

Appendix 1 to Tufescu T. The cost of screening radiographs after stable fracture fixation. *Can J Surg* 2016.

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Appendix A: Screening Form

SPOR Pilot Trial SCREENING FORM

Surgeon _____

				2	0		
DD			MM		YYYY		

Male Right Femur Tibia Humerus
 Female Left Forearm Ankle



Please complete this form for all patients with an isolated fracture.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Midshaft femur fracture treated with intramedullary nailing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Midshaft tibia fracture treated with intramedullary nailing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ankle fracture treated with compression technique? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Humeral shaft fracture treated with compression technique? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Forearm fracture treated with compression technique? | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • One or both bones fractured • Simple fracture or fracture with a single butterfly fragment amenable to lag screw technique | | |

If you answered yes to any of the items 1- 5 above, the patient may be included.

Proceed to exclusion criteria below:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 6. Age < 18 years, or open growth plates? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Multiple fractures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Single open fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Age > 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. History of osteoporosis or osteopenia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Dialysis patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Likely difficulty with follow-up in first 6 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Same day surgery case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ankle fracture with syndesmotic ligament injury | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Surgeon feels patient needs x-rays _____ | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the items 6 -15 the patient should be excluded. Please indicate patient status below:

- INCLUDED (Do not order post-op fracture x-rays)
 EXCLUDED
 MISSED (eligible, but was not randomized due to error)
- Standard Protocol Simplified Protocol

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Appendix B: Form Standard Protocol

SPOR Pilot Trial **Clinical / X-ray Findings** **Standard Protocol**

Patient
Initials
 F L

 DD MM YYYY

Please note timing of follow-up:

Immediately post-operative (inpatient) 2 weeks in clinic 6 weeks in clinic

What are the clinical findings?

- No adverse events
- Increasing or unusual pain
- Deformity noted on examination
- Cast abused (suspected patient non-compliance)
- Other _____

1. X-ray findings below for all study patients:

	Yes	No
Hardware loosening	<input type="checkbox"/>	<input type="checkbox"/>
Hardware breakage	<input type="checkbox"/>	<input type="checkbox"/>
Loss of reduction	<input type="checkbox"/>	<input type="checkbox"/>
No significant problem	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> _____

2. Describe the change in management as a result of your x-ray findings:

- No change
- Prolonged cast or brace use
- Operative intervention planned
- Close monitoring planned

Who is filling out the form? Resident Surgeon Staff Initials

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Appendix C: Form Simplified Protocol

SPOR Pilot Trial Clinical / X-ray Findings Simplified Protocol

Patient
Initials
F L

2 0
DD MM YYYY

Please note timing of follow-up:

Immediately post-operative (inpatient) 2 weeks in clinic 6 weeks in clinic

What are the clinical findings?

- No adverse events
- Increasing or unusual pain
- Deformity noted on examination
- Cast abused (suspected patient non-compliance)
- Other _____

1. X-ray findings below for all study patients:

	Yes	No
X-ray taken	<input type="checkbox"/>	<input type="checkbox"/>
Hardware loosening	<input type="checkbox"/>	<input type="checkbox"/>
Hardware breakage	<input type="checkbox"/>	<input type="checkbox"/>
Loss of reduction	<input type="checkbox"/>	<input type="checkbox"/>
No significant problem	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> _____

2. Describe the change in management as a result of your x-ray findings:

- No X-ray needed
- No change
- Prolonged cast or brace use
- Operative intervention planned
- Close monitoring planned

Who is filling out the form? Resident Surgeon Staff Initials

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Appendix D: Hill Patient Satisfaction Questionnaire

SATISFACTION WITH CARE

This questionnaire has been devised to tell us about your overall opinion of your care in the rheumatology out-patients clinic. It is not a test and there are no right or wrong answers. We are interested in your opinions and impressions, whether they are **GOOD** or **BAD**.

The questionnaire consists of a number of statements about your care in the clinic. Some statements may look the same but they are different so please read each one very carefully before filling it in.

Please place a tick in the column which resembles your opinions most closely.

ONLY TICK ONE BOX FOR EACH STATEMENT

The example below will show you how

Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
----------------	-------	----------	----------	-------------------

The seats in the waiting area are very comfortable

--	--	--	--	--

There are always a lot of people attending the clinic

--	--	--	--	--

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Please keep in mind that what we are trying to find out are **YOUR** opinions and not those of your husband, wife or neighbour, so please complete the questionnaire by yourself.

Please try to think about the care that you are receiving at the **PRESENT TIME** and give us your opinions about that.

THANK YOU FOR YOUR HELP

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
----------------	-------	----------	----------	-------------------

They don't seem to listen to anything I tell them during my consultation

--	--	--	--	--

I feel that I'm in good hands when I come to the clinic

--	--	--	--	--

The person I see in clinic takes an interest in my family

--	--	--	--	--

I'm always given a clean explanation of why I am having tests done.

--	--	--	--	--

There are some things about my care in the clinic which could be improved.

--	--	--	--	--

I'm told everything I want to know about my arthritis drugs.

--	--	--	--	--

During my consultation I'm given little or no medical explanation about my arthritis.

--	--	--	--	--

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Side effects of tablets are rarely discussed during my consultation.

--	--	--	--	--

The person I see in clinic really knows what he/she is talking about.

--	--	--	--	--

Visiting the clinic is not a stressful occasion.

--	--	--	--	--

I am given good advice on how to cope with my arthritis.

--	--	--	--	--

No matter how long you have to wait in clinic, it's worth it.

--	--	--	--	--

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
----------------	-------	----------	----------	-------------------

I'm satisfied with the care I receive in the clinic.

--	--	--	--	--

There's no one to get in touch with at the clinic if I have a problem.

--	--	--	--	--

I'm rarely told why I need tests such as bloods and x-rays.

--	--	--	--	--

My questions are answered in words that I find hard to understand.

--	--	--	--	--

I find it difficult to talk about things that concern me when I'm in the clinic.

--	--	--	--	--

The person I see in clinic has no interest in the effect my disease has

--	--	--	--	--

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on my family.

It's easy to get an appointment if I need to come back to the clinic.

--	--	--	--	--

I'm given as much time as I need for my consultation.

--	--	--	--	--

The person I see in clinic sometimes appears uncertain about what they are doing.

--	--	--	--	--

The person I see in the clinic is not as thorough as he/she should be.

--	--	--	--	--

I am given very little information on how to cope with my arthritis.

--	--	--	--	--

The person I see in clinic doesn't understand what its like to have arthritis.

--	--	--	--	--

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
----------------	-------	----------	----------	-------------------

The person I see in clinic seems to know how it feels to have arthritis.

--	--	--	--	--

I feel that I'm treated as a person rather than a disease.

--	--	--	--	--

I've no confidence in the person who is treating me.

--	--	--	--	--

I am encouraged to ask questions about my arthritis.

--	--	--	--	--

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If I had a problem it would be difficult to get someone to speak to over the phone.

--	--	--	--	--

I'm rarely asked which treatments I would prefer.

--	--	--	--	--

If I had a problem with my arthritis I would find it easy to get advice over the phone.

--	--	--	--	--

My feelings about my treatment are taken into consideration.

--	--	--	--	--

If I had a medical problem I feel sure it would be checked out when I came to the clinic.

--	--	--	--	--

Prescriptions for new tablets are given without any explanation.

--	--	--	--	--

I'm usually told what the possible side effects of the tablets could be.

--	--	--	--	--

I'm encouraged to contact the person I see in clinic if I have a problem with my arthritis.

--	--	--	--	--

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
----------------	-------	----------	----------	-------------------

The care I receive in the clinic is just about perfect.

--	--	--	--	--

I hardly ever see the same person when I come for my appointment.

--	--	--	--	--

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The person I see in clinic appears skilful at their job.

--	--	--	--	--

The person I see in clinic does not always talk sense.

--	--	--	--	--

Sometimes the person I see in clinic is too busy to spend enough time with me.

--	--	--	--	--

When I attend the clinic I'm told everything I want to know about my arthritis.

--	--	--	--	--

It's hard to get an appointment if I need it quickly.

--	--	--	--	--

I see the same person nearly every time I come to clinic.

--	--	--	--	--

I'm usually kept waiting a long time in the waiting area.

--	--	--	--	--

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Appendix E: Cost of Radiographs in a sample of Canadian provinces

Anatomic part	Cost of Radiograph (materials and interpretation)
Femur	41.70
Tibia and fibula	41.39
Radius and ulna (forearm)	43.00
Humerus	36.44
Ankle (three views)	41.39
Clavicle	43.01
Olecranon	41.39

Cost of radiographs in Manitoba, including material and labor, by anatomic location.

Anatomic part	Cost of Radiograph (materials and interpretation)
Femur	63.00
Tibia and fibula	63.00
Radius and ulna (forearm)	61.60
Humerus	61.60
Ankle (three views)	75.60
Clavicle	61.60
Olecranon	61.60

Cost of radiographs in Saskatchewan, including material and labor, by anatomic location.

Anatomic part	Cost of Radiograph (materials and interpretation)
Femur	35.95
Tibia and fibula	35.95
Radius and ulna (forearm)	35.95
Humerus	35.95
Ankle (three views)	36.33
Clavicle	35.95
Olecranon	32.54

Cost of radiographs in Alberta, including material and labor, by anatomic location.

Anatomic part	Cost of Radiograph (materials and interpretation)
Femur	34.06
Tibia and fibula	34.06
Radius and ulna (forearm)	34.06
Humerus	34.06
Ankle (three views)	34.06

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Clavicle	34.06
Olecranon	34.06

Cost of radiographs in British Columbia, including material and labor, by anatomic location.

Anatomic part	Cost of Radiograph (materials and interpretation)
Femur	21.30
Tibia and fibula	21.30
Radius and ulna (forearm)	21.30
Humerus	21.30
Ankle (three views)	21.30
Clavicle	21.30
Olecranon	21.30

Cost of radiographs in Ontario, including material and labor, by anatomic location.