Reviewer’s report

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

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Reviewer: Meredith Wilkinson

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Screening for Foot problems in children – is there rhyme or reason?.

Overall I found this article very informative from a general health professional point of view and most intriguing with regard to the apparent screenings conducted by podiatrists. A review such as this is possibly one of the best ways of educating the profession. My comments are largely focussed on the order of presentation of material, substantiating claims and suggestions to improve the relationship of areas discussed.

Major revisions:

The basis for this article is whether screening paediatric feet is appropriate, thus; the presentation of information needs to be rearranged. As it is currently presented the reader throughout the article is wondering about the evidence and the basis for this review, which then comes at the end. Therefore, the section called ‘Lessons from previously reported foot screenings’ needs to come first with an introduction.

I was unaware that Podiatrists in Australia conduct screenings and the thought that a number of Podiatrists conduct informal screenings (to identify flexible flat feet) makes this article very interesting if not concerning. In view of this, this area of discussion needs to be substantiated/expanded where possible.

Pg. 9 Second paragraph. It is reported in this paragraph that formal and informal concerns relating to screening, have been reported, can comment be made on:
• how they were reported,
• what prompts the concerns by the public?
• and is the author aware it occurs in other States of Australia or is this assumed from the history in SA?

Pg. 9 Last sentence. It is stated that The Association in SA developed guidelines for screening, however, what these guidelines are is not addressed. If such a statement is to be included in this paper I suggest the following be considered:
• How was the profession informed of the existence of these guidelines?
• Did the development of the guidelines in SA have any impact on the frequency or reason for screening or does the author believe the guidelines are still overlooked?
• Are the SA guidelines commensurate with the WHO guidelines?

The section on Health Screening in Australia.

I understand what the author is trying to say by including this section, however, the way it is currently presented is disconnected from the rest of the paper.

My suggestions to improve relating this material are:
• Discuss the Principles of screening first (section commenced on pg.8)
• Then presumably AHMAC use these principles and if so relate this to the discussion on those disease processes that are currently screened.
• The sections on the disease processes should be shortened and summarised together, unnecessary and lengthy to discuss them all separately.
• There needs to be an upfront statement regarding the outcome of the seriousness of these four disease processes ie death and the mortality rate prior to screening being introduced (part of the summary, that I have suggested). Reference Figure 1 here.
• It might also be worthy to mention here that there is no comparison between these four disease processes and asymptomatic flat feet. The fact that there is no comparison heightens the argument that screening is unnecessary. The only comparison to feet is if they are painful flat feet, this often results in a more sedentary lifestyle, which may lead to obesity, and then obesity becomes the health risk.

Comparison with DDH

Pg19. Error in the heading. Change the sequence of words to developmental dysplasia of the hip.

Pg 19. Paragraph on DDH. I query whether screening is the same as examination. In my view it would be more correct to suggest that this line be changed to “the hips of newborn babies are routinely ‘examined’ (not screened) for dislocation and subluxation” as are feet for any congenital deformity eg. Clubfeet. This then raises the question of when and who subsequently screens hips for dysplasia? In the Table (page 28) it is mentioned that there is routine paediatric checks. Is this with the Community child health nurse? In my view these questions need to be addressed in the text to enhance the comparison with screening of paediatric flat feet by podiatrists. Does the reference (44) by Shorter et al. give more information in this area and is it relevant to the Australian population?

Pg. 20 1st paragraph. There needs to be a further conclusive sentence outlining the outcome of the comparison. Highlight the fact that screening for DDH follows all the WHO principles and therefore screening is more than justified (as mentioned in the abstract), which is not the case with asymptomatic flat feet.
Minor revisions:
Pg. 3, Abstract Line 13. Word missing. Add the word ‘be’ following the words found to..
Pg. 9, 3rd paragraph, 1st line. Change the word ‘burden’ to significance.
Pg 14, 1st paragraph, 5th line. Change the wording ‘disease groups’ to children with an underlying diagnosis. Down syndrome is not a disease.
Pg 15. 2nd paragraph. Is it necessary to use the term ‘reverse’? I would delete this term, it contributes to a very confusing paragraph. This paragraph needs to be rewritten.
Pg15. 3rd paragraph. Given the end of the prior paragraph (2nd paragraph) I assumed this 3rd paragraph was turning the focus onto children in the second decade of life. Change the introduction to the 3rd paragraph, to indicate that the issues discussed are relevant to all paediatric age groups.
Pg 17. 2nd paragraph, 6th line. Again change the word ‘disease’ to underlying diagnosis.

Discretionary revisions
Page 19. Discussion on the comparison with developmental dysplasia of the hip. A further suggestion to enhance the comparison between DDH and developmental flat feet is the debate about the age that DDH should be treated as some resolve. It would seem appropriate to compare this with the reduction of flat feet with age. Are the hips that spontaneously correct identifiable? As the author discusses there is no current way of determining which flat feet might become painful. Although I am not familiar with the debate, given the poor outcome of undiagnosed hip dysplasia it would seem reasonable to intervene at the earliest opportunity, as intervention at an early age is simple and cost effective. In contrast you cannot treat all the flat feet to only possibly preserve the one that may become painful.

Tables and figures are clear and mostly relevant.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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.