IS CORE PODIATRY TREATMENT EFFECTIVE?

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Reviewer: Dr Sue Barnett

This is an audit of a large group of podiatry patients, which attempts to explore the efficacy of routine podiatric treatment. This is not a field that has been thoroughly explored, and the authors are to be commended in their attempts to quantify the efficacy of this popular National Health Service provision. The paper would benefit from more detail in places, and perhaps a slightly stronger message — as it appears that findings were significant and this paper may be valuable in supporting future service provision. The inclusion of both the Podiatry Health Questionnaire and the podiatry objective clinical score is an excellent idea which will help to inform the reader.

• Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

I could not find evidence of ethical approval being granted; as this is an audit it may not have been necessary. The paper does state that the subjects were consented in, but a little more detail and more overt awareness of ethical issues would be desirable.

Background: Requires more detail, where previous work is mentioned give brief details of how things were measured and outline the actual results obtained — this informs comparability with the current study.

Where “overseas” is mentioned you need to state the actual countries explored — as the global location may have influenced the findings and may not be comparable to the UK model.

Towards the end of the background section the Podiatry Health Questionnaire (PHQ) is introduced — as a “useful tool” — this requires clarification. A brief synopsis of Macraen et al’s findings in investigating this instrument would support this observation. Instead there is a blurring of a description of the PHQ and what appears to be a description of this study — this is hard to follow and requires
separation.

Method: This is clearly written and easy to follow. However, it would have been preferable if patients had written consent and a study information sheet (however, as stated before this may not be necessary in an audit of existing patients).

With different podiatrists performing the podiatry objective clinical score – how was parity maintained in the scoring between professionals?

Also, if the patient was given the second questionnaire to complete two weeks after treatment, on the day of treatment – how did the authors ensure that they waited two weeks before completion?

Details of the locations of the various Podiatry Services that took part in the study would be desirable, were all a mix of rural and urban? Some idea of the profile of each service may help to explain the differences in response rates seen in Table 2.

Data handling is appropriate to the data collected.

Results: The number of completed questionnaires is clearly stated but was this 100% or was there any drop out? If drop out occurred brief details of when and at what stage should be given.

In all cases give numbers as well as percentages, and give the actual P-values obtained. There should be more details of the results in the text rather than just relying on the Tables and Figure, the contents of interest should be highlighted in the text.

In reporting on Table 3 there appears to be a contradiction. The changes in the PHQ and VAS are significant, as you report. It is fine to also report the magnitude of the change, but if you feel it is necessary to discuss it – this belongs in the discussion.

The section on changes in the PHQ and VAS I found hard to follow. Why were there VAS scores for only 988 subjects (in Table 3 it states that there were VAS scores for 1019 subjects, which is still less than the total – why? This is also true for the podiatry objective clinical score, which has a lower number of subjects than those in the whole study). The layout of the numerical results in the text was difficult to interpret, this needs re-thinking to enhance clarity.

Discussion: This section begins by introducing new results that were not in the results section e.g. 20% of subjects getting worse. All results must be in the results section in order to be discussed.

It is critical to support all statements and observations with references wherever possible e.g. ageing and complex medical problems affecting pain and mobility.

There was quite a variety in the number of subjects from each podiatry service, with one providing over 50% - can this be explored in the discussion?
It would be useful to identify which statements in the PHQ were “a general measure of foot health” – and hence not specific enough.

Explain and explore how the patients did not understand filling in the VAS – this is especially important as the paper goes on to recommend the use of a VAS.

The term “severe mobility” is used – this requires explanation.

Conclusion: Given that statistically significant improvements in PHQ and VAS scores were found, the conclusion could be strengthened to reflect this.

The observation that outcomes measures should be incorporated into podiatric practice is important and valid. Having discussed the problems with VAS scoring though, a clearer explanation as to why this is the preferred outcome measure is required.

Table 3: Give actual P-values obtained

• Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Where abbreviations are used they should be stated in full first, even commonly used terms like NHS, UK, etc.

Abstract: Nice, clear abstract.

“Delivery of footwear” reads out of context – I appreciate that you mean advice, but consider rewording for clarity.

Try to write in scientific prose, avoid the use of first person – substitute “we” for something like “This study”. Give actual values and actual P-values obtained – unless the Journal forbids this in the abstract (if this is so I apologise).

• Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

In results where Table 3 is explored the authors state that “changes are non-zero” I would consider re-wording this to enhance clarity

Figure 1: Is possibly not necessary, but if included consider changing the order of the bars to read from better to same to worse, or change the colour so that worse is red!

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

'I declare that I have no competing interests'