Reviewer’s report

Title: The clinical diagnosis of symptomatic forefoot neuroma in the general population: a Delphi consensus study

Version: 0 Date: 17 Oct 2017

Reviewer: Sarah Stewart

Reviewer's report:

Thank you for the opportunity to review this manuscript which reports the results from a Delphi consensus study which aims to identify recommendations for signs/symptoms to be used in the diagnosis of forefoot neuroma.

Abstract

Page 1, line 25 -26: suggest merging sentence with sentence in lines 11-12 to avoid repetition

Introduction

Page 2, line 48-50: consider rewording the sentence beginning 'Contributing…..' to 'Contributing to this is the poor understanding of the cause and risks associated with developing a forefoot neuroma, although a number of hypotheses have been made'.

Method

Page 3, line 71: consider removing '…and sample size' from the heading of this section as there is nothing in it that relates to sample size (which is described at the top of page 4 under the 'Recruitment' heading.

Page 3, lines 78 - 84: the three criteria listed here are the same

Page 4, lines 85-87: Suggest removing second criteria listed here as it is just a repetition of the inclusion criteria. Were there any criteria regarding years practicing? The abstract mentions participants were from clinical or academic backgrounds - were the 'academic' participants' also clinical practitioners?

Page 3, line 91: can you be more specific with regard to the identification of participants through 'a literature review' and 'professional networks’?

Page 4, line 104: full stop after 'results [7]'.
Page 4, line 104: change '… consented onto the study...' to '…consented to the study…'.

Page 4, Delphi method section and data collection section: there is some repetition between these two sections. Considering merging.

Data analysis, page 5, lines 166 -167: remove 'median' and 'range', which are not reported in your results

Results

Page 6, lines 178-180: 'N' should be lower case (n)

Page 6, second paragraph of 'The recommendations' section: there is some repetition of methods in this paragraph, rather than results

Discussion

Page 6, line 205: the abbreviation 'IM' is introduced here. First use of an abbreviation should occur at first use of the word (i.e. page 2, line 46)

There is lots of reference to recommendations which had the 'highest scoring' or that were 'scored highly' throughout the discussion. I think it would be helpful to include the actual scoring %s in Table 1 alongside each of the 21 recommendations.

Can you be more specific with the actual ultrasound appearance of a neuroma, which would be beneficial to the readers.

Page 7, line 223: change 'Alternatively...' to 'However,…'

Page 7, line 224: in relation to the specificity and sensitivity of Mahadevan et al.'s work: which diagnostic test was the IM squeeze test assessed against?

Page 7, third paragraph of discussion: could you provide clarity on the difference between tenderness present with IM space squeeze and tenderness present with lateral metatarsal head squeeze.

Page 7, last paragraph: Not sure that discussion surrounding 'Sullivan's sign' is necessary, as Table 1 mentions x-ray for the use of ruling out other pathology, but does not mention Sullivan's sign.
Page 8, second paragraph, lines 256-257 and line 262: suggest removing statements about 'treatment recommendation rather than diagnostic method'. I think both could be used as 'diagnostic trials' if they relieve symptoms.

Page 8, line 276: This is the first time the 'comments section' has been mentioned. Why is it not in the methods?

Page 9, line 284: the word 'focused' - do you mean 'allowed'

A section on recommendations for future research based on the findings form the current study would be useful. For example, the development and testing (sensitivity/specificity) of a diagnostic scoring system based on the identified recommendations may be beneficial for clinicians.

Table 1

Clicking reported by patient: not sure that this is a non-weight bearing sign? If this is elicited through testing by the clinician, how is this different from the Mulders click?

An explanation of Mulders click would be beneficial for readers not familiar with it.

X-ray: Any reference to surgical planning can be removed.

General recommendations:

Referencing: The referencing needs to be reviewed throughout the entire manuscript. Currently, the first reference used is numbered [35] (page 2, line 46). References should be ordered numerically and start at [1]. There also appears to be inconsistency in the referencing style used; for example, the year of publication is not required (i.e. page 2, line 50).

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