

Appendix 1 to Bhandari M, Wasserman SM, Yurgin N, et al. Development and preliminary validation of a function index for trauma (FIX-IT). *Can J Surg* 2013;56(5).

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WEIGHTBEARING				
Score	Single leg stand score	Actual Score	Ambulation score	Actual Score
0	Unable to bear full body weight on affected leg (includes subjects requiring assistive device or support to stand)		Unable to bear any body weight on affected leg as evidenced by requirement for wheelchair or 2 crutches to ambulate	
1	Able to bear full body weight on affected leg as evidenced by ability to stand on affected leg momentarily (< 10 seconds)		Able to bear modest body weight on affected leg as evidenced by ability to ambulate with one crutch, cane, or walker	
2	Able to bear full body weight on affected leg as evidenced by ability to stand on affected leg momentarily (10 to 30 seconds)		Able to bear modest body weight on affected leg as evidenced by ability to ambulate without assistive device, but with clear difficulty (eg, abnormal gait, limp)	
3	Able to bear full body weight on affected leg as evidenced by ability to stand on affected leg > 30 seconds		Able to bear full body weight on affected leg as evidenced by ability to ambulate without assistive device and restoration of prefracture gait	
Total single leg stand score		/3	Total Ambulation Score	/3
Total score for ability to bear weight on fractured limb (A)				/6
PAIN				
Score	Palpation score	Actual Score	Stress score	Actual Score
0	Pain without palpation (light touch)		Pain without stress	
1	Pain with light palpation		Pain with mild stress	
2	Pain with deep palpation		Pain with strong stress	
3	No pain with deep palpation		No pain with strong stress	
Total palpation score		/3	Total Stress Score	/3
Total score for pain at fracture site (B)				/6
TOTAL SCORE (Maximum 12 points)				

Fig. S1. Functional index in trauma (FIX-IT) measure.

Instructions for Administering the FIX-IT measure

I. Ability to bear weight on the fractured limb

Subject ability to bear weight on the fractured limb will be evaluated using the two procedures described below.

1. Ability to stand on affected leg without assistive device (single-leg standing)

a) Subjects will be asked to stand on the affected leg with the non-affected leg raised at least 1 inch or 3 cm off the ground. No assistive device (e.g., cane, crutches) or support (e.g., table, chair) are permitted. Subjects will be assessed for their ability to bear their full body weight on the fractured limb in a standing position.

2. Ability to walk without assistive device (ambulation)

a) Subjects will be asked to walk 10 feet or 3 m, turn around, and return (total of 20 feet or 6 m). No support (eg, table, chair, family member) is permitted and treating physicians will request that subjects make their best attempt to minimize use of assistive devices (e.g., canes, crutches). Subjects will be assessed for their ability to ambulate while bearing their full body weight on the fractured limb.

II. Absence of Pain at the Fracture Site

Subjects will be assessed for the absence of pain at the fracture site by both pressing directly over the fracture site and applying stress to the fractured limb. Subjects will be asked to sit upright on the examination table.

1. Pain elicited by directly pressing on the fracture site:

a) The examiner will place one hand above the fracture site and one below the fracture site. The examiner will apply light pressure with his/her thumb to determine if patient has pain. If no pain is elicited, the examiner will

apply deep pressure with his/her thumb to elicit pain. If no pain is elicited with deep pressure, the examiner will give a score of 3.

2. Pain elicited by applying stress to the fracture site

a) Subjects will be asked to extend their lower extremity so that the leg is straight. The examiner will place one hand proximal to the site of fracture (which will act as a fulcrum) and the other hand distal to the fracture site. An anteroposterior and medial-lateral stress will then be applied to the distal leg.

b) To determine the presence and severity of pain, assessors will directly ask subjects if pain is present and will observe the physical response to the pressing and stressing procedures.