Reviewer’s report

Title: Preoperative radiographic and clinical factors associated with postoperative floating of the lesser toes after resection arthroplasty for rheumatoid forefoot deformity

Version: 2 Date: 09 Oct 2018

Reviewer: Kade Paterson

Reviewer’s report:

** PLEASE NOTE THAT I AM SUBMITTING THIS REVIEWER’S REPORT ON BEHALF OF AN EXTERNAL REVIEWER WHO REQUESTED TO REMAIN ANONYMOUS. PLEASE SEE MY ADDITIONAL COMMENTS IN THE "COMMENTS FROM THE EDITOR" **

Among the critical points where I indicated some leaps of logic, some of them were managed properly but some of them were not. Please address the suggestion below.

The critical points that still need to be addressed are:

1) According to [Advice #1]:

I admit that JSSF hallux scale consists of pain, function, and alignment; however, it is a big leap of logic that these items were considered as "risk factors" for postoperative floating toe only because you got the significant difference in JSSF scale between patients with and without the postoperative floating toe. The conclusions that you can provide from the present study is that the postoperative floating toe in the lateral lesser toes might be associated with the hallux conditions other than the degree of hallux deformity evaluated by hallux valgus angle.

2) According to [Advice #2]:

"Recurrent floating of the lesser toes" that the authors used is incorrect because the authors did not evaluated the floating of the lesser toes preoperatively but the dislocations of the lesser toes instead. I recommend that "recurrent" will be changed to "postoperative" throughout the manuscript. And also, please check the title of tables.

3) According to [Advice #4]:

The elements of hallux deformity evaluated by the JSSF scale are only the presence or absence of deformity and rigidity of deformity. Though the authors showed no significant difference in the hallux valgus angle between patients with and without postoperative floating lesser toes, this does not mean that there was no significant difference in the subscale of hallux deformity of
JSSF scale. The authors cannot mix up these two different measurement methods. In order to provide the conclusion like the authors did, the authors should focus and do reanalysis on the patients who have detailed information about subscales but not only the total scale.

4) Additional comments:

The authors should provide the information about the number of patients of each group. And, how many cases were overlapped between patients with floating toe deformity in the medial column and in the lateral column? Grouped frequency table would be advisable.

Minor comments:

1) Line 102&103: Do you mean "destruction" instead of "distraction"?

2) Line 103-105: Should be written. It is unreadable.

3) Line 161: Add "and" between "continuous variables" and "the chi-square test".

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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