Reviewer’s report

Title: Screening for foot problems in children - is there either rhyme or reason?

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Reviewer: Edwin J Harris

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Screening for foot problems in children- is there either rhyme or reason?
Angela Margaret Evans

This paper addresses a very important and timely issue. Specifically, this is the effectiveness and reliability of randomized screening of preschool and school-age children for podiatric pathology.

The thought process and construction of this article are both well reasoned and very well designed. It touches on an area of great concern, since the undesirable effects and limitations of screening programs in general are well addressed.

The author touches on a problem that occurring in the field of podiatric medicine dealing with the relevance of flexible flatfoot as a pathological entity. Although the approach to the problem is at some odds with the profession at large, it is this reviewer’s opinion that the profession must take a serious look at the pathological significance of flexible flatfoot, its natural history (which is to spontaneously correct) and the issue of both the necessity and effectiveness of treatment.

The standard of writing is quite acceptable.

Abstract: the author should include in the abstract some of the points made about other acceptable screening programs. Specifically, these include screening for tuberculosis, breast cancer, cervical cancer and bowel cancer, since they represent single clinical entities with known morbidity and mortality. This is one of the key points in the article. The same could be said for screening for hip dysplasia and dislocation.

Background: first paragraph. The author should explain why the merits of screening for warts, hammertoes, ingrown toenails and the like are outweighed by the problems of the high incidence of flatfoot. Aren’t these other issues important enough to identify? Perhaps, additionally, the author should explain why there is such a propensity on the part of the screening physicians to concentrate on flatfoot.

Second paragraph: does the author feel that part of this problem may be caused by the screening physicians’ lack of familiarity with pediatric development?

Also in the same paragraph, the author makes reference to the two sets of guidelines developed by the Australian Podiatry Association, but I don’t see any
information on what these guidelines contain. It would be helpful to summarize those in a table.

Cervical cancer screening: reduces incidence and deaths. The last line in this paragraph is somewhat confusing. It says that the incidence of cervical cancer in women aged 20 to 69 has been almost halved. It goes on to say that this has saved approximately 1200 women from cervical cancer each year. I'm sure that this is not what the author intended. Does the author mean that this identified 1200 women? Does it mean that the screening program resulted in curing 1200 women or in some other way reducing the morbidity? Obviously, if the screening program identified 1200 women with cervical cancer, it did not prevent the disease.

Under the heading the principles of screening, the whole paragraph 6 dealing with the World Health Organization seems to be out of place.

Application of screening principles to the pediatric foot: the author states that "the criteria by which a potential screening program should be judged ..." Doesn't the author really mean that the screening program should be structured by these criteria?

In the same paragraph, the author describes a number of potential risk factors. In another portion of the article, the author talked about hypotonia. The authors should mention something about the reliability of diagnoses such as hypotonia and joint hypermobility. How valid are these as diagnostic criteria, and how much of it could be examiner subjectivity.

In the second paragraph under the same heading, the author addresses the issue of parental and examiner concern about the appearance of the foot morphology. The authors should try to explain why parents are so concerned and why some clinicians are concerned. Specifically, with regard to the latter, is it because the examiners are inexperienced?

In the same paragraph, the author mentions the pediatric flatfoot proforma, but there is no real information about this other than the reference to a previous article. Some information should be provided in this paper.

Under the heading there should be a recognizable latent or early symptomatic stage, I believe that some of this could be made more easily readable by condensation of some of the verbiage.

Under D. Screening program, in the first paragraph, I don't understand the significance of the word problematic that is contained in parentheses.

Under the same heading, in paragraph 3, the authors should explain what is meant by FPI-6.

Under the heading the costs of case-finding... In the second paragraph, should the word not be net?

Under the heading case finding should be a continuing process, where does the
author feel that some sort of medically supervised evaluation of feet for pathology should be placed?

Under the heading lessons learned from previously reported foot screenings, in the second paragraph-third line from the bottom, there should be a space between 10 and percent.

COMPULSATORY ISSUES
I do not see any major compulsory revisions that need to be made before this article should be considered for publication, but I strongly recommend that the author condense some of the verbiage to reduce the overall size and complexity of some of the paragraphs. This will make the paper easier to read and digest.

MINOR ESSENTIAL ISSUES
See the comments above for items that need clarification, spelling, etc.

DISCRETIONARY REVISIONS
I strongly recommend that the author provide detailed information on the guidelines proposed for screening by the Australian Podiatry Association.

I also strongly suggest that the author amplify the paediatric flatfoot proforma rather than just referencing it.

ASSESSMENT
Accept after discretionary revisions

LEVEL OF INTEREST
This article will be an important (if not somewhat controversial) contribution to the specialty of Pediatric Podiatry. The issues with screening programs in all branches of medicine are well known. Perhaps, a lesson could be learned from the experience with scoliosis screening in the United States. Considering the morbidity of unrecognized scoliosis in preadolescent and adolescent females, there was a program developed to train school nurses and physical education instructors in the screening protocol for scoliosis. It must be remembered that these individuals were not physicians and were being trained for one specific task without any real background. The expected incidence of referral was approximately 2%, and the incidence of significant scoliosis requiring active intervention was about 1%. Unfortunately, the referral rate from school nurses and physical education instructors approached 25%. This resulted in the coining of the term "schooliosis", and the training programs have been largely abandoned as ineffective and outright harmful, since the result was extreme patient and family anxiety and overburdening of the orthopedists who had to evaluate these children and tell the parents that they were normal.

QUALITY OF WRITTEN ENGLISH
Some sentences could be shortened to make the paper easier to read without distorting the contents.
STATISTICAL REVIEW
There is no need for any statistical review

COMPETING INTEREST
I decla

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