

## Comparison of the Quality of English and Turkish Youtube Videos Related to Pes Equinovarus

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### ABSTRACT

**Objective:** Pes equinovarus is a common congenital foot deformity for which patients and families frequently seek information on social media platforms, such as YouTube. This study aimed to evaluate and compare the quality, reliability, and educational value of English- and Turkish-language YouTube videos related to pes equinovarus.

**Materials and Methods:** On May 16, 2025, systematic searches were conducted on YouTube using standardized English (“clubfoot,” “congenital talipes equinovarus,” “talipes equinovarus”) and Turkish (“çarpık ayak,” “doğumsal çarpık ayak,” “talipes equinovarus”) terms. The first 150 videos for each language were screened according to pre-defined inclusion and exclusion criteria. After eliminating duplicates, non-relevant, or poor-quality content, 65 English and 51 Turkish videos were included. Video characteristics (duration, views, likes, source, content type) were recorded. Reliability and educational quality were assessed using the Journal of the American Medical Association (JAMA) benchmarks, the global quality score (GQS), the DISCERN instrument, and a novel 20-item clubfoot-specific score (CSS). Assessments were independently performed by two pediatric orthopedic surgeons, with intra- and interobserver reliability tested.

**Results:** Turkish videos were more often uploaded by physicians (80% vs. 55%,  $p=0.04$ ), whereas English videos were more frequently produced by research groups or patients/families. Turkish videos had fewer views and likes but demonstrated higher educational quality. Intra- and interobserver reliability was excellent for DISCERN, good for CSS, and moderate for JAMA and GQS. Correlation analysis showed strong positive associations between CSS and DISCERN ( $r=0.970$ ,  $p<0.001$ ), CSS and GQS ( $r=0.695$ ,  $p<0.001$ ), and a moderate correlation between CSS and JAMA ( $r=0.410$ ,  $p=0.032$ ).

**Conclusion:** The overall quality of YouTube videos on pes equinovarus remains low. Turkish-language content, despite lower popularity, demonstrated higher educational value, likely due to greater physician authorship. The CSS showed strong reliability and may serve as a useful tool for evaluating disease-specific online educational resources.

**Keywords:** Clubfoot, Health information, Pes equinovarus, Video quality, YouTube

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## INTRODUCTION

Pes equinovarus is one of the most common congenital anomalies of the lower extremity and affects approximately 1–2 newborns/1,000 births.<sup>[1,2]</sup> This severe foot deformity often causes anxiety among parents and frequently leads them to seek information regarding the condition and treatment options via the Internet. Previous studies have demonstrated that online health information influences patient decision-making.<sup>[3–5]</sup> YouTube has become a widely used platform due to its visual and auditory content.<sup>[6]</sup> However, academic content uploaded to YouTube is not peer-reviewed, which may expose users to inaccurate or misleading information.<sup>[7,8]</sup>

The use of the Internet and social media varies across geographical, linguistic, and cultural contexts, potentially influencing both information-seeking users and content creators.<sup>[9]</sup> This study sought to evaluate and compare the quality, reliability, and accuracy of pes equinovarus-related YouTube videos presented in Turkish and English. Similar to previous studies in the literature, it was hypothesized that the overall quality of videos would be low, and that academic authorship of content might improve quality and reliability.

## MATERIALS AND METHODS

This study was conducted in accordance with the principles of the Declaration of Helsinki. A systematic search of the YouTube™ database was performed on May 16, 2025, using Google Chrome (version 92.0.4515.159, 64-bit) with cleared cache and deleted cookies. The search terms “clubfoot,” “congenital talipes equinovarus,” and “talipes equinovarus” were used. In the literature, studies analyzing YouTube videos commonly include the first 50 videos for each search term, as these videos represent the most accessed content and the most relevant results according to YouTube’s algorithm.<sup>[10]</sup> Limiting the sample to 50 videos also makes the analysis manageable and comparable. In our study, for each search term, the first 50 videos ranked by YouTube’s relevance algorithm were screened, yielding a total of 150 videos.<sup>[7,11]</sup>

Inclusion criteria were videos in English, primarily related to clubfoot, and with acceptable audiovisual quality. Exclusion criteria were duplicate videos, videos containing only audio or only visual content, YouTube Shorts, non-English videos, irrelevant videos, news, drama, satire, and advertisements unrelated to clubfoot. Multi-part videos were considered as a single entry, and no restriction was applied regarding video length. For the purposes of this study, a YouTube™ account was created, and all video links were recorded after eliminating duplicates. A total of 34 duplicate videos, 1 non-English video, 38 YouTube Shorts, 4 irrelevant videos, and 8 unrelated advertisement videos were excluded. The remaining 65 videos were included in the study.

On the same date, a second standard search was conducted using the Turkish keywords “çarpık ayak,” “doğumsal çarpık ayak,” and “talipes equinovarus.” The same methods were applied, and the first 50 videos for each term (total of 150) were screened. Inclusion criteria were videos in Turkish, primarily related to pes equinovarus, and with acceptable audiovisual quality. Exclusion criteria were identical to the English search. A total of 47 duplicate videos, 4 non-Turkish videos, 16 YouTube Shorts, 23 irrelevant videos, and 9 unrelated advertisement videos were excluded. The remaining 51 videos were included in the study.

For each included video, the following characteristics were recorded: (1) Title, (2) duration, (3) number of views, (4) source/uploader, (5) type of content, (6) number of days since upload, and (7) number of likes. Uploaders were categorized as follows: (1) Physician (affiliated with research groups, universities, or colleges), (2) non-physician healthcare professional, (3) medical source (health websites or animations), (4) patient or family, and (5) advertisement related to clubfoot. The content type was categorized as: (1) Disease-specific information, (2) patient/family experience, (3) treatment techniques and approaches, and (4) advertisement.

Video reliability was assessed using the Journal of the American Medical Association (JAMA) benchmarks.<sup>[11,12]</sup> This system assigns one point for each of four criteria, with a maximum score of 4 indicating high reliability and a minimum score of 0 indicating low reliability. Although not validated, these criteria have been widely applied in the literature for evaluating online health information.<sup>[12,13]</sup>

Educational value was assessed using three different scoring systems. The global quality score (GQS) provides a five-point scale to assess overall educational quality.<sup>[14–16]</sup> Although the JAMA and GQS are widely used to evaluate online health information, they were originally designed for written materials rather than video content.<sup>[10]</sup> Therefore, they may not fully capture the audiovisual quality, clarity, or patient-centered aspects of YouTube videos.<sup>[10]</sup>

In addition, the guidelines of the American Academy of Orthopaedic Surgeons (AAOS),<sup>[17]</sup> the framework of “What information should a person searching the internet about a disease obtain?,” and the “Clubfoot-Specific Score” (CSS) evaluated by two orthopedic surgeons were used.

This score aims to assess the educational quality and comprehensiveness of the videos related to pes equinovarus. Scoring systems based on the online AAOS guidelines, similar to those applied in our study, have also been used in the literature for various other orthopedic conditions (Table 1).<sup>[7,11]</sup> CSS scores ranged from 0 to 20 and were classified as excellent (16–20), good (11–15), fair (6–10), and poor (0–5). Finally, the DISCERN tool, developed in Oxford, UK, was applied. This 16-question instrument, scored from 1 to 5/item, yields a total score of 16–80, classified as very poor (16–28), poor (29–41), fair (42–54), good (55–67), and excellent (68–80).

**Table 1.** Clubfoot specific score

Definition	<ul style="list-style-type: none"> <li>• (2 points) Defines the disease. (e.g., inward rotation of the foot, equinus position)</li> <li>• (1 point) Describes the prevalence of the disease. (e.g., incidence, male/female ratio)</li> <li>• (1 point) Discusses the etiology. (e.g., unknown exact cause, genetic and environmental factors)</li> </ul>
Pathoanatomy	<ul style="list-style-type: none"> <li>• (1 point) Describes the bone pathologies</li> <li>• (1 point) Describes the soft tissue pathologies. (e.g., small foot, short/thin calf muscles)</li> </ul>
Diagnosis	<ul style="list-style-type: none"> <li>• (1 point) Describes prenatal (intrauterine) diagnosis</li> <li>• (1 point) Discusses the distinction between idiopathic and non-idiopathic PEV.</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>• (1 point) Answers the question: When should treatment be initiated?</li> <li>• (2 points) Provides information on the Ponseti method and other techniques (e.g., French method)</li> <li>• (3 points) Describes the Ponseti method (e.g., duration and number of casts, information about Achilles tenotomy)</li> <li>• (2 points) Provides information about orthoses (e.g., duration of use and importance of proper application)</li> <li>• (2 points) Discusses surgical treatment and procedures (e.g., management in case of relapse, types of interventions).</li> </ul>
Prognosis and Outcome	<ul style="list-style-type: none"> <li>• (1 point) Describes the consequences if the condition is left untreated</li> <li>• (1 point) States that treatment outcomes are favorable in idiopathic PEV.</li> </ul>

PEV: Pes equinovarus.

Video selection was performed by authors who did not participate as observers. Links to these videos were compiled into a table and shared with the observers. Before evaluation, the observers received training on the scoring systems. Video

assessment and scoring according to JAMA, GQS, DISCERN, and CSS were independently performed in a blinded manner by two pediatric orthopedic surgeons fluent in both Turkish and English. To assess intra-observer reliability, videos were re-evaluated and re-scored 1 month later by the same observers, blinded to their previous scores. Scores of Turkish and English videos were compared statistically.

**Statistical Analysis**

Data were analyzed using IBM Statistical Package for the Social Sciences (SPSS) Statistics version 27.0 (SPSS Inc., Chicago, IL). Continuous variables were reported as means with standard deviations, and categorical variables as absolute and relative frequencies. Relationships between usefulness scores and technical features were examined using Pearson correlation. Inter-rater agreement for video quality was assessed with the intraclass correlation coefficient (ICC) and 95% confidence intervals. ICC values <0.5 indicated poor reliability, 0.5–0.75 moderate, 0.75–0.90 good, and >0.90 excellent reliability. The mean video evaluation scores between the two groups were analyzed using Student’s t-test. Statistical significance was set at p<0.05.

**RESULTS**

The duration of videos, number of views, number of days online, number of likes, and the statistical comparison between the two groups are presented in Table 2.

The intraobserver and interobserver agreements for all scoring systems were analyzed statistically. The results are presented in Table 3.

When intraobserver agreement according to the scoring systems was analyzed, a moderate level of agreement was found for the JAMA score, moderate for the GQS score, excellent for the DISCERN score, and good for the CSS.

When interobserver agreement was evaluated, a moderate level of agreement was found for the JAMA and GQS scores, excellent for the DISCERN score, and good for the CSS.

**Table 2.** Descriptive statistics of the videos

	Turkish (mean±SD*)	English (mean±SD*)	p**
Video duration (second)	331.04±782	350.6±340.3	=0.428
Number of views	5249±4261.7	87151±180.1	=0.003
Number of days since publication	1285.4±747.9	2204±1193.3	=0.0125
Number of likes	34.3±45.9	644.5±1157.7	<0.001

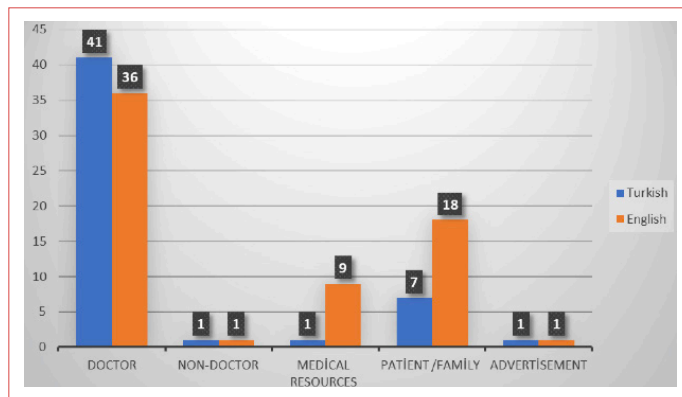
SD: Standard deviation. \*: Mean±standard deviation; \*\*: Student t-test.

Correlation analysis among the scoring systems revealed a strong, statistically significant positive association between CSS and DISCERN ( $r=0.970, p<0.001$ ), a strong, statistically significant positive association between CSS and GQS ( $r=0.695, p<0.001$ ), and a moderate, statistically significant positive association between CSS and JAMA ( $r=0.410, p=0.032$ ).

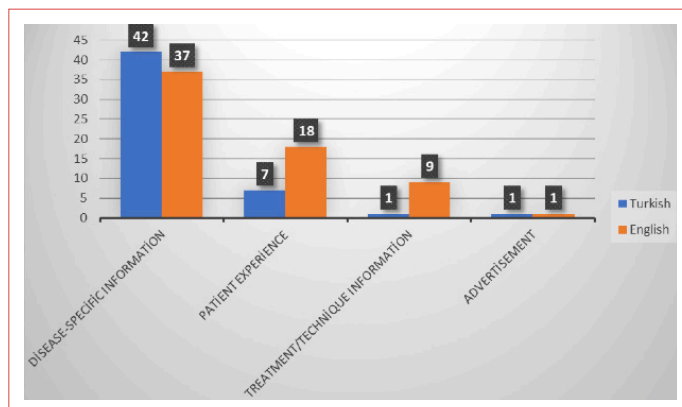
In Turkish videos, 76.4% scored  $\leq 2$  according to the JAMA criteria, 38.3% scored  $\leq 2$  according to the GQS criteria, 55.9% were rated as poor or very poor according to DISCERN, and 54.2% were classified as poor according to CSS.

In English videos, 83.07% scored  $\leq 2$  according to the JAMA criteria, 48.8% scored  $\leq 2$  according to the GQS criteria, 58.4% were rated as poor or very poor according to DISCERN, and 63.07% were classified as poor according to CSS.

The numerical values and proportions of video sources/uploaders in the two groups are summarized in Figure 1. In the Turkish group, physician uploaders were observed at a higher proportion ( $p=0.04$ ), whereas in the English group, videos uploaded by medical research groups and patients/family members were observed at a higher proportion ( $p=0.04$ ).



**Figure 1.** Comparison of two groups according to video uploaders.



**Figure 2.** Comparison of videos based on content type.

When the types of content were analyzed, the numerical values and proportions for both groups are presented in Figure 2. In the Turkish videos, disease-specific information videos were observed at a higher proportion ( $p=0.184$ ), whereas in the English videos, compared with the Turkish group, videos focusing on patient experience and treatment/treatment techniques were observed at a higher proportion ( $p=0.184$ ).

The values of the videos according to all scoring systems and their statistical comparisons are presented in Table 4.

The scores of physician-uploaded videos and their statistical comparisons are presented in Table 5.

**Table 3.** Intraobserver and interobserver reliability

	Observer 1 Intraob-server ICC* (p**)	Observer 2 Intraob-server ICC* (p**)	Interobserver ICC* (p**)
JAMA	0.729 (<0.001)	0.707 (<0.001)	0.555 (<0.001)
GQS	0.646 (<0.001)	0.586 (<0.001)	0.591 (<0.001)
DISCERN	0.962 (<0.001)	0.969 (<0.001)	0.981 (<0.001)
CSS	0.844 (<0.001)	0.767 (<0.001)	0.864 (<0.001)

ICC: Intraclass correlation coefficient; JAMA: Journal of the American Medical Association; GQS: Global quality score; CSS: Clubfoot-specific score. \*: Interclass correlation coefficient; \*\*: Reliability analysis.

**Table 4.** Comparison of videos according to scores

	Turkish (mean±SD)*	English (mean±SD)*	p**
JAMA	2.01±0.73	1.86±0.76	=0.264
GQS	3.13±1.21	2.8±1.16	=0.171
DISCERN	41.1±22.9	23.6±17.1	<0.001
CSS	8.8±5.17	5.15±4.04	<0.001

SD: Standard deviation; JAMA: Journal of the American Medical Association; GQS: Global quality score; CSS: Clubfoot-specific score. \*: Mean±standard deviation; \*\*: Student t-test.

**Table 5.** Comparison of scores of videos uploaded exclusively by physicians

	Turkish (mean±SD)*	English (mean±SD)*	p*
JAMA	2.09±0.73	1.9±0.8	=0.392
GQS	3.34±1.15	2.97±1.13	=0.162
DISCERN	47.34±20.8	26.8±17.2	<0.001
CSS	10.07±4.1	6±4.1	<0.001

SD: Standard deviation; JAMA: Journal of the American Medical Association; GQS: Global quality score; CSS: Clubfoot-specific score. \*: Mean±standard deviation; \*\*: Student t-test.

## DISCUSSION

The main findings of our study are that, although Turkish videos had lower views, likes, and online duration compared with English videos, they demonstrated similar reliability and educational quality in terms of JAMA and GQS scores, while DISCERN and CSS scores were higher in Turkish videos than in English videos. In recent years, social media has become one of the primary sources for patients seeking health-related information.<sup>[18,19]</sup> In this context, YouTube, with more than two billion active users, continues to be a leading online video platform.<sup>[20]</sup> However, the absence of peer review raises concerns regarding the reliability and quality of videos available on the platform.<sup>[6,21]</sup> Previous studies have evaluated the quality of videos related to upper extremity, shoulder, knee, hip, and spine conditions,<sup>[7,11,12,14,22]</sup> while there is a limited number of analyses regarding videos on pes equinovarus.<sup>[23]</sup> Our study represents the first to compare Turkish and English content on this topic.

Social media is an important tool for health communication for both institutions and individuals.<sup>[24]</sup> The online behaviors of content creators and users are influenced by the sociocultural characteristics of their communities.<sup>[25]</sup> While healthcare professionals primarily use social media for professional development, patient education, and occasionally for commercial purposes, individuals mainly use it to seek health information, share personal experiences, and participate in online support groups.<sup>[18]</sup> In our study, the higher proportion of physician-generated content in Turkish videos, in contrast to the predominance of patient-experience-based content in English videos, may reflect these sociocultural differences. Furthermore, in Türkiye, medical content production is largely physician-centered, and the online sharing of personal health experiences is relatively limited compared with Western countries. This may contribute to the presence of more structured and systematically presented content in Turkish videos, particularly regarding diagnostic and therapeutic processes.

Approximately 22–48% of health-related YouTube videos are reported to be uploaded by physicians.<sup>[26]</sup> In our study, 80% of Turkish videos and 55% of English videos were produced by physicians. The literature indicates that physician-generated content generally demonstrates higher quality.<sup>[26,27]</sup> Our findings support this observation, as physician-produced videos in both groups achieved higher quality scores. The higher contribution of physicians to Turkish videos may explain why this group received higher quality scores compared with English videos.

When only physician-uploaded videos were analyzed, Turkish content continued to demonstrate higher quality compared with English videos. This can be interpreted as follows: Videos

focusing on a specific aspect or a single treatment method for pes equinovarus may score lower in standardized scoring systems. This does not imply that these videos provide insufficient information on the discussed topic.<sup>[11]</sup> However, emphasizing a single topic or specialized information may cause confusion for patients. Therefore, there is a need for comprehensive educational videos that clearly convey the full process from diagnosis to treatment options.

In most studies of this type, DISCERN and JAMA scores are widely used evaluation systems.<sup>[13-16]</sup> However, it is known that these scales were not originally designed to directly assess video sources (DISCERN) or patient education materials (JAMA).<sup>[10,13]</sup> To objectively evaluate pes equinovarus-specific content, the CSS was developed for this study. Although CSS was applied for the 1st time in this study, high intraobserver and interobserver agreement and strong positive correlations with other scoring systems support its applicability and reliability.

This study is among the first to directly compare English and Turkish YouTube content related to pes equinovarus. Our findings suggest that language differences may influence not only terminology but also content comprehensiveness, educational value, and the characteristics of video uploaders. In this respect, the study offers a new perspective to the literature by emphasizing the linguistic and cultural dimensions of online orthopedic information sources.

Our study has several limitations. First, YouTube is a constantly evolving platform that presents personalized content through artificial intelligence algorithms.<sup>[28]</sup> To minimize these effects, searches were conducted using a browser with cleared history and cookies, and only results from a specific time frame were analyzed. Second, only the first 50 videos for each search term were evaluated. Although this represents only a small portion of YouTube content, this approach has been widely used in previous studies.<sup>[10-12]</sup> Third, some videos may focus on highly specific aspects of the condition. While such videos provide detailed information on specific topics, they may have been rated as inadequate in our study due to insufficient coverage of general information. This study is that the CSS was used in this form for the 1st time. Nevertheless, similar scoring systems have been utilized in previous studies evaluating YouTube video quality for various orthopedic pathologies. Therefore, this methodological limitation can be considered acceptable and consistent with approaches reported in the existing literature.

## CONCLUSION

YouTube remains an important and widely used platform for patient education and information; however, existing content generally lacks standardized and comprehensive educational materials. Our study suggests that Turkish videos demonstrate

higher quality than English videos, largely due to a greater proportion of physician-generated content. Furthermore, the CSS, developed specifically for pes equinovarus and applied in this study, appears to be a practical and reliable tool for evaluating content quality.

## DECLARATIONS

**Ethics Committee Approval:** The study used only publicly available online data (YouTube videos) and did not include personal or identifiable information; thus, institutional review board approval was not applicable.

**Conflict of Interest:** The authors declare that there is no conflict of interest.

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**Authorship Contributions:** Concept – TOB; Design – TOB, NE; Supervision – HG; Fundings – OS, SA; Materials – OS, SA; Data collection &/or processing – OS, SA; Analysis and/or interpretation – NE, TOB, MSS; Literature search – MSS; Writing – TOB, MSS; Critical review – NE, MSS.

**Peer-review:** Externally peer-reviewed.

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