

Reviewer's report

Title: The paediatric flat foot proforma (p-FFP): improved and abridged following reliability analysis.

Version: 1 **Date:** 28 May 2009

Reviewer: linda MG lang

Reviewer's report:

I think that this is an interesting study and worthy of publication in JFAR. However in my opinion it does require some revision before it is published.

General Points

Essential Revisions

1. I strongly recommend that you remove the section concerning inference to anthropometric findings as they relate to foot posture etc.

The main focus of the present paper is the reproducibility of the flat foot clinical care pathway (FFP) and as such should properly be confined to this topic. It is distracting to the reader to introduce a secondary clinical component to the paper.

A short table with mean and range of anthropometric data could still be used to help provide an overall descriptor of the children in the study i.e. indicating that they were within the normal anthropometric range for their age. Whether or not you decide to do this please do put more demographic information in about your sample in addition to age it would assist future comparative studies if you add the sex of the children in your sample. I am not suggesting that this is critical but it is useful background information for your reader.

(However, I do recommend that you write another short paper outlining your clinically interesting findings. Of course acknowledging that, as some of your anthropometric findings are in conflict with previous reports and that as these data were obtained with reference to a new tool the p-FFP, ...further studies are indicated etc....)

2. I appreciate that the FFP appears to have been written up in previous publications, but given that the reproducibility of the tool is the object, there is need for a short description of the FFP to assist readers and support any future replication work. The same advice applies to the FPI-6

3. The abstract will need some revision in light of recommendation 1.

Furthermore, please adhere to the convention of writing any terms in full before introducing an abbreviation e.g. Foot Posture Index-6 (FPI-6). Also you need to decide if you are going to use flat foot or flatfoot throughout the paper.

Discretionary Revision

1. If you revise the paper and abstract in line with the first general point (1) the title is acceptable. However, I feel the given the method you describe a more appropriate title would be a 'reproducibility study' rather than a reliability analysis.

2. Finally, I may have missed it, but did you conduct a final reproducibility test using only the p-FFP? It occurs to me that this would have been useful to confirm the overall reproducibility of the newly modified tool. If you did great; if you did not I suggest that this is mentioned as a limitation in the discussion. (It would make a really nice follow up project for someone, perhaps a student, after all that's one of the joys of research.)

The following is a list of suggested corrections/modifications to the way the paper is written which I hope are helpful.

Pg 2

Line 6 I suggest should read: The intra and inter-rater/measurer reliability of the FFP was investigated in this study.

Line 10 should read: Foot posture Index (FPI)

Remove all references to findings concerning the association between body measurements and flat foot.

Pg3

Line 2 should read: Findings indicate that the simplified p-FFP is a reproducible instrument for the clinical assessment of flat foot in children aged 7-10 years (alternatively could use: mid-childhood).

Pg 4

Line 3 I suggest that 'longevity' is not the appropriate term here and instead suggest:

Although flat foot in childhood is a common diagnosis and well established clinical term, there is a lack of a reliable and reproducible tool for the assessment of this condition.

Line 10 suggest:clinical measurements and imaging.....

Line 5 from bottom

The reported prevalence of flat foot is varies in the literature and ranges from x to x (...). Views of treatment are contentious and there is little longitudinal data to provide evidence of the efficacy of different regimen.

Pg 5

1st Para

....., symptomatic, developmental). The flat foot clinical pathway or proforma (FFP) developed in previous work (28) offers an evidence based clinical tool for the evaluation of this common childhood condition. The present study was undertaken to assess the reproducibility of this tool, when used by the same

observer and between different observers evaluating the same subject.

3rd Para

All 140 child subjects were initially assessed.....

Of these 31 children returned an FPI-6 score of > 6 for both feet, indicating bilateral flat foot and these subjects were selected for the flat foot proforma reproducibility study.

Discussion pg 9-11

In line with previous comments I suggest removing discussion about the clinical implications of the anthropometric data. Instead I advise a paragraph acknowledging the limitations of the study. I also suggest inserting a comment at the end of the discussion, stressing that any clinical pathway, no matter how rigorously evaluated should always be used in conjunction with good clinical judgement.

Pg 11

Conclusions

Suggest should read:

The findings of this study suggest that the modified p-FFP is a more reproducible and reliable tool for the assessment of flat foot in children, than the previously developed version: the paediatric flat foot clinical pathway (FFP). The modified tool, which requires approximately half the number of items is both simpler and less time consuming to use and most importantly demonstrated satisfactory inter-rater/measurer reliability. Within the limitations of the study, these findings support the use of the p-FFP as a clinical tool for the assessment and evaluation of this common childhood condition. However it is recommended that if this instrument were to be used in future research studies of flat foot in childhood, the intra-rater and or if appropriate inter-rater reproducibility of the tool should be tested and recorded prior to data collection to demonstrate and ensure scientific rigor.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.