Reviewer’s report

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

Version: 0 Date: 22 Aug 2019

Reviewer: David Tollafield

Reviewer’s report:

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.

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

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

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.

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 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.

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

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.

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.

Table 3 (middle) what is WORC?

I look forward to seeing you published.

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