Reviewer’s report

Title: Determining the clinical knowledge and practice of Australian podiatrists on children with developmental coordination disorder: A cross-sectional survey

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Reviewer: Jill Ferrari

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Determining the clinical knowledge and practice for Australian podiatrists on children with developmental coordination disorder: a cross-sectional survey.

I thank the authors for submitting this article. It was well written and informative. My comments below are intended to improve the clarity of a few points and to identify the very few typos within the article. No major revisions are needed.

Inconsistencies - the name of the disorder is capitalised in various ways Developmental coordination disorder / developmental coordination disorder. Please review and change as necessary to be consistent. My suggestion would be developmental coordination disorder.

Abstract - this is succinct and clear. The results part on line 40/41 may need to be changed depending upon the thoughts of the authors following my comments in the results section below.

Background - this is clear and informative.

Method -

Line 174 typo = non-evidence (hyphen needed)

Results -

Line 212 - 30% report familiarity with DCD whilst 37% reported familiarity with alternative terminology. In the abstract, this is written "as a further 37%" so it is unclear if this means a total of 67% were familiar with DCD and alternative terms, or if it is 30% familiar with DCD plus a further 7% with alternative terminology. Please could you clarify this here and in the abstract?

In the next line (215) it is stated that 54% were familiar with the term dyspraxia - is dyspraxia not counted within the alternative terminology? In which case, is it not 30% familiar with DCD and 54% familiar with DCD or alternative terminology? Please clarify why you have chosen the 37% figure and not the 54% figure.
Line 218  Figure 1 - are the labels correct for this figure or are the red (unaware of association) and orange (incorrect association) mixed up? The labels do not seem to apply correctly to the statement they are aligned with, ie. "unaware of symptoms" cannot have an answer of "incorrect" but it could have "unaware of association". Please check this.

Line 237 - it is stated that the majority of responders would refer to other health professionals. This is true for the familial with DCD group, but only 37% of those not familiar with DCD would refer, this is not the majority. Should this statement be reconsidered (and if so, the same point in the conclusion needs to be addressed).

Line 244 typo = comma needs to be moved after the reference [28].

Line 248 typo = "assessing DCD" - should this mean assessing for DCD?

Line 253 - this reads "provided with a definition of signs and symptoms" but should it read "provided with definition of the condition"? Was a definition of signs and symptoms given - method suggests definition of the condition.

Line 255 typo = remove closed bracket.

Line 254 - there is a lots of brackets and familiar / unfamiliar word combinations. Could this section be looked at again to make it less clumsy?

Line 266 Management strategies "flexibility" - is this a management strategy? What is meant by this? Is it management of flexibility or is it meaning strengthening as the management? The use of strengthening as a strategy was used previously.

Line 268/9 I think the brackets need to be removed in this sentence as explaining of the odds ratio in this way is important and useful, and doesn't need to come across as a secondary comment.

Line 272 - the same comment as above - remove the brackets form around the explanation "(meaning the…….)" as this is an important part of the main sentence.

Discussion

Line 287 - when does a condition become common or prevalent - and are these terms meaning the same thing? It 5% sufficient for something to be "common"?

Line 331 typo = full stop needed after [31].

Line 272 Could the discussion point on the use of evidence based management and being familiar/ unfamiliar with DCD be expanded upon a little more? It is interesting that those not familiar with DCD are using more evidence-based management than those familiar with the
condition. This must be by chance otherwise they would know about DCD to look up the evidence. Or is possible that because those familiar with DCD know that they will refer to other professionals who will carry out that management (physios / OTs) or have they had clinical experience that these management strategies have not worked well in their practice despite the evidence?

In the same way it is perhaps concerning that those practitioners who are unfamiliar with the condition are not referring to other health professionals - is that because they don't think about it at all or don't realise the benefit in referral in these children? I appreciate that the research will not provide the answers but these sorts of anomalies need some consideration and maybe highlight the need for further research to tease out some of the issues. I find that in this part of the discussion the results are being reiterated without any great discussion of the results being included.

Conclusion

Line 368 There is an inference here that recommending footwear / orthoses is wrong since there is a lack of evidence for their use, through the use of "despite the lack of evidence". If we stopped providing treatments unless there is supporting evidence, podiatrists would not be doing very much with their day! It would be different if the podiatrists were providing these treatments and there was strong evidence to say that they did not work. Maybe the inference in this sentence could be reconsidered.

Figure 2

The label for the first choice - "non-specific / non-standardised assessment and referral" - is the "and referral" part correct as the second grouping is for the referral?

In figure 2 - the term "non-specific" has been used but it is not used in the results section, where the term non-standardised is only used. These terms do mean different things and if the term non-specific was used in the questionnaire, then that might alter the results. For example, if 10% (ish) use a non-specific tool, 20% use a DCD-specific tool, 5% do not assess - what are the others using? It would suggest that 65% are using their own assessment tool - which is also a non-specific tool. So perhaps the terminology is wrong here and by "non-specific / non-standardised" the authors only mean "non-standardised"? Along these lines I would also question if there is therefore a "specific" tool for diagnosing DCD. The BOT and MABC are not specific to DCD. Perhaps some clarity could be added here.
Are we looking for podiatrist to make the diagnosis of DCD or to recognise that the child has signs / symptoms that might indicate DCD and make the referral to the centre that can confirm that diagnosis?

Whilst looking at the results in this figure, did the authors not find it surprising that 20% of podiatrist who are not familiar with the DCD, are using the BOT/MABC? It is slightly conflicting to my mind that someone would use these tools (fairly long-winded to undertake and expensive in time / money) but not be familiar with DCD in any of its described terms. Should that be a discussion point?

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