Reviewer’s report

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

**Version:** 0  **Date:** 02 Jun 2017

**Reviewer:** Karl Landorf

**Reviewer’s report:**

GENERAL COMMENTS

Thank you for inviting me to review this manuscript. The manuscript reports the findings of a survey of foot orthotic provision in the United Kingdom. It is an impressively large survey and an important one. I congratulate the authors for taking this project on. The data will be very useful for this area of practice and research.

I have very few issues with the design of the project and the results. That aside, there are numerous smaller issues that require amendment, many of which are simple wording and formatting issues (see specific points below). However, there are also many important amendments needed that relate to choice of words or phrases. I have made suggestions in the specific points below because the choice of these words or phrases (i.e. in the current manuscript) often provide the wrong meaning or context. There are also a few examples of incorrect tense or grammar as well. These must be sorted out before re-submission.

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.

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*. 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. 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). 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.


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.

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.

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*.

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

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

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

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

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

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.
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,...*").

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).

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

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

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.

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.

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

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.

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

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?

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

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.*

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.

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.

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.

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).

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

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

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

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

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

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.

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

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

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*. 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)?

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

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

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.*

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...*?

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).

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.

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

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, ...*.

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

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

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

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

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...*).

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

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.
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 ...*.

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.

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

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

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

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.

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.

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...*.

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

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.

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

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

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

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?

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]*. 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*.

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...*).

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.*

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

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

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

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

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

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.

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

81. Line 536: change *orthoses effects* to *orthotic effects*.
82. Line 536: change *orthoses practice* to *orthotic practice*.

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?

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

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

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

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

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

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

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

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.

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).

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

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

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.

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I declare I have no competing interests, except: (i) I have conducted previous surveys on foot orthoses, and (ii) I am co-investigator on another UK-based survey on orthotic prescription for foot-related problems in rheumatology (with researchers from the Uni. of Leeds, UK and AUT, NZ).

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