

Appendix 1 to Thomas K, Wood T, Farrokhyar F, et al. A survey of current practices and preferences for internal fixation of displaced olecranon fractures. *Can J Surg* 2015.

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Preferences for internal fixation of olecranon fractures in the adult population

1. Which environment are you currently working in?

- Academic Centre
- Community Hospital

2. How many olecranon fractures do you typically treat in one year?

- 0-10
- 10-20
- 20-30
- 30-40
- >40

3. What is your preferred method for the internal fixation of a displaced noncomminuted (Mayo Class IIa) olecranon fracture?

- Compression plating
- Tension band wiring
- Intramedullary nail fixation
- Other (please specify)

4. What is your preferred method for the internal fixation of a displaced comminuted (Mayo Class IIb) olecranon fracture?

- Compression plating
- Tension band wiring
- Intramedullary nail fixation
- Other (please specify)

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5. Please rate the following factors according to their impact on your preferred management of olecranon fractures. Please specify how each factor impacts your management decisions.

	0 (No Impact)	1	2	3	4 (Major factor impacting management decision)
Fracture Morphology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does this factor impact practice?	<input type="text"/>				
Displacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does this factor impact practice?	<input type="text"/>				
Comminution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does this factor impact practice?	<input type="text"/>				
Bone quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does this factor impact practice?	<input type="text"/>				
Length of operative time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does this factor impact practice?	<input type="text"/>				
Patient factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does this factor impact practice?	<input type="text"/>				
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does this factor impact practice?	<input type="text"/>				

6. Which factors would deter you from using compression plating for displaced noncomminuted (Mayo Class IIa) olecranon fractures?

- Decreased time required for alternative methods of fixation (i.e. tension band wiring)
 - Better outcomes experienced by patients with other methods
 - Alternative constructs provide more stability
 - Increased patient satisfaction with alternative methods
 - No factors would deter me from using compression plating
 - Other (please specify)
-

7. Which factors would deter you from using tension band wiring for the fixation of displaced comminuted (Mayo Class IIb) olecranon fractures?

- Better rate of union with alternative methods
 - Hardware prominence
 - Increased stability obtained with alternative methods
 - Increased patient satisfaction with other methods
 - No factors would deter me from using tension band wiring
 - Other (please specify)
-

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8. What is the biggest complication you experience when using tension band wiring fixation?

- Symptomatic prominence of K-wire
- Hardware failure
- Fracture displacement
- Infection
- Decreased range of motion
- Other (please specify)

9. What is the biggest complication that you experience when using compression plating?

- Symptoms requiring hardware removal
- Hardware failure
- Fracture displacement
- Infection
- Decreased range of motion
- Other (please specify)

10. Thank you for taking the time to complete this survey. Please include any further comments below.

Done