Author’s response to reviews

Title: Clinical Photographic Observation of Plantar Corns and Callus associated with a Nominal Scale Classification Model in a Student Population. An Inter-Observer Reliability Study

Authors:

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Author’s response to reviews:

Dear Dr Farndon

Thank you for the opportunity to make improvement to my submission. I hope you will find I have attended the comments and suggestions helpfully

NB A slight shift in line numbers may have arisen with editing

Abstract - line 37 and Background line 62. The grading system is restricted to the forefoot, it may need some further explanation as to why this is as callus can be present on the heels (I assume it is due to the original work coming from classification of plantar lesions associated with HAV? Background line 64, please provide a reference.

The limitations of this study include the forefoot alone because to include heels would require involvement with fissures as a common pathology, the access to sufficient patients is limited within the confines of this component of the research project, and the original work (1985) dealt with forefoot alone. I accept a need to include callus for dorsal toes, heels and other specific locations, but it seemed sensible to not increase the risk of confounding factors. This project covers photography but the element not submitted involves clinical selection as a second paper with patients and debridement and this confirms the limit of selection. The overall subject is so large that it was my intention to pick the foot off in smaller bite size portions for analysis.
Page 5, line 88 - "specific location" can you re-phrase as clinicians will use the anatomical site to describe lesions on the patient record.

The use of the word ‘often’ has been used and the reference shows this to be the case in a recent study and text [13/14]. It is not suggesting that clinicians never use the location, but in terms of texts and papers this seems to be more prevalent, but are not restricted to podiatrists (13), but orthopaedic surgeons (14) and others with an interest in the foot

Alterations made to help this:

‘Thickened epidermal tissue as ‘callus’ and ‘painful’ has been described without a specific location and can lack adequate descriptive narrative [13-14].’

Page 5, line 90 "MTH" in full first please. Corrected

Page 5, line 93, please can you give a little further description of a nominal group approach for those who are not familiar with this method.

“A graded classification system came about as part of a study involving 1700 patients. The classification model allocated whole numbers without sub-divisions, with the scale graded 1-4 for plantar callus/corn presentation after hallux valgus surgery; [16], Table 1.”

Page 5, line 93, "scale graded 1-4" it would be beneficial to the reader to reference the criteria for each grade of the scale here.
Added text:

The simplified descriptor (Table 3) established the criteria for grading [16].

Page 5, Table 1, I assume <10 and 20 years is the age of the patients? Can this be made clearer please.

Added text:

“The original data capture isolated those under 10 and those collectively under 20 years.”

Page 6, line 102, "fewer grade 4 lesions were found" from Table 1 it indicates that there are fewer grade 3 lesions too - can this be clarified?

Amended

“Fewer grade 3 and 4 lesions were found compared to grade 1 and 2 [16].”

I resisted adding more material as this falls into evidence from histopathology to make this a clear distinction. The reference to the lesions is observed from the data from an older paper was not intended to provide explanation in this paper.

Page 15, line 312 "fails to make a compelling argument for continuation without change ...." I think the value of core podiatry to sustain foot health, even it it has to be repeated at intervals should be highlighted here as previous research has shown it can benefit patients and reduce deterioration in their foot health and mobility.
Response:

The compelling argument relates to cost, and treatment backed by commissioners for it to be effective. I do not include diabetic and high risk patients as this forms a completely different argument where evidence is contrary to the low risk patient.

Debridement requires justification under a wide remit as alone it does not provide an outcome measure of value. As a podiatrist, I see the value to the patient differently to commissioners. I find agreement with you in this regard but the thrust of the bigger picture comes down to justifiable use of resources and we need to work on this by first showing that we can be constructive in the use of limited resources for the most needy patients for podiatry to survive. There was no criticism to the reference used. I was mindful I could not use the paper to make the points into further argument but have made an amendment to give recognition for these important comments.

Amended:

“Debridement as cyclical treatment has been considered an important component of ‘Core Podiatry’ [12] but fails to make a compelling argument for continuance without change based on evidence where debridement demonstrates unsustainable improvement in pain unless repeated for the low risk categories [7-11].”

Page 15, line 323, the grading system could also be used to show improvements over time to patients linked to specific treatments.

Amended:

“Used alone, classification remains limited but may provide a method to show improvement or deterioration. When considered with good quality dermatological…”
Dear Dr Bristow

Thank you for the opportunity to make improvement to my submission. I hope you will find I have attended the comments and suggestions helpfully

Line 27 and subsequently 121, 265: The author uses the term "keratin lesions" within the paper. There are many types of keratinous lesions beyond corns and callus, and so for clarity I would recommend changing this term to something that is specific to the subject matter to avoid confusion.

Amended:
L27 “The distinction between types of keratin lesions that forms corns and callus has attracted limited interest.”

NB A slight shift in line numbers has arisen with editing

L122 “When cataloguing any keratin lesions, pathogenic changes should be mentioned within the narrative.”

L266 “While no evidence of staging for epidermal thickening exists in the literature, skin that blisters following shoe rub can alter with epidermal thickening.”

Line 55, 64, 67, 76: For accuracy, amend the word "papova" to "papilloma" which is the viral sub-group more specific to humans.

All papova altered to papilloma
Line 90: For reader clarity, please define MTH at first use.

Amended:
“…include lesions outside the metatarsal head (MTH) perimeter [15] but this was far from the case in similar papers.”

Line 132 refers to a paper [17] this appears to be an incomplete reference. Please can you verify?


My edited comment has now been removed

Line 146: Please can you clarify this statement about the scientist being an "outlier" or remove?

On balance I feel removing this may be more helpful.

Line 214: Insert the word "the" before "majority".

‘The’ added as recommended.

Line 232: Do you mean intra-rater reliability here?
Response:

Intra-reliability as used when an observer uses the same method on additional occasions was not considered as helpful as comparing an inter-reliability between a number of different observers due to the practicality of methodology used. The reference related to the views held by Miller [31] but supported the fact that intra-reliability was not performed in this piece of work.

Line 245: Table 5 is referred to but does not appear in the manuscript?

In the re-drafting I failed to remove this and it should and now does read Table 3