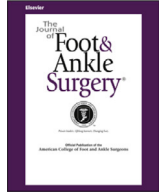




Contents lists available at ScienceDirect

The Journal of Foot & Ankle Surgery

journal homepage: www.jfas.org

Letters to the Editor

Reply

We would like to thank Dr. Çelik for commenting on our article, "Validity and Reliability of Turkish Version of Olerud-Molander Ankle Score in Patients With Malleolar Fracture" (1). With great interest, we reviewed the points she addressed and decided to systematize our response in this reply.

We received permission from Dr. Claes Olerud (Department of Surgical Sciences, Uppsala University Hospital, Uppsala, Sweden) before starting this study on September 17, 2015. We did not have any information about the study conducted by Turhan et al (2). We completed the study and submitted it for publication on March 16, 2016, and our study was accepted by the editor. When we revised our references, we noticed the study by Turhan et al (2). Once we realized this, we corresponded again with Dr. Olerud. He was unsure whether Turhan et al had communicated with him or not, and he could not find any records about permission. Moreover, we did not find any information about permission in the article by Turhan et al (2) when we examined it. We completed our study with a clear conscience.

We performed our study on patients who underwent surgery. In the study by Turhan et al (2), the patient group consisted of both surgical (57% open reduction/internal fixation) and conservative (43% closed reduction/spica cast) treatment. To our knowledge, clinical outcomes of patients treated surgically and conservatively will be different. For this reason, we believe that our version is different from the study conducted by Turhan et al (2). We performed our study with a specific group that consisted only of surgical patients in accordance with the original scale.

As we mention in our discussion, the Olerud-Molander Ankle Score is a scale that can be used to assess both function and symptoms. No symptomatic evaluation item was included in the validation tests used in Turkish version study by Turhan et al (2). The Foot and Ankle Ability Measure was developed to assess physical function and the Short-Form 12-item Health Survey to assess health-related quality of life. We used the Foot and Ankle Outcome Score, which is a reliable and valid method that is frequently used worldwide and includes most of the Olerud-Molander Ankle Score items for validation.

We thank Dr. Çelik for the statistical criticism. But we do not agree with her opinion that our statistical analysis was wrong. The Shapiro-

Wilk normality test is more appropriate for small sample sizes (<50 samples) (3). For this reason, we used the Kolmogorov-Smirnov test for assessing normality, those with normal distribution were analyzed with Pearson, and those with non-normal distribution were analyzed with the Spearman correlation test. This distinction is stated in the Material and Methods section of our study. All statistical analyses were performed and interpreted by the statistical consultant. The statistical method and results were again confirmed by the statistical consultant after Dr. Çelik's letter.

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