Author’s response to reviews

Title: Comparative outcomes of foot cast and short leg cast in pseudo-Jones avulsion fracture: A single blinded randomized controlled trial

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Author’s response to reviews:

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Dear Editor

Thank you very much for giving us a chance to revise our manuscript. We have answered reviewers’ comments and revised the manuscript accordingly. If we have yet clear answered questions, please do not hesitate to let us know.

We will look forward to hear from you.

Sincerely yours,

Jatupon Kongtharvonskul MD., PhD.

Reviewer reports:

Reviewer #1: A well written paper and an interesting study. There are a few minor revisions required as per below:

1. the title is too long - remove 'proximal to metaphyseal diaphyseal junction of fifth metatarsal bone' We understand you are reporting on a pseudo Jones fracture and you go on to explain its anatomical position clearly in the paper so it is not needed in the title.
I have deleted it.

2. Introduction - first sentence - after 'common injury' remove 'of the foot'. We know you are talking about the foot because you have already told us when you mention the fifth metatarsal.

I have deleted it.

Also in the introduction - you need to start a new paragraph after references [2,14,17-19].

I have changed it.

Also, after these references [2,14,17-19], please remove 'have been done'.

I have deleted it.

3. Some of your in text references in parentheses require spacing - usually before the first parenthesis.

I have corrected it the rest of this manuscript.

4. The subtitles (e.g. Trial Design - require subheading italics.

I have corrected it the rest of this manuscript.

5. It may depend on the journal's requirements but you need to substitute 'patient' throughout with 'participant'.

I have changed in the rest of this manuscript.

6. I was unable to open supplementary information files, so i am wondering if you have provided patient information sheets and consent forms?

I have attached file of information and consent form in the supplemental file, however, our information and consent form is in Thai language.

7. Under 'Treatment regimen and randomisation' line 24 to 30 - i wonder how participants could be in both groups? how could they have both casts on? it should read 'all participants had the cast removed...'

I have changed and removed it.
8. Line 24 - 'Those in the both groups' remove 'the'.

I have removed it.

9. Some used crutches, some did not. some had NSAIDs, some did not - effects of treatment and outcome on VAS/AOFAS scales could have been influenced by this and it needs to be discussed as a significant limitation of the study. Also, NSAIDs can delay bone union - discuss this possibility as a limitation.

I have added in the limitation part.

10. If you applied intention to treat analysis, please show us the results and how many participants this was applied to

The results had showed in table 2 and table 3. There were 36 participants in both groups.

11. Line 46 and 49 - delete one of these.

I have deleted it.

12. The first 3 sentences of the results section are a repeat of methods - please delete.

I have deleted it.

Reviewer #2: Thank you for this valuable contribution to an area of importance of study in the foot. I have a few comments that ought to be considered. The use of outcome measurements (VAS and AOFAS) as part of the method should be mentioned under METHOD rather than just results. While the study and methodology are fine, the use of the outcome measurement tool is very important to practitioners in this field, and in order to present the best presentation most of my comments align to the justification of AOFAS.

I already have outcome measurements (VAS and AOFAS) in outcomes measure under method section in page 6-7.

lines 1 and 17 when mentioning well-trained, change this to trained. The use of 'well' does not add anything to someone already qualified.

I have deleted it.
The page commencing 'The primary outcomes of interest were the ... AOFAS score' Can you use the term 'measurement tool' over 'outcomes' of interest.

I have changed it as highlight.

As you continue to talk about the values it is best to make no assumptions with the AOFAS tool and to state that a high score is ideal helps any novice reader. Outcome scores can shift in either direction as indeed VAS score should be low as your hypothesis would desire.

I have added this information as highlight.

As far as the outcome tool is concerned there are unanswered questions, namely not having referenced Kitaoka for the AOFAS system in their paper you go on to state the Thai version. As this is made of 4 different regions your thought process is unclear.

Did you use all 4 regions? If so what components did you think relevant? Why did you use a Thai system over the US system? How did the system you elected vary from the primary system which is cited internationally?

I have added more informations and the citation of Kitaoaka about original AOFAS and we used validated AOFAS Thai version which have the same construct with original AOFAS in this study just because easier for communicated with participants.

I think a weakness appears in that you have relied upon Table 1 to highlight the components. I could not find any convincing critique of the outcome measure, which as you know has its detractors. Monteban et al 2018 on outcome of proximal 5th met # is relevant as is an earlier paper by Chee Kidd 2009 for non operative Jones #. This would help your discussion and selection.

I have added this information and made it clearer according to your advised in discussion part.

A few minor details to consider. Under Results, first page line 17 Figure 1 should be Table 1.

I have added it.

Loss to follow up could have been clearer as you state 'loss to follow up ranged from 100% and 97%'. Why not say from 'no loss to 3%' or 'compliance was 100% or 97% respectively?' I feel your statement loss from 100% and 97% gives the wrong impression at first glance. I also found that the time of recording loss to follow up slightly ambiguous as you mention in one part patients followed up to six months.

I have changed it to Compliance was 100% and 97% in FC and SLC group, respectively according to you advised.

Just before the conclusion, line 9, I was unsure about the word 'generalizable' as being a standard word in English, but that might just be me being pedantic.
In figure 3 under the analysis boxes you might wish to reword 36 patient to patients ‘was’. The value of the last box does not add anything otherwise.

I have corrected it.

Table 3 (middle) what is WORC?

I have deleted it.

I look forward to seeing you published.