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.

Version: 0 Date: 08 Feb 2020

Reviewer: Matt Carroll

Reviewer's report:

A well written research protocol. The study is novel and addresses an area of practice where there is a paucity of evidence to guide practice.

I have the following general questions and comments:

1. Regarding eligibility - is the link that potential participant will respond to potentially limiting and a potential source of bias. Will those who are in remote areas or experience deprivation whereby access to the internet is limited or non-existent have the ability to participate. Does this mechanism also limit inclusion to only those who are computer literate?

2. Regarding physical screening, you will you palpation during physical screening. Recent research (Menz) has questioned the usefulness of palpation as a discriminatory test.

3. Regarding physical screening how will you rule out other heel pathologies as you are only assessing fascial thickness. Do you feel screening for other heel pathologies (fat pad oedema, bone marrow oedema, neural based pain) would be of benefit.

4. Regarding inclusion criteria I am interested why a level of 3/10 the week prior to testing has been chosen. The nature of PHP is quite intermittent, if it is only 2/10 why would they be excluded?

5. Again, I am unsure why you would exclude a participant who does not have palpable pain. What if their fascia is thickened (>&gt;4mm) but no pain, do they not have PHP?

6. Regarding the exclusion criteria, can you be more specific surrounding exclusion for foot surgery. Why must all foot surgeries lead to exclusion. It may have been a digital surgery that has increased the efficacy of foot function.

7. Why only excluded pain in the lower limb that caused an activity reduction. Should lower back pain be considered as well?
8. Regarding allocation, will the number of clinics that participate be limited to ensure accuracy? There is the potential for the 20 participants to receive the intervention form 10-15 different practitioners.

9. Once a participant is enrolled into the study how will they be allocated to a professional to receive the intervention?

10. It would be great to see some additional information in the background section surrounding MRI and foot morphology. This seems like it will form a large part of demonstrating the effectiveness of the intervention. Just a few sentences on how imaging has been used to quantify muscle morphology in the foot would suffice.

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