Author’s response to reviews

Title: “I need somebody who knows about feet” a qualitative study investigating the lived experiences of conservative treatment for patients with Posterior Tibial Tendon Dysfunction.

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Author’s response to reviews:

ATTENTION; PLEASE ENSURE YOU REVIEW THE DOCUMENT SUBMITTED WITH THE FORMATTING AND TRACKED CHANGES TURNED OFF (I HAVE SUBMITTED TWO DOCUMENTS VERSION A AND C, VERSION C HAS THE TRACKED CHANGED TURNED OFF). THE VERSION THAT SHOWS THE TRACKED CHANGES DOES NOT MATCH UP TO THE LINE NUMBERS WRITTEN BELOW, BUT THE VERSION WITH THE FORMATTING OFF DOES.

Reviewer #1: JFAR review June 2019

Overall comments:
I compliment the authors on considering the all-too important human element of the conditions we see as clinicians.
Response: Thank you for your feedback and comments, they are of great value.

However, I have concerns about the generalisability of the findings of this paper with only five participants.
Response: Regarding generalisability, the primary concern with IPA is with the detailed account of individual experience. The issue is quality not quantity and given the complexity of human phenomena IPA studies benefit with a concentration on a small number of cases.

Furthermore, I feel that there is insufficient information about the recruitment and interview process to ensure that this is not a biased cohort, thereby skewing the findings. In particular, some of the use of language seem very biased to podiatry as a profession over others rather than a focus on the interventions experienced.
Response: I have elaborated on the recruitment and interview process, so I hope this addresses your concerns.
I feel that many of the interventions (conservative) may be interchangeable between professions and are not reflective of a profession as a whole. I would consider changing the focus more appropriately to aspects of treatment burden etc. of particular interventions.

Response: I understand your concern about this, and I have made some comments in the manuscript which again I hope addresses these concerns. Changing the focus to treatment burden would not answer the research question and would be a completely different study. The interviews questions were constructed around the research question. Perhaps treatment burden of particular interventions is a good suggestion for future research.

Abstract:
The background could be written more succinctly, providing information focussed more specifically on the study undertaken. Inline with journal recommendations, abbreviations should be minimised in the abstract
Response: This has been changed

Background/Introduction:
Headings could be consistent with the abstract and with journal recommendations - change to 'Background'
Response: Changed

The background seems to focus a lot on the lack of clear guidelines, poor diagnosis and referral (with associated evidence) relating to PTTD, but does not clearly outline how this paper will address these shortcomings (or if it does).
Response: The classification and lack of guidelines partly underpins the reason for a negative lived experience during the journey of treatment. I hope I have addressed your concerns in the conclusion.

The conclusions of this paper seemingly confirm what we already know. It may be better to more clearly iterate in a bit more detail how this paper addresses gaps in our literature and adds a different perspective, rather than getting lost in some of the detail. I.e. Line 115 to 121, It is not clear how the classification system, lack of validation and reliability, etc. ties in to the lived experience of the patient and probably provides too much extraneous detail. I feel it would also benefit from more information about the lived experience (even just anecdotal) of patients and more information about Qualitative research theory.
Response: Parts of the conclusion have been written and i have clarified this in the manuscript.

The flow of ideas seem to go from diagnosis to management and then back to diagnosis, maybe restructure this?
Response: This has been restructured as per your suggestion, thank you.

Page 5, Line 99/102 etc. – inconsistent spacing between last word and references. This continues throughout the paper.
This has been corrected throughout the manuscript.
Page 5, Line 101 – MSK, unnecessary to have two
abbreviations ultimately representing the same terms i.e. MsCs and MSK. This could be better represented using one abbreviation and using the full word conditions where necessary. This has been changed throughout the manuscript.

Page 5, Line 99-101 – This sentence needs revising… it outlines the main focus of the sentence is “a spectrum of interventions”, but then lists detection, diagnosis and assessment…which are not interventions.
Corrected page 5: line 100-101

Page 5, Line 106 – PTTD, abbreviation is not yet defined in the main article
Corrected page 5: line 106

Page 5, Line 106 – As above, abbreviations should be more consistent MSK & MsCs seem to be used interchangeably
Changed as above

Page 5, Line 109 – “…as it can often be poorly recognised”
Corrected page 5: line 111

Page 5, Line 110 – it is not clear what is meant by ‘other’ populations. Is this ‘younger’ populations, ‘male’ populations, ‘athletic’ populations?? This sentence would benefit from more detail.
Corrected page 5: line 111-112

Line 119 – 121 – Repetitive. It seems like there are multiple sentences ultimately saying the same thing
Removed

Line 116 – 118 – This sentence is not clear. Maybe “The Johnson and Strom classification is widely referred to in clinical practice and literature, despite a lack of information on its validity or reliability”.
Corrected page 5: line 116-117

Line 123 – FO – not yet defined in the main article
Corrected page 6: line 128

Line 124 – I wouldn’t classify PTTD as a disease.
Removed

Line 125 – “…of these treatments have been extensively…”
Corrected page 6: line 130

Line 126 – PROMS – not yet defined in main article
Removed

Line 127 – 130 – This sentence is a little long and lacks clarity of expression
Removed

Line 129 – I feel you need evidence of the conflicting results – any references?
Page 6-7: Line 132-161

Line 133 – 134 – It is not clear which practitioners are diagnosing and therefore why they need to be referred on. I would assume that, for example, if a Physiotherapist diagnoses the condition, they can implement management themselves?
See tables 3/4/5

Line 134 – grammar?, should read “implement early effective management” or “effectively manage PTTD early”
Removed

Line 135 – delays in referral for imaging? Or for management? (in line with previous sentence)
This is good, but can you provide more detail as to how or why understanding this lived experience is important?

Page 8: line 165-166

Methods
Line 152 - IPA - not yet defined in the main article
Corrected page 8: line 170
Line 152 - 153 - Why not use the abbreviation? Because it is interpretative phenomenology not interpretative phenomenological analysis
Line 167 - "...participant diagnosed with PTTD in aged between 18..."
Corrected page 8: line 189-190
Line 170 - "...that may affect the peripheral nerves..."

Corrected page 9: line 192-193
Line 167 - 172 - I feel there is insufficient information to make inferences... i.e where were they recruited from? Were they recruited from one place or multiple, by one or multiple practitioners, what sort of place (i.e chronic pain unit, emergency, private practice etc.), as this will give us an idea of the type of patients (which may therefore affect their experience) as well as any possible selection bias (i.e. if a chronic pain department). Also this sentence is too long and should be broken up... too many ands/ors
See tables 3/4/5
Line 171 – Any surgical procedures? Just foot procedures? Related or unrelated to PTTD?
Corrected page 9: line 193-194
Line 180 – It is important to provide more clarity regarding on which aspects the participant population was homogenous. Was it sociodemographic characteristics, duration of condition etc. these are all aspects which could have a substantial influence on their experiences and therefore responses.
See tables 3/4/5
Line 184 – [table 1] – Considering the condition and possible variation in extent, I feel important data should be included, such as: duration of condition, which stage of PTTD is present as they are all factors I feel will substantially impact on their QOL, Pain and therefore experience. You may also consider what services they have accessed? Again, this will have a big impact on their experience. I.e. Have they just seen a GP prior to coming in to the study, or the whole gamut of Physio/Podiatry/ Orthopaedic etc.
See tables 3/4/5
Line 198 – Remove ‘...which superseded the Data Protection Act, 1998’ as this is superfluous.

Analysis – in the same vein as above, dependability in qualitative research can be assured by analysis by more than one researcher independently, and then bringing this together to elicit the themes etc. (see references below) This should be considered.
Page 11: Line 227-231

Page 12: 254-256. Thank you for the references.

Line 204 – Why only some of the questions?? Only three are listed, which is not many, why can’t they all be listed?

These are now added as an Appendix 1.

Results and discussion: Line 231 – Swap between ‘Super-ordinate’ and ‘Superordinate’ throughout the paper. This should be consistent. Use of the hyphen should also be consistent with Subordinate or Sub-ordinate.

Corrected page 12
Line 235 – I am not familiar with the term ‘Increased workload of health’. How is this different to treatment burden? This may need to be defined.

Page 17: line 355-356
Line 235 – Table 2 – As themes it assumes there are more than one participant reporting such…it would be good to have an idea of how commonly this was reported. I realise that this may not sit specifically with the IPA methods, but would provide greater credibility. Please consider this.

Response: This is more conducive to content analysis or very large sets of data.

Line 263 – I am not convinced this sufficient evidence to warrant the statement that ‘referrals are not often made…’ Maybe use another reference, or use language such as ‘there are reported incidents where patients are not referred or delays…’

Corrected page 13: line 272-274
Line 268 – 270 – I feel that this is biased reporting. There is a definite selection bias if you are selecting participants only from a podiatry practice, as a podiatrist and asking for voluntary participation. This needs to be acknowledged, particularly when making statement suggesting that Podiatrists provide more effective management.

See page 14: line 291-298
Line 289 – 293 – I worry that this is quite a broad sweeping statement and that the evidence of five participants, selectively recruited to a study, is insufficient evidence in itself to warrant a review of GP referral practices and I would be careful about making such statements.

Corrected page 15 308-311
Line 297 – 298 – This sentence structure can be revised for clarity
Corrected page 15: line 317-319.
Line 299 – 302 – This excerpt is confusing. Is there a better example you can use?
Response: I have written an explanation which I hope clarifies this for you
Page 15: line 317-332
Line 314 – 315 – Carried on doing what, with work? With life? With certain tasks? This can provide more explanation to improve the description
Corrected page 16: line 339-341.
Line 329 – Line 331 – I feel this is repeated from previous paragraphs
Corrected
Line 340 – And/or
Corrected
Line 349 – fatigue with respect
Corrected - page 18: line 379
Line 349 – I am not clear how orthoses use leads to treatment fatigue, I would have thought compared to undertaking exercises etc. this would provide less treatment burden.
Response: It patients have to return to clinic to have multiple modifications to a device, this will increase their treatment burden. If the modifications don’t provide positive improvement in symptoms then is leads to doubt about the efficacy of the device and treatment fatigue.

Line 349 – 350 – This would benefit from better explanation and detail – what psychological consequences, can you be more specific?

Corrected Page 18: 378-382

Line 351 – ‘affect’
Corrected

Line 351 – 353 – I am not clear how the management of this condition compared to another (for example achilles tendinopathy) and therefore cause greater treatment burden, making it harder to treat? This concept may need to be better explained or teased out.
Page 18 line 370-376

Line 355 – 361 – I feel like this is unfairly focusing on physiotherapy as a profession rather than exercises as a treatment option. The patient discourse is more specifically with the exercises he or she was undertaking, which could have been just as easily prescribed by a podiatrist. I would consider re-wording this to focus on the treatment/intervention rather than the therapist.

See Page 19 – line 386

Line 420 – 425 – This could also potentially lead in to an interesting discussion about Nocebo language and the use of imaging. The effect this has on patients’ problems. Sorry, just thought I would add this as a thought.
Response Thank you for making me aware of this phenomenon.

Line 456 – remove the extra ‘u’
Corrected

Line 557 – The concept of ‘self-validation’ may need to be better explained
Response: Removed – this was removed because there are many definitions of self-validation which were not appropriate to the organisation of the attributes of self.

Line 564 – This needs a reference.
Page 28: line 589

Changed the word ‘can’ to ‘may’
Line 564 – ‘beneficial outcome in terms of recovery’
Corrected

Line 585 – ‘present in within’
Corrected

References:
Some journals are abbreviated and some are in full
The author listing is not consistent with Vancouver (Journal recommendations). I.e. yours are written with surname abbreviation and then abbreviation surname. Some have et al. (reference 5 and 8) whilst others are in full.
Reference 33 needs to be fixed.
Response: These have been corrected.

Once again thank you for your article.

Reviewer #2: Comments:
Thank you for the opportunity to review this qualitative paper exploring the lived experiences of conservative management for patients with PTTD.
Response: Thank you for your comments and your time in reviewing this paper.

I found this study to be of importance to the field, although I feel that the sampling approach may have led to an unrepresentative sample of participants, which is confounded by the small sample size.
Response: Indeed, there is no right answer to sample size in IPA, it depends on the level of analysis and richness of the data and the constraints one is working under. As a rough guide, 3-6 participants is reasonable for this type of study. Five participants generated a huge amount of data which once reviewed did have adequate depth. The themes may not have changed had I interviewed more participants. I have justified this within the revised manuscript in the methodology.

I think that some general changes to the manuscript, potentially including the title, need to be made to flag that these participants were recruited from a podiatry clinic and that these experiences may not be representative of all patients living with PTTD.
Response: I have made general changes to the manuscript following feedback which I feel addresses all / your concerns. I do reference to the fact that the participants were recruited from a podiatry clinic a number of times within the manuscript.

Abstract Some general comments: ensure headings are consistent with JFAR formatting guidelines, consistency with spacing before references and consistency with use of ' or " for your participant quotes.
Response: These have been corrected throughout the manuscript.
Line 51: *Posterior tibial tendon dysfunction (PTTD)* - each word does not need to be capitalised
This has been corrected page 3: line 49
Line 67: change *research* to *study*
This has been corrected page 4: line 84
Line 94: change conditions that *effect* muscles to *affect* muscles
This has been corrected page 4: 94
Line 96: provide a citation for your statement here
This has been provided. Page 5: line 98
Line 98: change *worse* to *worst* impact This has been corrected page 5: line 98
Line 99 and 102: missing a space between the final word in the sentence and the reference [Corrected
Line 103: stay *in* or return to work
This has been corrected page 5: line 104
Line 109: often *be* poorly recognised
This has been corrected page 5: line 111
Line 110: Remove *nonetheless* as this sentence is quite separate from your previous. Consider re-wording the sentence to something like: *The condition can also occur in other populations...*
Page 5 line 111-112
Lines 115 to 121: Have you read Reported selection criteria for adult acquired flatfoot deformity and posterior tibial tendon dysfunction: Are they one and the same? A systematic review? This paper detail some of the issues that you mention in this paragraph. Yes, references 9-11 cite the papers you reference to. They are still based on the Johnson and Strom criteria and even the RAM classification (see below) is not been validated. Raikin SM, Winters BS, Daniel JN. The RAM classification: a novel, systematic approach to the adult-acquired flatfoot. Foot Ankle Clin. 2012;17(2):169-81.

Lines 123 to 130: There is a systematic review on conservative management for PTTD that despite the small number of studies, shows moderate effects for improving pain and disability with local exercise. Yes, I have cited this reference (#6).

Page 5: line 109
Line 126: I am not sure that patient reported outcomes specifically for quality of life are used extensively in this body of work. Most PROMs used in this literature are function based, which is different to quality of life (although not necessarily separate from). Consider removing this sentence or re-wording to reflect the literature (and provide references).

This has been removed,

Line 129: You need to detail, or provide examples of how there are contrasting results.

Page 6-7 line 132-161
Line 143: Add space between *life* and the bracket for the reference
Corrected page 7 line 163
Line 146: Remove the apostrophe from *patients*
Corrected page 7: line 167
Line 167: change PTTD *in* to *and* aged between 18-80 years
Corrected Page 8 line 190
Line 166: The heading *Participants* should be above the paragraph starting on line 167 that describes eligibility criteria.
Corrected page 9 line 198
Line 168: It would be good if you could detail the specific diagnostic criteria used to confirm diagnosis; clinical tests that were positive/negative, and also who made the clinical diagnosis and who performed the imaging. This will add rigor to your study.

See tables 3/4/5
Line 173: As above, move *Participants* to above line 167.

Corrected as above

Table 1: Instead of the * and ** for US and MRI, include a row at the bottom of your able with *Abbreviations: US; ultrasound imaging, MRI; magnetic resonance imaging
Corrected on all tables
Line 192: Need to write *MSc* in full
Corrected page 10 line 215-217
Line 218: Add a space between *data* and the bracket of the reference
Corrected page 12: line 245
Line 224: add a space between *analysis* and the bracket of the reference
Corrected page 13: line 252
Line 235: This heading seems out of place, as you already have a heading for *Results* - perhaps it is best to change the heading in line 230 to *Results and Discussion* and then remove...
the heading from line 237, leaving only the subheading *Patient journal and inappropriate referral*
Corrected page 12 : line 258
Line 245: Check the inverted commas for the quote (the first one is facing the wrong way). Also check the use of single (’) or double ("”) as this is inconsistent throughout the manuscript Corrected through manuscript
Line 263: Consider providing references for each separate point in your first sentence of this paragraph, as there are quite a few different points in this sentence. This section has been re-written for clarity see lines page 13-272-274
Line 266: add a space between *podiatry* and the bracket of the reference
Removed due to re-write of section
Line 326: You need to write *PTT* out in full as you have not defined this acronym - and it would be good to provide a reference for the statement about tissue stress Corrected page 17 line 350-351
Line 329: add an apostrophe to the end of *participants* so that it is *participants' discourse*
This sentence has been removed due to feedback from reviewer 1.
Line 453: remove the apostrophe from *patient's* so that it is *patients*
Removed
Line 456: remove *u* after recommending Corrected
Line 457: Consider re-wording this - you are taking about ultrasound imaging to confirm the diagnosis of PTTD? You state that US should be the gold standard in the *treatment* of PTTD? Corrected page 23: line 483
Line 463: *(i.e.: ..)* should be (i.e. …)*
Corrected page 23: line 491
Line 464: add space between *concept* and bracket of the reference Corrected page 23 line 492
Line 469: *Qualitative* should be *quantitative* - and I don't think these studies have 'proven' that bracing is beneficial, these studies are cohort studies, not randomised clinical trials. Consider re-wording to these studies *suggest that bracing may be beneficial for PTTD…*
Corrected page 23: line 498
Line 470: Consider re-wording to: *Despite reported improvements in function and pain, self-reported outcomes did not improve in one study [45]* (if it was only the one study [45] that did not show an improvement in PROMs despite improvements in functional outcomes) Corrected page 24 line499-501
39. Line 474 and line 485 and line 509: change *FO* to *FOs*
Corrected page 24 line 503
Line 537: check consistency of the use of inverted commas/quotation marks Corrected in manuscript,
4Line 544: check consistency of square brackets for references These have been corrected. The manuscript referencing has been changed from numbered to Vancouver.
References
42. Please format the references to the correct JFAR style. Some issues include:
a) only have commas between author names
b) be consistent with journal names
Reviewer #3:

Thank you for this interesting paper. The research contributes to the body of knowledge and raises some important questions in relation to the management aspects.

Response: Thank you for your time in reviewing this paper and your comments.

Whilst the participants are (as you point out a potential limitation) low in number there is a depth of information. The themes may well not change if you had interviewed more. The focus of your research is well justified given the gap in the literature. Your research approach is appropriate to the aim.

Response: Thank you for your comment. Indeed, there is no right answer to sample size in IPA, it depends on the level of analysis and richness of the data and the constraints one is working under. As a rough guide, 3-6 participants is reasonable for this type of study.

I do think you need to justify the focus on your purposive recruitment of your participants given that the condition is prevalent in people with inflammatory arthritis i.e. can you justify your population from epidemiological data?

Response: I have addressed this within the script page 8 lines 187-190. We did not want to confound the picture by recruiting those with other conditions that could impact on the lived experience of treatment.

The abbreviation MsCs - I am not sure this is a conventional abbreviation - it is may be better to use MSK conditions.

Response: This has been corrected throughout the script only using MSK as the abbreviation. Your philosophical approach is well described and justified but there needs to be a clear distinction between the approach and the methods under the umbrella term of IPA. You also need a reference to support the last sentence in the method Line 158-159.

See page 8 lines 178-180. A reference has been added as requested,

Could you insert the ethics panel reference number. This has been added: page 30: line 648

As the data was collected in 2017 it maybe worth mentioning in the discussion part/s the potential for pathways to have changed within 2 years and possibly other aspects of care.

Response: To date, to our knowledge, there has been no data published on the topic of the lived experience of patients with PTTD, therefore the results are novel.

IN relation to the questions asked how were these arrived at? were they obtained from the researchers experience and then agreed between the co-authors, emerge from the literature or did you have patient expert opinion. See page 11: lines 234-237

Please describe how you think semi-structure fits with IPA.
Response: A semi-structured interview schedule fits in with IPA because it allows the interviewer to have some focus on research question while being able to allow the participant to also lead the interview with their concerns or matters arising, even if they are not on the schedule. It is important to then follow these up if they are appropriate to the research question. With a strict schedule this may not be possible. Perhaps define 'comfortable interaction' did you create conversation outside of the questions to settle the interviewees into the flow of the 'conversation' in order for them to feel comfortable to reveal the truth? This is especially important as you do say that they were interviewed in the clinic where they had reviewed their treatment. See page 11 ; line 227-231 Is there a difference between 'the founders of IPA' and the 'designers of IPA (lines 216-7). No, this has been changed.