

Review Form 1.6

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| Journal Name: | Asian Journal of Medicine and Health |
| Manuscript Number: | Ms_AJMAH_81183 |
| Title of the Manuscript: | EFFECTS OF APPLICATION OF NIGHT SPLINT IN THE MANAGEMENT OF PLANTAR FASCIITIS |
| Type of the Article | Original Research Article |

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajmah.com/index.php/AJMAH/editorial-policy>)

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PART 1: Review Comments

| | Reviewer's comment | Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here) |
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| Compulsory REVISION comments | <p>ABOUT INTRODUCTION</p> <p>“Plantar fasciitis (PF) is a painful inflammatory process of the plantar fascia.”</p> <p>Plantar fasciitis is often used as an umbrella term for heel pain issues but it's not always technically accurate. Plantar fasciopathy is a more appropriate, modern terminology. There is a lack of consensus and a lack of evidence about inflammatory processes of plantar fascia, I suggest to review pathophysiology and restate.</p> <p>Plus, citations in general are UTTERLY outdated. I suggest reading actual, documents, to state a real actual context on the problem. And choose documentation not older than 10 years as maximum.</p> <p>I suggest to read, re-evaluate and cite for context:</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6134886/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8705263/ https://doi.org/10.1016/j.cpm.2020.12.009</p> <p>“In cases of chronic plantar fasciitis, physical therapy like ultrasound with 3 MHz for 10-15minutes/day may be beneficial^{7,8}.”</p> <p>This is not accurate, nor actual or correct.</p> <p>I suggest to check out the next documents https://www.jospt.org/doi/10.2519/jospt.2014.0303 https://www.jospt.org/doi/10.2519/jospt.2018.8110 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5215813/</p> <p>About materials and methods</p> <p>There is not presentation of age, gender, weight, height, lifestyle, or even risk factors of population employed. If this does not exist and is not even considered, this must be addressed and at least discussed as limitation of this study and results cannot be conclusive at all without even knowing the population assessed. As well as considered into recommendation section.</p> <p>Does not exist a clearly and documented inclusion and exclusion criteria.</p> <p>There is not a description of A group and B group formation: What is the group assignation criteria and methodology? Randomised, quasi-randomised, by convenience, by clinical characteristics, by physical characteristics, by risk factors?</p> <p>By the simple fact of not considering this randomisation, the statistical analysis cannot be trusted as factual or bias-free, the error risk is high.</p> <p>The questionnaire must be explained, as well as its design. If it is relevant for the study.</p> <p>About conclusion:</p> <p>Conclusion presented in the abstract does not represent the conclusion of the study. They are totally different, and they must be correlated.</p> | |

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| | <p>“In Bangladesh number of planter fasciitis patient become increasing day by day though we have little statistics about it” This belongs to discussion, requires citation of epidemiology.</p> <p>“many patients do not get better result, & recurrence of attack occurs.” This contradicts the initial statement of 90-95% of patients getting better in time with only conservative treatment.</p> <p>Requires citation about recurrence prevalence/incidence.</p> <p>Plus, must be addressed, explained, and considered 2 elements: The natural history of the problem, the regression to media in the mid and long term even without treatment.</p> <p>“this treatment application of night splint has found much improvement in dorsiflexion ROM, pain on the first step in morning & foot function.” Data to support this statement does not exist in the document, nor was described its assessment and evaluation.</p> | |
| <p>Minor REVISION comments</p> | <p>Many grammatical and syntactical mistakes to correct in the whole document. I suggest proofreading services to improve English text expression and writing.</p> <p>All abbreviations employed must be clearly described and defined since introduction.</p> <p>“Limitations of the study and Recommendation” belongs to discussion section.</p> <p>All cites must be presented in the same format, APA, Chicago, Vancouver, or that which requires the journal.</p> <p>I suggest actualizing and broaden most of bibliography to make a robust analysis, especially those cites with 10 or more years old. Some of them are even 25, 32 years old.</p> | |
| <p>Optional/General comments</p> | <p>Study is sound, interesting and relevant.</p> <p>Nonetheless, must be polished and improved to be presented properly, taking in count the comments and correcting issues before publication.</p> | |

PART 2:

| | Reviewer’s comment | Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here) |
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| <p>Are there ethical issues in this manuscript?</p> | <p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> | |

Reviewer Details:

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