



## Letter to the Editor

**Letter to the editor on “Does the long-term use of medial arch support insole induce the radiographic structural changes for pediatric flexible flat foot? – A prospective comparative study”**



Dear Editor

We read with great interest of the article “Does the long-term use of medial arch support insole induce the radiographic structural changes for pediatric flexible flat foot? – A prospective comparative study” by Choi et al. [1].

This study shows that the PFFF (pediatric flexible flat foot) could be improved somewhat by the application of medial arch support insole until the physes were closed. However, the hindfoot alignment remained unchanged regardless of medial arch support insole application. Although we agree with the conclusion, we have some issues we like to comment on.

Firstly, the authors described this study as a prospective one. However, this study seems as a retrospective one since no randomization of the cases in both the groups were described. Meanwhile, usually a clinical trial number of the prospective study was needed.

Second, the authors need to describe the enrolled cases in details or even divided them into sub groups especially regarding bilateral flatfeet or unilateral flatfoot in all the cases, since one PFFF might have effect on the other foot arch pressure and arch restoration. From the study, we also did not know whether the insole was applied in the normal side of one PFFF.

Third, the medial arch insole was made by collecting the information of the PFFF while patients were standing on the foam box, however, the patients had already presented hindfoot valgus

position while standing so that the effect of the medial arch insole for hindfoot alignment was doubted.

Fourth, the demography parameters collected did not contain BMI since a variety of studies have shown foot arch is influenced by obesity level [2–4]. This study have not excluded obese patients and we can not obtain the information of body weight changes which I do think this is an important factor that might affect the foot arch during the follow up.

### References

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