Author's response to reviews

Title: Screening for foot problems in children - is this practise justifiable?

Authors:

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Author's response to reviews: see over
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The Editor

Journal of Foot and Ankle Research

Dear Sir/Madam,

Thank you for considering the publication of this revised manuscript:

Screening for foot problems in children – is this practise justifiable?

This manuscript is re-submitted as a commentary as requested and complies with the criteria specified by the authors instruction for JFAR.

This is a single author manuscript which has not been and will not be submitted for publication elsewhere.

There are no competing nor financial interests to declare.

This paper contributes to the area of paediatric foot assessment and the practice of podiatry screenings. The WHO criteria are used as a ‘benchmark’ for review purposes.

In response to the peer reviewer and editorial comments, a point-by-point summary of author responses is provided as follows:

Please note that the order of the paper has been altered to reflect reviewer recommendation and improved order of topic items.

Reviewer 1

2. Discretionary revision

As appreciative of I am of the comments regarding the Ottowa Charter and the role of health screening and the relationship to health promotion, I think this would add complexity that may detract from the main message and subject of this paper. Given too, that the other reviewers have advised me to shorten the paper, I have on balance decided to retain focus on the WHO criteria alone.

3. Minor essential revisions

Consideration has been given to the suggested comments as follows:

- the title has been amended

Abstract
- repeated models has been amended to read ‘existing models’
- the last line has been amended as suggested to read ‘for children’
- the reporting has been stated to the make clear the body who received reports
- the reference link for AHMAC (9) has been added as suggested
- Ref 11 covers all condition screenings, and is included
- Ref 5 has been added for the WHO definition as suggested
- References have been separated to better relate to specific conditions as suggested (Refs 8 to 16 and also, Refs 37-40)
- 10% as suggested (and amended in other areas too)
- the Figure legends are included in the text, along with the Tables, but the actual Figure pdf’s are uploaded separately. Figure 4 has been split in to two Figures as suggested.
- References have been corrected to reflect author guidelines and Editorial comments.

Thank you for your helpful review of this manuscript.

Reviewer 2

The order of the presentation of the manuscript has been considerably revised as you have suggested. Thank you for these observations and suggestions, and I do agree that this makes for a clearer flow of information.

Major revisions
- rearranged as suggested
- it is not possible, nor perhaps known, as to how many podiatrists conduct paediatric screenings as I understand that this occurs both formally and informally.
- similarly, I cannot make further comment regarding the nature and inciting factors which prompt complaints. This has definitely occurred here in SA, and my understanding is that this is also the case in other States/places – but the confidential nature of these reports makes further comment unwise.
- again, I do not know (and suspect that it has not been monitored) as to whether the guidelines reduced or altered screening practices. Non-association members would not be bound/obliged.. (this may be reviewed once this topic becomes current again with this paper?)
- I have included an overview of the SA guidelines in Table 1.
- The section on health screening across Australia has been reformatted and clarified as you have suggested. I have also shortened the sections and added the forerunning statement as suggested.

- I did not take up your suggestion to compare the four conditions and flat feet, as I think this could be an unhelpful connection to make (even in not making it!)

- The DDH heading is corrected

I have altered the paragraph regarding DDH and screening/examining as suggested, but have not delved in to the issue of who examines (or what level of experience they may have) as I think this is a subsequent area to discuss and wide of the mark of this manuscript’s main message.

- a clear statement noting the DDH screenings adherence to WHO principles is now included as suggested.

Minor revisions

- added ‘be’ as suggested

- burden changed to ‘impact’

- disease groups changed as suggested (and throughout). Thank you, I couldn’t think of how to put this as well.

- I have not omitted ‘reverse’ but have clarified the associated paragraph

- I have left the following paragraph, as the opening ‘Harking back’ does refer the reader previously.

Discretionary revisions

I take your point about early treatment of DDH, but have not included this in any more detail, in effort to maintain the focus on screening.

Thank you for your very helpful and constructive comments. The re-ordering of the manuscript has very much improved the flow of the resulting paper.

Reviewer 3

Thank you for your helpful comments and feedback.

Abstract – addition of the wider screening programs has been included as suggested

Background – To keep a clear message, I have not further explored the other foot conditions but have focused on the topical, controversial and frequently presenting flatfoot. This concentration/concern is picked up (intention-wise) on page 12 [Condition (i)].
I’m not really able to speculate about the physician’s knowledge base in this paper (but you may well be making a relevant point).

A tabulated summary of the guidelines referred to has been included as suggested.

Reduced incidence means reduction of the number of new cases per no. population has reduced ie it was 2500, and is now 1200 per annum.

The WHO principles paragraph has been rearranged as part of the wider re-ordering of the manuscript.

I think ‘judged’ is correct here, and then as you point out, if the program is judged to have initial worth, it would then also be structured by the same WHO criteria.

Whilst the validity of the diagnostic criteria of hypermobility (esp hypotonia) is an interesting point, it is outside the main focus of this paper, which is shows that the screening of children for flatfoot per se is not able to be justified.

Parental concern is now included and covered on p 13. I don’t know if examiner experience is pertinent, it may well be, but in this area of screening I do not know whether it is examiner experience or educational training or exposure to current research findings.

The p-FFP is referenced (Ref 22), and this citation leads to a free access journal which can be easily downloaded so that the tool is readily available.

I have re-read the section Condition (ii) re an early latent period (page 14) sentence by sentence and feel that it is clear – but am always open to suggestion..

(problematic) has been deleted – it was unclear/ambiguous.

The FPI-6 is defined on page 16 (under ‘Test’ section).

According to the dictionaries I have now consulted Nett and net are spelling covariants and can be used synonymously (Oxford).

P 20 case-findings should be a continuing process... There is really no evidence to support a place for such medically supervised evaluations of foot pathology, given that clubfoot, pain, and underlying diagnoses are already covered and acknowledged.

Your strong recommendation of including further information about the podiatry guidelines has been included by the addition of Table 1.

Thank you once again for your review and comments of interest and interesting comments. I was very interested to learn of the “schooliosis” effect and this is perhaps also reminiscent of the flatfoot military screenings in WW1 and WW2, where WW2 saw marked revision of the WW1 criteria, as there were too many recruits being excluded in WW1 (which was very costly, if potentially life-saving for the flat-footed recruits!!).
Editor

1. the title has been amended as suggested
2. the headings have been amended as requested to conform to style
3. (i) etc have been used as requested
4. the conclusion has been reduced to a single paragraph as requested
5. Figure captions have been amended as suggested (seems a little funny, but have followed instruction here)
6. Figure 4 has been divided as suggested, and referenced
7. The reference list has been corrected as requested
8. This revision is made as a commentary as requested

Please contact me to clarify any aspects of this submission and thank you for considering this revised manuscript.

Yours faithfully,

Angela Evans PhD