Reviewer’s report

Title: Looking through the ‘window of opportunity’: is there a new paradigm of podiatry care on the horizon in early rheumatoid arthritis?

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Reviewer: Marike van der Leeden

Reviewer’s report:

This is an important review leading to valuable recommendations for podiatry care in early RA. The review is well reasoned and well balanced.

I have some comments to the authors.

Abstract

‘Low disease state and remission with prevention of joint damage and irreversible disability are achievable therapeutic goals’. Is this true? There is an improved clinical response due to biological therapies, however prevention of joint damage is not proven, at most slowing down the process of joint damage.

Early RA; Advances in early RA

The authors underline the key message from recent research with evidence for rapid recognition and early aggressive intervention. I don not quite understand that the evidence that mortality rates for RA are increased underlines the requirement for rapid recognition. Evidence for early aggressive intervention is presented in the last four bullets of this paragraph. The lay-out chosen here is not clear to me. I would suggest using a more suitable lay-out.

Foot involvement in early RA

For the readers of J Foot Ankle Res the terms oligo- and polyarthritis are probably not clear. I would suggest to add (in brackets) that oligoarthritis is arthritis of equal or less than 4 joints and poly-arthritis is arthritis of more than 4 joints.

Last sentence of 1st paragraph: which patients are included in the UK cohort: RA? Or arthritis in general?

2nd sentence 2nd paragraph: ‘Pain and tenderness indicates structural damage’. I am not sure about this. Pain and tenderness with palpation can also be a result of pressure on soft tissues due to synovitis or mechanical overloading and is not highly correlated with structural damage.

A new paradigm for podiatry; Tight control of foot arthritis and disease monitoring

Table 4: I doubt whether the scoring of radiographic damage is feasible in primary care settings and must be reviewed during routine follow-up. I would therefore either move radiographic damage from core to extended outcomes or discuss the feasibility aspects of the scoring of radiographs.
The domain joint destruction for tender foot joint count is not appropriate in my opinion. Tender foot joint count can also be a sign of synovitis or mechanical overloading of joints (see my comment above).

Conclusions
In the conclusion new information is given which is not appropriate in a conclusion section in my opinion. I would suggest to move the paragraph from ‘Development of this paradigm is based on experience form …………… to …… network initiative for allied health professionals’ to the 1st paragraph in the section ‘A new paradigm for podiatry in early RA.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests