STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1	Abstract line 7
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1	Abstract line 8-17
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3-4	Introduction line 34-59
Objectives	3	State specific objectives, including any prespecified hypotheses	4-5	Introduction line 60-69
Methods				
Study design	4	Present key elements of study design early in the paper	5-11	Methods line 73 - 147
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	5-8	Setting/location/recruitment – Methods line 73-94 Data collection – Methods line 97-104
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	(Cross-sectional study) Pg. 5-6	Methods – Participants Line 73-86
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	n/a	n/a
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	8-9	Outcomes (data processing) Lines 128 - 141
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	7-9	Lines 120 – 141

Bias	9	Describe any efforts to address potential sources of bias	No efforts were made to address sources of bias. It is impossible to be blinded to the person's foot type while performing the manual matching technique.	
Study size	10	Explain how the study size was arrived at	5	Line 75-77

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	8-9	Lines 135-141
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	9	Lines 143-148
		(*b*) Describe any methods used to examine subgroups and interactions	9	Lines 144-146
		(*c*) Explain how missing data were addressed	none	none
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	n/a	n/a
		(*e*) Describe any sensitivity analyses	None performed	
Results				
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	9	Lines 153-154
		(b) Give reasons for non-participation at each stage	9	Lines 151-153
		(c) Consider use of a flow diagram	None - Small sample size	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Pg. 11, TABLE 1 – number of participants per foot type	
		(b) Indicate number of participants with missing data for each variable of interest	*See #13 – page 11 – Lines 151-153*	
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	n/a	n/a
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time		
		Case-control study—Report numbers in each exposure category, or summary measures of exposure		
		Cross-sectional study—Report numbers of outcome events or summary measures	*11*	*Lines 175-178 (Table 1)*
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	9-10	Lines 151-172
		(*b*) Report category boundaries when continuous variables were categorized	10	Lines 166-172
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period		

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	11	Lines 178-187 (Figure 5, Table 2-3)
Discussion				
Key results	18	Summarise key results with reference to study objectives	12	Lines 189-198
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	16	Lines 261-270
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	17	Conclusion, Lines 278-285
Generalisability	21	Discuss the generalisability (external validity) of the study results	12-16	Lines 199-260
Other information				
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Cover Letter/Title Page	

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.