Author’s response to reviews

Title: National profile of foot orthotic provision in the United Kingdom, Part 1: Practitioners and scope of practice

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Author’s response to reviews:

Reviewer #1: This paper is on a topic which I expect will be of interest to readers of JFAR. The study is well executed and the article is generally well written. All of my suggestions are minor and should be easily addressed.

Minor Essential Revisions

1) Abstract, Results: There is no specific reference to foot orthoses being employed by different professions in different ways in the results section, yet this is a conclusion (in the abstract). I suggest this finding should be more explicit in the results section of the abstract if it is to inform the conclusion.

Response: We have added a specific statement about practice ranging between professions to the results section.

2) Throughout the manuscript. Please change 'data was' to 'data were'. As data is plural it should be written as 'data were…'.

Response: We have replaced via a find/replace search and manually checked the manuscript too.
3) Throughout the manuscript. There are several instance where examples are listed but they don't have an 'and' before the last listed item or don't have an 'etc.' at the end. For example (line 119), '(e.g. diabetes, musculoskeletal (MSK), children). Please either change to 'and children' or 'children, etc.'. Please amend this issue throughout the manuscript.

Response: Done

4) Please ensure 'e.g.' is abbreviated the same throughout the manuscript. There are several occasions it is written as 'e.g' (missing a full stop). The same applies to 'i.e.'.

Response: Done

5) Line 142. Please review the fluency of this sentence. I recommend you insert a full stop following the ethics number.

Response: Done

6) Line 154. Please insert 'and' prior to 'Physiotherapists'.

Response: Done

7) Lines 162-176. Some of these points have full stops while others do not. Please make consistent.

Response: Done

8) Throughout the manuscript there are many sentences that start with numerical numbers. Please write these as words so no sentence starts with a number. For example, change '11% had a Higher Diploma…..' to 'Eleven percent had a Higher Diploma…..'.

Response: Done using changes suggested or rewording to avoiding lengthy text (e.g. where the % was not a whole number)

9) Line 113: Amend the spacing issue immediately after references [17-20].

Response: Done

10) The terms 'customised' and 'custom orthoses' are used interchangeably (see 'orthoses provided' section). However, later in the manuscript when discussing prefabricated orthoses they are referred to being 'customised' to individual patients (line 496). This could be confusing for readers so I would like the authors to consider if they would prefer to use one term throughout (I prefer 'custom orthoses') for orthoses made from a cast/scan/impression.

Response: Agreed. The wording refers to different issues. Customisation is what the clinician does to an orthotic device to meet what they believe the patient needs, and is the process we refer to at the start of the “orthoses” section. This customisation can be achieved using a prefabricated
orthosis or a custom made orthosis. “Custom orthosis” is a device made to the shape of the individual patient foot. We have deliberately used the term “modification” in the first sentence involving the customisation process to offer clarity. We had now added “process” to this sentence to offer further clarity. We have also added reference to use of patient foot shape to the second sentence and checked all other references to customisation “process” and “device”.

11) Line 269: change 'upto' to 'up to'.
Response: Done

12) Line 313: EVA is previously abbreviated yet spelt in full again and abbreviated.
Response: We have added the definition to the first use.

13) Line 341: Amend space between '10-30' and '%'.
Response: Done

14) Some sub-headings have a full stop while others don't. Please make consistent without a full stop.
Response: Done

15) Line 414: insert 'approximately' prior to '350' and remove the symbol.
Response: Done

16) Line 455: Please insert 'and' prior to 'demonstrates'.
Response: Done

17) Line 537: Please consider changing 'outcomes data' to 'outcome data' to avoid using two plural nouns.
Response: Done

Discretionary Revisions

1) Title: There are two sets on colons in the title. I suggest that the authors consider putting 'Part 1' in brackets, so it would read National profile of foot orthoses provision in the UK (Part 1): Practitioners and scope of practice.
Response: Done
2) The terms 'questionnaire', 'survey' and 'survey questionnaire' are used throughout the manuscript interchangeably. I would like the authors to consider if they would prefer to use one term throughout (and if so, which is most appropriate).

Response: The questionnaire is the tool used in the process of the survey and hence the term “survey questionnaire” is appropriate. However, we have checked each use of each word to make sure the reference is appropriate.

3) The name of the professions have capitals used on some occasions, but not consistently throughout the manuscript. Please review this to ensure capitals have been used appropriately.

Response: Done. Another reviewer raised this issue. We have used a capital letter wherever it refers to the regulated profession or a professional within that profession (e.g., Podiatry, Podiatrist) but not when it refers to the department of that same name (e.g., podiatry department).

4) Line 445-446: Please consider rewriting this sentence to improve its fluency.

Response: Done

5) Line 532: Please consider rewriting this sentence to improve its fluency ('evidence' is also used twice in this sentence).

Response: Done

Reviewer #3: This is a timely, interesting and much needed study that explores the profile of foot orthoses provision in the UK. In general, I have little to comment on the content and structure of the article and study. It is well written and contains the relevant and appropriate information. The background section sets the scene appropriately with a clear aim stated. On page 8, lines 134 - 136, the authors make reference to 'In this first paper...' - for context and to avoid assumptions made by the reader, it may be worth the authors considering adding a further sentence (or amending the current sentence) to state that this is the first of a series of papers which seeks to explore... Reference to this should also be made in the abstract (even though part 1 is stated in the title of the paper).

Response: Done

The methods used by the authors are appropriate with the use of Quirkos for analysis. The results section was easy to follow and is supported by figures and tables. In terms of the tables however, they are large and whilst contain pertinent information, key information could be missed. For example, table 3 could be split into 3 smaller tables enabling the reader to digest the information presented. This is only a suggestion for readability.

Response: Done – we have split the information of pre-fabricated and custom orthoses into two tables, and integrated one data set into the text of the paper.
The discussion section is well stated and provides a range of considerations based on the results obtained. The limitations highlighted by the authors are open and honest. Whilst comparisons between professions are covered in separate papers (stated by authors for example on page 26, lines 551 - 552) in the conclusion it may be worth the authors considering introducing the second part of the paper/study.

Response: Done

Reviewer #4: GENERAL COMMENTS

In addition, I believe that the manuscript is too long, so I suggest that the authors consider attempting to reduce the length of the manuscript. I suggest this because I think it will make it far easier to read and digest the information provided (i.e. easier to understand what the main message is from the study). I also raise this issue below where I outline specific concerns/amendments, but in short, I suggest that some of the material that may be considered speculative be removed.

Response: We have removed 500 words from the paper (from the discussion, see later comment).

Below are specific points that need to be address (and I apologise for there being so many).

SPECIFIC POINTS

1. Title: there are two colons in the title, which I think is grammatically incorrect, as well as being awkward. So, I suggest changing the title to something like, *National profile of foot orthotic provision in the United Kingdom, Part 1: Practitioners and scope of practice*.

Response: Done

Please note that I have suggested a few changes in the title, which will probably need to be negotiated with the editors to fit in with journal style (i.e. consult the handling editor?). I have suggested changing *orthoses* to *orthotic*, or possibly *orthosis* (i.e. *foot orthotic provision* or *foot orthosis provision) because the word *provision* is a noun (i.e. in this case, the name of an action), so the word preceding it should be an adjective that describes or names an attribute of the noun. The adjective should not generally be in plural form (i.e. in this case, it should not be *orthoses*). As a further example, you would not write, *services provision* or *drugs prescription*, you would write *service provision* or *drug prescription*, respectively.

Response: Done throughout the manuscript

Again, this may need to be negotiated with the handling editor. I also suggest that *UK* should be changed to *United Kingdom*, which I suggest should not be abbreviated in the title.
2. List of abbreviations: suggest not using so many abbreviations as they will make the manuscript harder to read and are not needed (e.g. OG, SG, AHP and PASCOM).

Response: Done. All abbreviations removed except in the tables and definitions are included in all legends. An abbreviation is designed to save space or writing something long out it full, but given that there are no word limits for most online journals, such as JFAR, then it is not worth using these abbreviations as it simply makes the text harder to read, particularly if the reader is not familiar with the abbreviations, which many readers from outside the United Kingdom won't be. What will happen will be that a reader who is unfamiliar with these abbreviations will have to constantly go backwards and forwards from the abbreviation to the list of abbreviations and back again to work out what each one stands for. In most cases it is unnecessary and just makes the manuscript harder to read.


Response: Done

4. Line 87, Abstract, Methods section: change *data was* to *date were* as the word data is plural (datum is singular). Check rest of manuscript for consistency.

Response: Done

5. Line 90 and 91, Abstract, Results section: No need to over-capitalise the professional names, podiatrist, orthotists and physiotherapist. Removing the capitalised first letter of these names will also be consistent with how you have written these words in the Abstract, Methods section.

Response: Please see earlier comment by reviewer1 as we have now introduced consistency. This could be a matter of editorial policy and we would defer to that.

6. Line 98, Abstract, Conclusion section: suggest adding a comma after the word *silos*, so the sentence reads, *This may point to persistence of professional silos, which would be at odds with...*. See also later point on the word *silos*.

Response: Done

7. Line 108: suggest adding a comma after the words *As such*, so the sentence reads *As such, the use of orthoses...*

Response: Done

8. Line 122: suggest changing *foot orthoses services* as mentioned in Point 1.

Response: Done
9. Line 124: suggest changing *foot orthoses provision* as mentioned in Point 1.
Response: Done

10. Line 122: suggest changing *foot orthoses practice* as mentioned in Point 1.
Response: Done

11. Line 129: suggest changing *specific clinical condition* to *specific clinical conditions*.
Response: Done

12. Line 130: change *Podiatrists* to *podiatrists*. The authors need to carefully go through the manuscript for other examples of this issue, and to make the manuscript consistent.
Response: Raised by another reviewer and described elsewhere, but addressed.

13. Lines 131 and 132: you have stated two aims, so perhaps tease these out further by indicating that the first sentence relates to an overall aim and the second sentence relates to more specific aims (you could even start the second sentence with *Specifically,...*).
Response: Done

14. Line 134: suggest changing *paper* to *article*, which is more in line with a scientific article (i.e. a paper has a more generic meaning).
Response: Done

15. Line 138: remove the colon after the word *Methods*.
Response: Done

16. Line 140: suggest changing *orthoses practice* to *orthotic practice*.
Response: Done

17. Line 146: you will need to check current BMC/JFAR journal style, but numbers less than 10 are usually written as words (i.e. one, two, etc.), unless they are included in a sentence with numbers that include 10 or greater, in which case they are written as numerals.
Response: Done, with the exception of the results. In here data less than 10 have been retained in numerical form for ease of reading.

18. Line 148: you have used the word *iteratively* but I wonder if the average reader will understand exactly what you did? The assumption is that you carried out some form of repetition, but it is hard to understand exactly what you did. Perhaps you could explain what you did in
more detail? If other researchers wanted to repeat what you did, could they by the word *iteratively*. Please leave this if you think it should be intuitive to readers, however I guess I am raising the issue that it may not be.

Response: Done. We had made it clear it was a repetitive process and that a sense of consensus marked the end of the iterations. This issue is not that critical however, because this was only required to create a draft of the questions/responses, and it was followed by two rounds of piloting.

19. Line 159: change *appendix A* to *Appendix A*.

Response: Done

20. Lines 162 - 175: suggest removing over-capitalisation (e.g. *About You* should be *About you*). In addition, line 170, change *Pre-fabricated* to *pre-fabricated* and line 174 *ands* should be *and*. Need to check entire manuscript for this issue.

Response: Done

21. Line 178: *The sampling strategy...* rather than *Sampling strategy*?

Response: Done

22. Line 186 and 187: you indicate that 20 commercial suppliers of orthoses related materials and products, but I think you need further information about how these suppliers were chosen. For example, were they from all over the UK or just one specific country or region? This may have a bearing on generalisability of your findings?

Response: Done. These represented the major names/companies in the sector and were selected out of convenience. Detail referring to national coverage has been added.

23. Line 199: change *felt* to *thought*. Feeling is a very different process to thinking.

Response: Done

24. Line 202: add a comma after the words *...and where this was not appropriate...* so it reads, *..., and where this was not appropriate, group them into new categories.*

Response: Done

25. Line 208: suggest adding more detail to explain what variables you were interested in describing using descriptive statistics (possibly even just provide some relevant examples), rather than just *as appropriate*. What is currently written does not really explain why you did what you did very well.

Response: Detail has been added to offer examples: derived (e.g. frequency, percentage, range)
26. Line 216: the patient and the occupational therapist were obviously a bit confused:)

27. Line 219: change *figure 1* to *Figure 1* as you are referring to a specific figure.

Response: Done

28. Line 219: the start of the sentence *There were 225 males (45.1%),...* sits quite awkwardly with the rest of this sentence, which relates to the number of respondents that live/practice in certain countries - I suggest separating them into two distinct sentences.

Response: Done

29. Lines 219 - 220: unless I have missed something, the number of respondents from the relevant countries (387 + 62 + 25 + 23 = 497) does not add up to the total number of useable responses in line 216 (i.e. 499).

Response: The missing “2” are indicated in the brackets and did not provide a response.

30. Line 227: change *Post Graduate Diploma* to *post graduate diploma* to be consistent with *certificate* (and *degree* and *doctorates* elsewhere in this section).

Response: Done

31. Line 228: same as above, change *Higher Diploma* to *higher diploma*.

Response: Done

32. Line 138: please check this sentence (*...,patient group, patient groups...*)?

Response: This is correct but we have added extra information to clarify (added an extra “s” after the first patient). It also needs to match the column headings of the table 1.

33. Line 240: change *Podiatry* to *podiatry*.

Response: Done

34. Line 251: change *table 2* to *Table 2*.

Response: Done

35. Lines 251-252: suggest using a more active voice, so change *were spending* to *spend* and *were providing* to *provide*. This is a general comment that can be considered for the entire manuscript.

Response: Done
36. Line 258: suggest changing to *...that advised the prescription of a foot orthosis.*

Response: Done

37. Line 259: change *table 2* to *Table 2*.

Response: Done

38. Lines 266-270: raises an issue that is throughout the manuscript in which you have used inconsistent terminology for customised orthoses (e.g. custom, custom-made, and customised). I suggest using consistent terminology and I suggest *customised orthoses*.

Response: Done, except for the description of the questionnaire sections which need to reflect the text in the questionnaire exactly. In this paragraph, and throughout the manuscript, there is also inconsistent use of the number of decimal places for percentages (both none and one are used in this paragraph, for example). This needs to be amended so it is consistent. While on this issue, is it worth stating percentages for this type of survey to one decimal place or would round percentage figures be sufficient (i.e. no decimal places)?

Response: We have now used 1 decimal place throughout.

39. Line 269: change *upto* to *up to*.

Response: Done

40. Line 271, add a comma after the word *orthoses* (i.e. *When asked about prefabricated orthoses, 5.8% of responders...*).

Response: Done

41. Lines 272-274: you have written, *43.7% stated that up to 30% of the orthoses they provided were prefabricated, 13.8% reported 31-60% of the orthoses they provide, and 26.7% reported 61-99%.* This is quite an awkward sentence and I suggest it should be re-written. Perhaps, *Of the orthoses that were provided, 43.7% of participants stated that up to 30% were prefabricated, 13.8% stated 31-60% were prefabricated, and 26.7% stated 61-99% were prefabricated.*

Response: Done

42. Line 283: you have written, *The main issues...*. Can you be more specific as an issue might be positive or negative? For example, would it be better writing, *The main issues of concern for responders regarding orthotic devices and service...*?

Response: Done – we have reverted to the wording used in the questionnaire (“comments” not “issues”).
43. Line 287: suggest changing *saying it was for* to *indicating that the recommendation was for* (i.e. the responders did not *say* this as it was an online questionnaire.

Response: Done

44. Lines 296-300: does this paragraph relate to only prefabricated orthoses? It isn't clear. If it is, then I suggest starting the sentence with, *In relation to prefabricated orthoses, the material used, % of orthoses modified,...* so it is clear that the entire paragraph relates to prefabricated devices.

Response: We are not clear on the risk of confusion. The sentence is within the “pre fabricated” section, and the first line of the paragraph is “The material used for prefabricated orthoses....”

45. Line 297: change *table 3* to *Table 3* (needs changing on Line 312 as well).

Response: Done

46. Lines 301-303: suggest adding an Oxford comma after *...with a further 18.4% stating once a year...* so it reads, *...with a further 18.4% stating once a year, ...*.

Response: Done

47. Line 326: is the end bracket in the right position? Should it be positioned after the word *companies*?

Response: Done If so, I also suggest adding an Oxford comma after this and before the word *and*.

48. Line 333: suggest changing *treatments* to *interventions* as education is not really a treatment (i.e. treatments tend to refer to something physical or chemical). The word *intervention* is more consistent with the clinical trial literature as well.

Response: Done

49. Line 340: add a comma after the word *patient*.

Response: Done

50. Line 341: to be consistent, remove the space between *10-30* and *%* (i.e. you don't have spaces elsewhere for percentages.

Response: Done

51. Line 343: add a comma after *and of these*.

Response: Done
52. Lines 345-348: this is a long and awkward sentence...there are two uses of the word *and* indicating two ends to the sentence. Probably best to replace the first *and* with the word *which* (i.e. *..., which were...*).

Response: Done

53. Line 346: consistency...*eg.* and *e.g.* (suggest *e.g.*).

Response: Done

54. Line 364: you use the word *respondents* here but *responders elsewhere (I think *responder* is more correct), so again, there is a consistency issue. Given that there are a few consistency issues raised already, I suggest that the authors review their manuscript carefully with this in mind.

Response: Done

55. Line 367: suggest changing, *A change in patients was also expected...* to *A change in the category of patient presenting to practitioners was also raised as an issue, with orthotic practice focusing more on specialities, such as ...*.

Response: Done

56. Lines 383-388: for some reason you have used numbers in this paragraph rather than percentages, which you have used for the majority of the Results section. Therefore, there is a consistency issue.

Response: We did this because throughout the majority of the Results section the % of responders relates to the full sample, whereas in this later paragraph the responses were a far smaller subset (116 of the 499). We believe that continuing with % would lead to misinterpretation and hence deliberately chose to be specific with participant numbers.

57. Line 388: suggest an Oxford comma after *orthoses*, so it reads *...orthoses, and easier access to...*.

Response: Done

58. Line 390: remove the full stop at the end of the heading.

Response: Done

59. Line 391: change *statistically significantly differences* to *statistically significant differences*.

Response: Done
60. Lines 396-397: no need to capitalise the first letter in podiatry, physiotherapy and surgical appliances and orthotics, unless you are referring to a specific department in a hospital, for example. On this issue, there is lack of consistency, again, because earlier in this sentence you have not capitalised the first letter in diabetes, occupational therapy or rheumatology.

Response: Consistency has now been applied (none of the departments have capitals)

61. Line 399, Discussion section: I found the discussion very long and at times it appeared to become speculative. I guess that you were simply trying to explore all avenues, but it did make the discussion hard work to read. In addition, it appeared to me that you frequently raised issues that were not really within the scope of your survey results (i.e. you appear to over-analyse the data, which at times becomes quite speculative). Therefore, would it be possible to cut some of the discussion out to simplify it and not explore so many avenues that your survey cannot answer? Put simply, the way you have written the Discussion currently so seems to, on many occasions, raise more questions than answers.

Response: We have removed 500 words from the discussion and checked its content against the data and our aim/purpose statements. It matches the various sections of the results well and seeks to provide some interpretation for the various stakeholders, hence it does cover a lot of ground. One point of discussion has been removed completely. Through further editing we have tried to make the same points but at a faster pace so that the reader experience is not laboured. We note other reviewers did not raise this issue.

62. Lines 402-409: consistency issue *would* versus *will* (*would* indicates could/maybe, while *will* is more definitive)...I suggest using the following instead, *...could use this data to...*.

Response: Done

63. Line 407: suggest changing *will be able to see* to *will have this data available to consider*.

Response: Done

64. Line 411: you have a sub-heading here (i.e. *Responders*), but I don't believe that BMC journals allow sub-headings within the Discussion. Please check and amend as necessary.

Response: We have checked and found no guideline on sub sections so have kept most of these (we removed the “responders” sub heading because it was not specific to one of the study aims).

65. Lines 420-422: just checking that the *&* symbol is correct? Should it be *and* (i.e. not abbreviated)?

Response: Done
66. Line 421: suggest changing the word *circa* (which is more European) to *approximately* as many readers of JFAR will be from elsewhere in the world.

Response: Done

67. Line 422: change *Podiatry* to *podiatry*.

Response: Done – please see earlier comments regarding greater consistency throughout

68. Line 425: remove the full stop from the end of the heading.

Response: Done

69. Line 438: you have written *very high level* here but some might argue that simple dichotomous data such as yes/no could be considered *low level* data. Therefore, can you think of another phrase to use, such as *limited* perhaps?

Response: Done

70. Lines 445-457: The sentence, *Common practices between professions speaks to current policy to integrate practitioner roles and remove professional silos [24]* is very jargonistic. Suggest changing to, *Common practices between health professions is in line with current national policy to integrate practitioner roles and remove restrictive boundaries between professions [24]*.

Response: Done Sorry, terms like *silos* are really just jargon terms and do not describe the issue clearly - really, a *silo* describes a structure/container that stores bulk materials, such as grain! Apologies for raising this issue (yep, a gripe of mine), but I think academics need to think carefully before simply perpetuating these corporate jargon words and phrases.

71. Line 450: similar to before, suggest changing the word *circa* to *approximately*.

Response: Done

72. Line 458: suggest adding a comma after the word*orthoses* (i.e. *...that pass through feet using orthoses, practitioners need to be able to...*).

Response: Done

73. Line 460: suggest adding a comma after the word *orthoses* (i.e. *...and thus where foot orthoses are provided, an ability to manage footwear provision might also be expected.*

Response: Done

74. Line 466: change *access to steroid injections* to *provision of steroid injections* (i.e. *access to* is very different to actual *provision of*).
Response: Done

75. Line 470: remove the full stop at the end of the heading.
Response: Done

76. Line 474: add a comma before the last segment of the sentence beginning *as well as...*. 
Response: Done

77. Lines 475-476: suggest changing the beginning of the sentence to, *That specialisation in sports medicine is also common...*).
Response: Done

78. Line 482: add a comma after the words *foot orthoses*.
Response: Done

79. Line 494: remove the full stop at the end of the heading. This is also a really odd sub-heading because (i) the entire manuscript is about orthoses, and (ii) you have already used the word orthoses in previous sub-headings. You need to consider this comment in relation to my previous point regarding sub-headings within the Discussion section.
Response: We have revised this subheading to be specific to the fact it is about the types of orthoses provided.

80. Line 529: change *practitioners* to *responders* or *participants*.
Response: Done

81. Line 536: change *orthoses effects* to *orthotic effects*.
Response: Done

82. Line 536: change *orthoses practice* to *orthotic practice*.
Response: Done

83. Lines 558-559: you have written, *Furthermore, professions such as occupational therapy could also be involved.*, however I think earlier, you indicated that the response from the occupational therapist was not included?
Response: Yes this is correct. We did not target occupational therapists and the 1 participant was considered too few to warrant inclusion. Yet, this is also evidence that the profession could be
involved and considered in future work. No other reviewer has mentioned this and so we have not made any amendment.

84. Line 561: change *is* to *was* (i.e. *the same topic was...*).

Response: Done

85. Lines 562-565: this sentence has awkward double parentheses throughout it...need to amend.

Response: Brackets have been removed and comma added

86. Line 565: change *feel* to *think*. Amend in line 569 as well.

Response: Done

87. Line 567: change *felt* to *thought*.

Response: Done

88. Line 583: change capitalisation of first letters in podiatrists, physiotherapists and orthotists.

Response: Done – see earlier comments on use of capitals.

89. Line 587: add commas either side of the word *however* (i.e. *there is, however, recognition for the need...*).

Response: Done

90. Line 590: strongly suggest changing the word *silo* as raised in previous point. Also need a comma before the word *which*.

Response: Done

91. Reference list, many errors and inconsistencies that must be corrected: Ref 12 needs access date amendment to *Accessed 20th March 2017*; Ref 17 needs amendment to the date (spacing etc.); Ref 19 needs *ad* amended to *and*; Ref 20 needs double full stop removed; Ref 24 - is there a publisher/organisation?; Ref 29 needs full publication details (e.g. vol and page numbers, or DOI); Ref 43 needs AHPF spelt out in full.

Response: Done. The number of references has been reduced and some of the issues mentioned are no longer applicable.

92. Table 1, 3rd and 4th columns: change 9% to 9.0% and 18% to 18.0%, respectively, to be consistent (also refer to previous point I raised about number of decimal places).
Response: Done

93. Table 2: need to be consistent with number of decimal places.
Response: Done

94. Table 3: need to be consistent with number of decimal places.
Response: Done

95. Figure 1: need to be consistent with number of decimal for the percentages for the regions in the map. and to be consistent with the rest of the manuscript, use a point rather than a comma between a whole number and the fraction.
Response: Done