Reviewer’s report

Title: Management of first metatarsophalangeal joint osteoarthritis by physical therapists and podiatrists in Australia and the United Kingdom: a cross-sectional survey of current clinical practice

Version: 0 Date: 01 Jan 2020

Reviewer: Ian Mathieson

Reviewer’s report:

I enjoyed reviewing this article that asks some basic questions about the clinical management of a common condition. It provides some useful information, but I do think that it requires some further work to improve its clarity and focus.

- The title refers to management of 1st MPTJt OA, and in different parts of the article there is mention of assessment and treatment of the condition. There seems to be more of a focus on treatment. Introduce and explain the terminology used early on in the article and then use it consistently to improve the scene-setting.

- P2, line 26 it is stated that 'current management strategies are unknown'. This could be expressed better. Your literature review reveals that many management strategies have been described, so they are known. The relative efficacy of the described options is what is unknown.

- P3, lines 49-52, conclusion. I would suggest that an important conclusion is the inconsistency of the assessment strategies used with the evidence/guidelines available. You should consider including this in the conclusion, as it is an important issue.

- P4, Background paragraph 1. Reference the statement that knee and hip are 'considered' the most commonly affected lower limb joints. Remove 'extremely' before debilitating. 'Can be' may be better. Similarly, it ‘...may be associated with difficulties in performing functional weight-bearing activities and result in significantly worse QoL compared to those without the condition.'

- P4, line 70, P5 lines 81-84. The writing style here could be more precise / clear. I acknowledge these are minor points that are unrelated to methodological quality. E.g. 'hampers evidence based practice' '...makes it difficult for clinicians to choose effective from ineffective treatments'. '...as this may provide the impetus for designing and evaluating non-surgical interventions...'. The lack of research makes it difficult to base practice on robust evidence. It makes it difficult to separate effective from ineffective treatments. Information on treatment trends would help establish priorities for further research.

- P5 line 98. Information on what the professional bodies and university partners were asked to do, and what they did, requires clarification. How many university partners? A flowchart would help convey details of the recruitment strategy.
-P6, line 106. More information on the literature review. Was any treatment mentioned admissible? Were there criteria that had to be satisfied? Provide a little more information on the vignette and the rationale for its use, length, and the information provided.

-P6, line 109. More details on the pilot are required. A flowchart could encompass this.

-P6, line 121. '...may use...', is probably better than 'would use'.

-P8-11. Tables provide much of the information provided in narrative form. Consider the use of tables and the balance between narrative and tables. Instead of signifying* significant results, consider providing actual values for each line. In at least one table - e.g. table 1, p. 20, profession, podiatrist and physical therapist total sample figures, 57 and 44 equals 101%. Provide brief explanatory note that this is due to rounding. Include explanations of figures to help avoid confusion. For example, in tables 1 and 2 the percentage figures relationship to the total sample percentage could be explained. This is to help reader engagement and understanding. Similarly, in table 3 emphasising that the percentage respondents is of the total responding in that category might be useful. These comments reflect that I am not totally comfortable with the way that tables are presented: I feel they are not entirely clear and could be improved upon, to improve reader engagement and understanding. Please reflect on how this could be effectively done.

-P11. Discussion. The discussion could have an improved sequence. For example, in the first paragraph, line 248, stating that further work is needed to establish efficacy, this is premature as the core study warrants primary attention.

-P11, discussion para 1 lines 250-259. Acknowledge that these results are unsurprising given the fundamental differences in undergrad curriculum and philosophical focus of the professions?

-P12, line261-275. This paragraph on treatment seems premature. The study was not about effectiveness and to put this before more important information on the study conducted is inappropriate.

-P13, lines 289-301, this should come before the paragraph on treatment mentioned immediately above.

-P13, lines 303-308. Limitations section could be expanded and come earlier.

-P14, lines 311-318. Conclusions seem to only partially follow on from the results obtained. For example, the consistency of current practices with available evidence is an important point.
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An article whose findings are important to those with closely related research interests

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Please indicate the quality of language in the manuscript:

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