Author's response to reviews

Title: The foot posture index, ankle lunge test, Beighton scale and the lower limb assessment score in healthy children: a reliability study

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Author's response to reviews: see over
Dear JFAR editorial team

Re: MS: 7633127806161122
The foot posture index, ankle lunge test, Beighton scale and the lower limb assessment score in healthy children: a reliability study
Angela M Evans, Keith Rome and Lauren Peet

On behalf of the authorship team, I would like to thank each of the reviewer’s for their helpful critique and suggested amendments to our manuscript. As it outlined below, all points have been considered and in the main, adopted as suggested. We are of course happy to consider any further points or provide any clarification as may be deemed necessary.

Reviewer 1

MAJOR COMPULSORY REVISIONS
1. Page 9, Para 2 and 3. I could not get the results summary here to tally at all with Tables 3 and 4. Please can you recheck and ensure that either the numbers match or, if there are differing interpretations, that in an explanation is given for any differences.
Amended. Thank you for spotting the differences between the Tables and the text. These are now consistent.

MINOR ESSENTIAL REVISIONS
Abstract
2. Results section refers to ‘mid range disability’. It is not clear what this means to the context of the paper. This just needs clarification
Amended in the text to include the presence of transient injuries. I only amended the abstract by adding the word ‘transient’, but am happy to re-visit this point.

3. Results line 4. Should read “Inter-rater reliability”
Amended as suggested

4. Conclusion. I recommend being more specific e.g.
“The four measures demonstrated adequate inter and inter-rater reliability in this paediatric sample to justify their use in clinical practice.”
Amended as suggested

5. Paragraph 2.Line 6-7. I am not sure that the statement made holds true. Specificity and responsiveness can be a problem with generic QoL instruments but this is not necessarily because they have too many items e.g the EQSD.
Either rework or delete this sentence.
Amended to avoid confusion regarding number of items in QoL tools

Amended as suggested

7. Page 6, Para 3, Delete “for assessment from a population of convenience.” As it repeats the previous sentence re the convenience sample.
Deleted

8. Page 6, Para 3, Can you be explicit that ethical approval was given.
Amended as suggested to include “institutional ethics committee approved…”

Deleted as suggested

Results
10. Page 9, Para 2, Portney reference [21], needs to be reformatted – also on p10.
Amended as suggested

11. Page 9, Para 2, should read Inter-rater reliability.
Amended as suggested

12. Page 10, Para 2. You state that these were year old children but they were not all 10. Did they not range from 7-15?. Needs clarification/amendment
This has been amended to make it clear that the mean age was 10 years – have also added the SD.

13. Page 11. Delete first sentence it is a repeat of p10, para 2.
Amended as suggested

DISCRETIONARY REVISIONS
The suggested re-wordings are helpful, thank you.

14. Line 2. Suggest slight reword to read “A Cochrane review published by the…”
Amended as suggested

15. Para 3, Line 3. Suggest slight reword to read “…when and if a flatfoot is defined as pathological”
Amended as suggested

16. Para 4, Line 5. Suggest slight reword to read “This patient reported questionnaire takes in account the perceptions of both...”
Amended as suggested

Amended as suggested

18. Page 5, Para 3, Line 2. Suggest reword to read “The reliability of measures of ankle range has been...”.
Amended as suggested

19. Page 5, Para 3, Line 5. Suggest slight reword to read “...used the same to examine ankle motion in ballet dancers....”.
Amended as suggested

20. Page 6, Para 1, Line 2. Suggest slight reword to read “..have demonstrated good inter-rater reliability in adults...”.
Amended as suggested

21. Page 6, Para 2, Final sentence. Suggest deleting the final sentence. It does not relate to the data reported in this paper.
Deleted as suggested

Methods
22. Page 9, Para 2, Suggest slight reword to read “The SEM was found to be low across both raters, ranging between 0.4 and 2.7. These results are detailed in Table 2.”
Amended as suggested

Conclusions.
23. Page 11. Suggest amend final sentence to read: ... “These findings indicate that all of these measures are useful...
Amended, as suggested

Reviewer 2
Major
• The Oxford Ankle Foot Questionnaire for Children (OxAFQ-C) is an excellent
A tool to identify the level of disability related to the ankle and foot. It would be beneficial for the readers who have not heard of this tool before to be supplied with a better introduction to the tool and justification of why this tool has been chosen within this study. As the author’s have already introduced the need for validity and responsiveness, reference to these features in regard to the OxAFQ-C within the Introduction would assist the reader again to understand the value of this tool. Lastly, within the Procedure, the use of the parent and child version is described, these components should be also briefly expanded within the Introduction.

I hope that I am not missing the reviewer’s point here, but as the focus of this paper is the reliability of the specified four measures, I do not think the OXAFQ-C needs to be further described, as the reader can refer to the cited references. Having stated the OxAFQ-C has been validated, affords adequate acknowledgement to this tool’s value (I think...). Likewise, in terms of expanding upon the detail of the parent/child versions, I feel this starts to deflect from the main message of this reliability study, and that interested readers can access the reference sources. If I have missed the point completely, I am very happy to reconsider this stance.

- In reference to the lunge test description given by the author’s, when Bennell et al described the use of a standard inclinometer, it was placed on the on the flattest area of the long axis of the Achilles tendon. The authors description of the “inclinometer held on the anterior surface of the tibia” needs more accurate anatomical description or a photo of how the measurement was obtained. Amended, by adding that we followed the Irving version of the Bennell method, with the reference added as well. Thank you for picking up this error.

- Inclusion criteria was listed as children between the ages of 7-15 yet within the discussion there is multiple references to “the sample population of 10 year old children” and limitation of “only using 10 year old children”. It should be made clearer this is the mean age of the sample population as in it’s current description appears contradictory to the inclusion criterion. Amended as suggested, by making it clear that the mean age was being referred to, and added the SD. This is corrected in both places in the discussion, and it does make this less ambiguous.

Minor
- Within the Introduction, the authors discuss the use of “generic standardized measurement tools or heath-related quality of life measure” and describe their inefficiency due to the inclusion of many items. This is a very broad statement and while mostly accurate, not reflective of a small number of paediatric specific standardized assessments and quality of life tools that have good reliability and specificity (ie: PedsQL, BOT – 2 subtests etc). Perhaps it would be better to propose many tools have limited use or have not been tested in relation to foot problems. It is suggested that this statement be amended to not suggest inefficiency of all. Amended as suggested by the other reviewer by deleting the confusing wording about too many item numbers limiting QoL tools. I think this overcomes the unintentionally slightly negative take on such instruments.
Throughout the article the OxAFQ-C is referred to as the Oxford Foot Ankle Questionnaire and given the abbreviation of OFAQ yet within the abbreviations this is listed as the Oxford Ankle Foot Questionnaire and given the abbreviation of OAFQ. The correct name for the tool is Oxford Ankle Foot Questionnaire for Children and the abbreviation of OxAFQ-C given by the makers. The response sheets also have individual abbreviations that may or may not be introduced within this article.
Corrected and consistent in all places now.

While the authors have cited a Cochrane’s review for the common associations of paediatric flat on page 4, 4th paragraph, individual references for each association should be given to enable the reader to attain further information directly from each individual article.
Amended as suggested by adding further references for each cited association, in addition to the Cochrane reference.

The descriptive information about the OxFAQ-C is repeated in a very similar manner within both the Introduction and Participants sections and does not add to the information needed within the Participants.
Agree, and have deleted accordingly.

Page 5: “Bennell has established the reliability...” should read “Bennell et al has established the reliability....”
Amended as suggested

Page 7: Insertion of make/model of digital inclinometer is required along with appropriate reference. Referenced superscript number 9 in relation to this statement is inaccurate and the paper cited has no mention of the use of inclinometers.
Amended as suggested, by adding: Smart Tool TM and deleting reference 9 (which cited in error).

Page 7: 0,75 should read 0.75
Amended as suggested

Page 9 & 10: Reference citations for Portney and Watkings levels in superscript
Amended as suggested

Page 11: Missing citation signified by (XX)
Amended with the author’s initials
• Reference 20 Spelling error in title and amendment of reference style
  Amended

• Amend to consistency within references of font sizes and abbreviations of journal titles

  Amended according to NLM journal abbreviations

Again, we do appreciate the efforts of both the reviewers in providing us with their helpful and constructive peer review.

Kind regards

Angela Evans.