Author's response to reviews

Title: Evidence for Validity and Reliability of a French Version of the FAAM

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Author's response to reviews: see over
Dear Editor,

Thank you for your correspondence and the comments regarding our study « Evidence for Validity and Reliability of a French Version of the FAAM ».

Following your comments and the reviewers’ comments, some modifications were done:

**Reviewer 1 (Dr Dane K Wukich):**

1) English was reviewed in lines 73-75 « Evaluation of patients with musculoskeletal disorders can rely not only on clinical examination and radiological imaging, but also on scores from self-reported outcome instruments. » ; 87-88 « Instruments that offer specific information for score interpretation may be more useful » ; and in lines 233-237 « Therefore, this item was adapted into “faire les premiers pas (le matin au réveil / après une position assise prolongée)” in order to precise the question. Upon re-assessment with patients it was noted that this change improved item interpretation. »

2) Precision in the lines 82-87 « Over 49 instruments have been identified[3] with 14 having some evidence to support their use[4]. Over these 14 instruments, the 4 clinimetric qualities (content validity, construct validity, reliability, and responsiveness) were only reached by the Foot and Ankle Ability Measure, the Foot Function index, the Foot Health Status Questionnaire, the Lower Extremity Function Scale, and the Sports Ankle Rating System quality of life measure. »

3) Description of MCD and MCID lines 91-94 « The MDC quantifies the change in score value over time that is beyond measurement error. The MCID is a cut-off value over which changes discriminates between patients that have clinically improved from those that have not improved. »

4) More detail on the diagnoses lines 171-177 « These 105 patients presented varied pathologies such as degeneration (e.g. ankle or midfoot osteoarthritis, tibialis posterior...»
degeneration, acquired flatfoot), trauma (e.g. tibial pilon or calcaneal fractures, midfoot injuries, ankle sprains), congenital malformations (e.g. hallux valgus, coalition), inflammations (e.g. rheumatoid arthritis and other rheumatic disorders), complex regional pain syndrome and tumors.

5) Precision in lines 202-205 «Twenty-two randomized patients (13 women and nine men) presenting chronic disorders, to whom the physician did not expected to have a significant improvement in the next two days (no intervention, therapy or drugs) were asked to fill out two FAAM-F at a two-day interval. »

Reviewer 2 (Dr Jay Hertel):
1) Complete sentences were done lines 55-57
2) The alpha level for statistical significance was chosen to be 0.005 instead of 0.05, to account for multiple testing. Doing so, the global alpha (over all tests) was kept at about 0.05. (line 192).
3) Difference in MDC between English and French version discussed lines 308-313 « The calculated MDC, for FAAM-F ADL and Sports subscales, differ from the values reported for the English version of the FAAM (ADL MDC 5.7 and 12.3; Sports MDC 7 and 18 for French and English versions, respectively). These discrepancies could be explained either by differences in patients population or by the time frame over which the MDC was calculated. The original study used a 4-week time period while the current study used a 2-day time period. »

Editor :
1) Acknowledgments added lines 364-366

With best regards,
For the co-authors, Stéphane Borloz