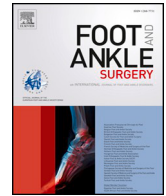




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Outcome measures after foot and ankle surgery

Outcome measures or, in common parlance, 'scores' are of high importance for foot and ankle surgeons. Hence, the development, validation and publication of scores is extremely important. These scores are then used in daily practice and in scientific investigations, leading to scientific publications. Some studies do investigate the use of scores, and one example is published in this issue of the journal [1]. As Editor-in-Chief and head of the EFAS Score Committee, I read this study with great interest. Articles published between 2000 and April 2022 were included in this systematic review if participants were over 16 years old and had undergone any foot and/or ankle surgery in which an outcome was described and its measurement properties assessed [1]. The study was reviewed, revised, accepted, and therefore merits publication in Foot and Ankle Surgery [1]. However, the EFAS Score is clearly underrepresented in that study [1]. Only two of more than 70 studies using the EFAS score published during the inclusion period were considered, but without the published clinical data [2,3]. The validation studies alone until April 2022 included more than 2000 follow-up datasets from patients after Foot and Ankle surgery [2–4]. The initial validation study included the English and Dutch EFAS Score versions matching the inclusion criteria, and one of the coauthors of the current publication was part of the EFAS Score Committee, the study group and coauthor of the relevant publication [4]. The conclusion of that study was that the multi-language EFAS Score had been successfully validated in the orthopaedic ankle and foot surgery patient population, including a wide variety of foot and ankle pathologies [4]. Surprisingly, this study was not considered, as was another study from the same authors as the current study dealing with the Dutch version of the EFAS score [5]. In that study, the same coauthor who was involved in the development, validation and publication of the EFAS score concluded, in contrast to the initial validation study, that the Dutch version of the EFAS score does not have adequate measurement properties for use in patient with patients with varying foot and ankle problems [5]. The EFAS Score Committee is not aware of inadequate measurement properties with any of the 16 language-specific validated

EFAS Score versions or any other publication with such conclusions. The EFAS Score Committee is also not aware of any non-scientific, cultural or political problems with the EFAS Score. To date, more than 150 published studies used the EFAS score. The EFAS Score Committee overlooks these studies: the EFAS Score is a well accepted and used score which is validated in 16 languages. EFAS recommends the use of the EFAS score both in clinical practice and for scientific investigations.

Additionally, I received a letter to the editor debating methodological issues, i.e. questionable exclusion of another validated score from the review [6]. This letter is also published in this issue. The letter was transmitted to the authors but they did not answer.

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