Reviewer’s report

Title: Foot Exercise plus Education versus wait and see for the Treatment of plantar heel pain (FEET Trial): A protocol for a feasibility study.

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Reviewer: Matthew Cotchett

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Title: Foot Exercise plus Education versus wait and see for the Treatment of plantar heel pain (FEET Trial): A protocol for a feasibility study.

Review

Thank you for the opportunity to review this protocol. PHP is clearly a condition that has a significant impact on the community and there is a need for high quality trials to add to the evidence base. Overall, I don't have any major issues for the authors to review but rather some minor suggestions.

The protocol is a well written and well-designed trial that has been registered; will adhere to the CONSORT guidelines for a feasibility trial and will attempt to minimise the influence of major forms of bias (i.e selection, allocation, and detection bias). Performance bias is clearly an issue but cannot be overcome in this type of trial.

Minor considerations

1. The authors have been open about issues relating to the cross-sectional nature of the study by Cheung that evaluated rearfoot muscle volume. The authors proposed a hypothesis for how IFM atrophy contributes to the development of PHP, although the authors have focused on the implications for the plantar fascia and heel fat pad. The evidence has revealed that calcaneal oedema is also common in people with PHP, which might be contributing to the noxious stimulus in this population. Can the authors highlight that the PF and heel pad are not the only tissues under stress but also hypothesise how IFM atrophy might be associated with calcaneal oedema (if at all) with PHP? I think it is important for the reader to recognise that PHP is not just a 'tendinopathy' or 'heel pad issue' that might respond to an exercise program.

2. Foot exercise plus education: this is more of a comment. The 30-minute consultation might not be sufficient to address patient education and the prescription of the exercise program, although I understand that the primary aim of the trial is to determine the feasibility of the program. Would the authors consider asking the treating
physiotherapists to record the duration of their consultations, especially the initial consult?

3. Foot exercise plus education (handout) - the authors suggested that the most common trigger is a change (sudden increase) in weightbearing. I would be inclined to remove this statement or just state that it is a 'common trigger'. I don't think anyone can truly say that it is the most common factor as there are an unknown percentage of people with PHP that have not overloaded the tissue.

4. Outcome measures: The outcome measures are very appropriate, but can the authors explain why the focus on physical measurements? Did the authors consider evaluating any psychological factors (e.g. depression, anxiety, fear etc) especially given the references made to the psychological impact of the condition?

5. Qualitative interview: would the authors consider also interviewing clinicians about their perspectives of implementing the program? What were some of the barriers they faced in the provision of the program? I think the combination of the patient and clinician voice would tell a great story.

I wish the team (and participants) all the best with the trial. Thanks again for the opportunity to review this well designed trial.

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