

Review Form 1.6

Journal Name:	Asian Journal of Medical Principles and Clinical Practice
Manuscript Number:	Ms_AJMPCP_84973
Title of the Manuscript:	A CASE REPORT ON TALONAVICULAR ARTHRITIS
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:

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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)
<p>Compulsory REVISION comments</p>	<ul style="list-style-type: none"> ▪ COMMENTS TO EDITOR: <ul style="list-style-type: none"> - It is not an "exceptional" case. - Clinical data and pre- and postoperative X-rays are missing. Scores AOFAS, SF-36,... are not evaluated. - Surgical technique is not explained and it is not clear what osteosynthesis was used and whether or not there were complications. - No postoperative or follow-up images. ▪ COMMENTS TO AUTHORS: <ul style="list-style-type: none"> -ABSTRACT: <ul style="list-style-type: none"> - INTRODUCTION: It would be interesting to summarise the aetiologies of this arthritis: congenital (clubfoot, talocalcaneal and calcaneal-scaphoid tarsal coalitions,...), post-traumatic (scaphoid fractures, Chopart fracture-luxation, talus fractures...). - CASE PRESENTATION: What was the original traumatic injury in this patient?. - RESULTS??: What was the result in AOFAS scores or SF-36,...pre and postoperatively and what was the range of motion (ROM) preserved or altered?. INTRODUCTION: <ul style="list-style-type: none"> - A brief anatomical and biomechanical reminder of the acatbulum pedis as a functional unit would be relevant. - CASE PRESENTATION: <ul style="list-style-type: none"> - - Diabetes Mellitus type I or II? - Can it be Charcot type arthropathy? - What is the situation of hindfoot valgus or medial longitudinal arch of the foot in weightbearing? What are the Costa-Bartani, calcaneal-pitch angles or Meary's line? - Is there dysfunction of the posterior tibialis posterior grade I, II or III? - What is the ROM of the ankle and pronation or supination or abduction position of the midfoot?. - Figure 3: CT of foot. - Figure 4: MRI of foot. 	

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	<ul style="list-style-type: none"> - Figures: The Figures have a very small size. You could select only the most relevant images (2 or 3 per figure). It would be more demonstrative. - No reference is made to the surgical technique and there are no Figures of the osteosynthesis used or of the outcome, at least at 6 - 12 months follow-up. - The results of ROM, score AOFAS of the retrofoot or of some of the X-ray angles mentioned are not studied. <p>DISCUSSION:</p> <ul style="list-style-type: none"> - The results obtained are not compared with the literature and the results are not summarised...whether or not there were complications, postoperative treatment guidelines (unloading time, when there was consolidation...). 	
Minor REVISION comments		
Optional/General comments		

PART 2:

	<u>Reviewer's comment</u>	<u>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)</u>
<u>Are there ethical issues in this manuscript?</u>	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	

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