainly in the discussion, but also in the abstract and strengths and limitations. We have marked changes in blue (minor language edit marked in grey). Below is a guide to pages and lines that are changes as a response to your comment.

p. 3 Abstract.

p. 4 Strengths and limitations.

Discussion

p. 19, lines 51-58, we clarified of the statement of findings related to the aims of the study.

p. 20, lines 22-26, we have clarified acknowledgement of the limitations related to sample size calculation.

p. 22, lines 38-45, we have clarified our reasoning related to possible outcome measures in future studies.

p. 23, lines 3-40, we have reasoned about the feasibility of an effectiveness study in a Swedish setting and a desired study design.

p. 23, lines 19-40, we have summarized the findings and addressed the uncertainties that remain after this study. In that paragraph we have also clarified comparations to experiences of usual care.

Reviewer 1

Comment: In a few places the new sections need a proof read before publication - e.g. missing an article or unusual wording.

Response: Thank you for noticing us on the need of proof reading. We have edited the manuscript and marked the changed sentences in grey.