Reviewer’s report

Title: Diabetic Foot Australia guideline on footwear for people with diabetes

Version: 0 Date: 28 Aug 2017

Reviewer: Michelle Spruce

Reviewer’s report:

Firstly, I would like to take this opportunity to congratulate you on undertaking an important piece of work in this area. Consequently, I would very much like to see this article/guideline published but would respectfully request the following items to be addressed:

1. Pp3 line 77 change "stress" to "stresses", given the multifactorial nature of this action which can include friction, pressure over area (force) as you so correctly indicated within the piece.

2. Consider a finesse relating to the statement made in line 80/1, re. barefoot walking as this does not automatically precipitate ulceration and I feel that a little more detail here would assist your argument.

3. A little more detail on appropriate socks may be beneficial re thickness, double skinned/lined and activity levels etc.

4. In places there appears to be a paucity of references i.e. pp7 low risk ulceration

5. I would value expert patient input on the term "diabetic foot remission", as whilst I totally agree with the concept the terminology seems slightly at odds with the current public health stance for motivating individuals living with diabetes.

6. Can you confirm that in line 266 the paper is not statin that a pressure below 200 kPa does not induce ulceration

7. Given the guidelines recommendations and the general awareness of the podiatry educational standards, is it likely that this guideline can be delivered and if not what training may have to be undertaken. It is noted, that you have stated that this maybe beyond the scope of this piece but without some insight into this area it weakens the remit and translation of this work.

8. Table 4 was a little confusing, namely points 1-3 i.e. "replacement of top cover" - with what?

9. Given the opening comments regarding the percentage of individuals who develop ulceration, is there a rough estimation of the cost and economic impact of prescription
footwear for those with a history of ulceration and or high risk? This may have an important impact upon the feasibility of implementing this guideline from a fiscal stance.

10. Given the importance stressed upon appropriate footwear fit there does not appear to be an educational tool which can be imparted to the patient when purchasing footwear, particularly for depth. Therefore, can at least the advice given to the patient be standardised in some manner.

11. Can a specific review be given for prescription footwear at a minimum of 12/18 months given the wound healing/remodelling phase post ulceration.

12. Finally, I would like to say how pleased I was to see you inclusion of the individual's motivation/compliance factors and how sensibly this was discussed.

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