Reviewer's report

Title: Perceived barriers of New Zealand podiatrists in the management of arthritis

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Reviewer: Lindsey Cherry

Reviewer's report:

Summary:
This is a well written article looking into an area of relevance for the development of foot health care for patients with rheumatic conditions. The question posed, ‘What are the perceived barriers of New Zealand Podiatrists in the management of arthritis’ is novel and well-defined, with good rationale and justification following review and summary of the literature. The methods used are well described, with sufficient detail as to allow future replication. The completed work provides a useful frame of reference for future studies in this area. There is perhaps some assumption that there are perceived barriers to good foot health care for patients with arthritis by the authors and the study seeks to determine what these are rather than identify if they exist. Given the low response, although reasonable for an online survey, greater reference to research and responder bias in the interpretation of the results may be of value. The title and abstract accurately convey the research undertaken and the main findings.

Major compulsory revisions
None.

Minor essential revisions
1. Title: suggest that the title is slightly misleading – the authors are discussing perceived barriers to the management of foot health in patients with arthritis, not ‘perceived barriers to the management of arthritis’ – recommend revision

2. Results, para 1: detail about to what extent the responding population is considered representative of the national Podiatry workforce would be of value. Can the authors provide any indication as to potential response bias?

3. Discussion, para 3, line 4 onwards: The authors give a possible explanation of underestimation of foot health burden by Podiatrists, to account for the lack of dedicated foot health provision in patients with arthritis. Whilst this is a potential explanation, the paragraph presents inductive inference and would perhaps be better balanced with counter argument or explanation, to avoid undue bias in the interpretation and application of results. Suggest revision of this paragraph to remove inductive logic inference.

4. Figure 1 title: suggest rewording to ‘bar graphs indicating which health professionals reportedly refer people with arthritis to Podiatry’
5. Figure 2 title: suggest rewording to ‘bar graphs indicating which arthritic conditions are reportedly seen within podiatric practice in NZ’

6. Figure 3 title: suggest rewording to ‘…outcome measures when managing foot health in patients with arthritis’

Discretionary revisions

7. Introduction, para 3, line 5-7: Take care not to overstate the findings of previous work – this statement is perhaps presented a little too objectively – the evidence for MDT working is arguably conflicted and not absolute.

8. It would be of benefit to give definitions of multidisciplinary versus interdisciplinary working as these terms can incorrectly be used interchangeable – such detail would be of use to readers not specialist in this topic area.

9. Methodology, para 3: inclusion of the survey as a table/figure item would be of interest and may replace much of this paragraph.

10. Discussion, para 1, lines 1-3: Consider revision of this initial statement; there is a strong inference that involvement in the MDT leads to better outcomes, however there is limited evidence to clearly demonstrate clinical benefit for MDT versus IDT working for example – consider rewording to clarify this point.

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.