

## Propositions accompanying the dissertation

### **A Good First Step?! Presentation, treatment, and quality of life in preaxial polydactyly of the foot**

1. Genetic testing in preaxial polydactyly of the foot is useful in patients with anomalies in different parts of the body or in case of a familial anomaly, in order to find genetic mutations or syndrome diagnosis. (*This thesis*)
2. Objective classification of congenital anomalies rather than syndrome diagnosis is helpful in communication between clinicians and in understanding the genetic background of these anomalies. (*This thesis*)
3. Two distinct phenotypes are distinguished in GLI3-mediated polydactyly: anterior and posterior oriented anomalies. (*This thesis*)
4. Surgical intervention in preaxial polydactyly of the foot often leads to an altered plantar loading, but is not associated with perceived loss of foot function or large reduction of quality of life in children. (*This thesis*)
5. Children and adults, surgically treated for preaxial polydactyly of the foot, experience their foot appearance and scar as the biggest problem, while diminished foot function is less an issue in daily life. (*This thesis*)
6. Becoming an independent walker changes more than infants' moods, but actually changes how infants interact with other people. (*Learning to walk changes infants' social interactions. MW Clearfield, Infant Behavior and Development, February 2011*)
7. There is no disease so rare that it does not deserve attention. ([www.orpha.net](http://www.orpha.net))
8. Our scientific understanding is biased by literature that is more likely to publish a single positive finding than dozens of failed attempts to achieve the same result. (*J. Knight, Nature 2003*)
9. Clinicians and patients overestimate the benefits and underestimate the harms of treatments and interventions. (*Hoffmann TC, Del Mar C. JAMA Intern Med. 2017 and Hoffmann TC, Del Mar C. JAMA Intern Med. 2015*)
10. In order to prevent degradation of the medical PhD-track, a PhD should not be the only way to get into medical specialist training and accomplishments in other areas should be seen as comparable alternatives by supervisors. (*S Witjes, R Schols, Niet elke specialist hoeft te promoveren, Medisch Contact 2014*)
11. Schaatsen is de enige bezigheid waar men met de handen op de rug tot grote prestaties kan komen. (*Jan vd Hoorn, 1995*)

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