Theme	Final Ranking	Indicative Question	Question	Respondant	Original Response
Amputation	NA	Which patients will benefit from early amputation after complex fractures?	76.3	H.S	Incidence of amputation
			144.1	P.P	If it was possible to save the leg because of the severity of the injury,, infection risk, what my leg would look like after major surgery, if I would be able to walk unaided
			70.8	H.S	Cost-benefit and cost-effectiveness studies on complex articular fractures and return to ambulation with emphasis on distal limb sensation/perfusion/chronic compartment syndromes of the foot in distal tibial trauma
			146.4	P.P	What progress can be made on ankle replacement as the choice of fusion or amputation both effects any hope of returning to the manual work in the construction industry.
Bleeding	NA	What is the best way to control bleeding in complex fractures e.g. pelvic fractures?	1.1	H.S	Pelvis - angio vs packing
			88.1	H.S	How can we prevent bleeding and transfusion in polytrauma patients or patients with complex fractures?
Bleeding	NA	Whats is the best management strategy for a patient who is bleeding or has bled in the context of complex fractures?	88.1	H.S	How can we prevent bleeding and transfusion in polytrauma patients or patients with complex fractures?
Bleeding	NA	What proportion of patients sustaining complex fractures have known or unknown blood clotting disorders?	55.2	H.S	When flaps for trauma patients fail, how many of those patients have a known/unknown coagulopathy (factor V leiden etc).
Bone Health	15	How can we assess and improve bone health after complex fractures to promote healing and prevent future fractures?	30.1	P.P	I had a severe vitamin D deficiency and needed to know my future treatment for this.
			30.2	P.P	I needed a specialised daily calcium injection sorting out which Professor xxx requested.
			80.1	H.N	Bone Health
Centralisation of care	NA	What is the effectiveness of current regional trauma networks for provision of care for complex fractures?	12.1	H.S	Cost effective treatments that can be reproduced in most surgeons hands
			44.1	H.P	Time from injury to fixation (if applicable) and reason for delay
			27.1	H.S	CEPOD was when the shift was 24 hours, now different shift so timing question
			57.1	H.S	Availability of ortho plastic team
			145.1	P.P	I was treated firstly at PCH where an exofix frame was used to attach my lower Tibia compound fracture, when ready to leave their ICU I was transferred to Morristown hospital where the plastics team performed 3 clean out operations to control some infection, when the infection was under control it was decided that professor XXX wound operate on my leg to insert a nail through my Tibia.
			2.1	P.P	For complex fractures is there a specialist in that particular type and site of the fracture
			26.1	H.S	No standard of care for open and pelvic fractures in DGH due to lack of exposure (plastics, pelvic surgeon)
			70.4	H.S	Education of trauma orthopaedic surgeons in locoregional flap cover.
			26.2	H.S	compare treatments and results of open and pelvic fracture DGH vs MTC
			64.1	H.S	Best hospital for initial and definitive management of these fractures
			67.4	H.S	Effects of centralisation of trauma cervices ie should all complex fractures be treated in a level 1 trauma centre,
			68.1	H.S	Most appropriate setting for complex fracture management, minimum numbers per unit and appropriate set up. Use of playing techniques in management of tibial plateau fractures. Managing osteoporotic fractures around the knee. Peru prosthetic fractures.
			77.1	H.S	we don't know yet how when & where these should be surgically Rxed
			78.1	H.S	Does surgical volume in trauma for complex fractures impact on outcome
			115.1	H.S	What effect does the transfer and admission complex fracture in MTUs have on waiting time for theatre for less complex fractures/NOFs.
			121.1	H.S	The impact of sub-specialty (super specialization) - pros & cons. I believe that specialist surgeons managing high volumes of complex injures is best for the pt but also the wider healthcare setup/community. But there are draw backs.
			115.2	H.S	How mant complex fractures are trainees completing before starting consultant practice is this enough?
			115.3	H.S	Should as part of GIRFT tranfer patients to surgeons who only manage complex fractures and what effect will this have on service provision as well as non complex fracture surgeons done they lose their skill mix?
			119.4	H.S	was thinking to get some help while performing the multiple operation in one sitting
Diagnosis	NA	What is the best way to diagnose and treat compartment syndrome (severe muscle swelling causing reduced blood flow)?	137.1	H.S	Diagnosing Compartment Syndrome and identifying possible non-surgical treatments
Fix vs Replace	8	When is it better to replace, fix or fuse fractures around the ankle, knee or acetabulum (hip socket)?	50.1	U	distal femoral replacement in trauma
			68.5	H.S	Managing osteoporotic fractures around the knee
			70.8	H.S	Cost-benefit and cost-effectiveness studies on complex articular fractures and return to ambulation with emphasis on distal limb sensation/perfusion/chronic compartment syndromes of the foot in distal tibial trauma
			146.4	P.P	What progress can be made on ankle replacement as the choice of fusion or amputation both effects any hope of returning to the manual work in the construction industry.
			43.1	H	fix or replace acetabular fractures?
Fraility	NA	What is the impact of frailty on outcome after sustaining a complex fracture?	51.1	U	elderly fractures of the pelvis
			57.4	H.S	Outcome of Open fractures in elderly
			68.5	H.S	Managing osteoporotic fractures around the knee
			54.1	H.S	Optimum method of treatment for each age group
			159.2	H.P	Why is there little physiotherapy aftercare for elderly frail patients following complex hip fracture? They often receive acute (1st 6 wks to 3months) of support to regain mobility but no structured follow up to really challenge balance and strength, wheras younger patients with complex injury would receive greater level of care to return to function. Seems to be norm to accept that elderly frail will just get back to transferring or mobilising short distances with an aid.
			45.1	H.P	how does frailty (rockwood index) impact on rehabilitation and how does it influence to outcome?
Fraility	NA	What is the best treatment strategy for frail patients with fractures of the pelvis and acetabulum (hip socket)?	51.1	U	elderly fractures of the pelvis
			6.1	H.S	Non operative natural history of p&a fractures
Healing	NA	What is the best way to monitor healing for complex fractures?	76.2	H.S	Time to bony healing
			95.1	H	bone healing
			134.1	P.P	How long will my bones take to heel? When will I walk again?
			146.1	P.P	Why did I take so long before my bones calcified and the fractures stabilised
			156.4	P.P	Are my bones weaker now in the affected areas?
			94.4	H.P	Can we virtually remotely monitor our patients fracture healing using artificial intelligence.
			118.1	H.RADIOGRAF	Best diagnostic modality to support treatment planning (and assess healing) - in particular what timing
Healing	NA	Can external stimulation devices improve bone healing?	21.2	H.S	EXOGEN/ LIPUS/ other external "stimulation devices" for fracture healing - non union/ delayed union
			146.1	P.P	Why did I take so long before my bones calcified and the fractures stabilised
			39.2	H.S	Is a frame or ORIF better for pilon fracture
			55.4	H.S	What is the strongest plate that can fit in a proximal tibia to allow early full weightbearing without fatigue failure of metalwork?

			55.5	H.S	Can frames for open tibia fractures be removed quicker if there are also intramedullary flexible nails? And what is the true side effect profile?
			63.1	H.S	Impact of different treatment modalities/ implants. Impact of Soft tissue injury.
			70.8	H.S	Cost-benefit and cost-effectiveness studies on complex articular fractures and return to ambulation with emphasis on distal limb sensation/perfusion/chronic compartment syndromes of the foot in distal tibial trauma
			68.4	H.S	Use of playing techniques in management of tibial plateau fractures.
			72.1	H.S	are we over treating fractures with internal fixation
			79.1	H.S	Open fractures: internal vs external fixation; real evidence around time to definitive cover.
Implants	NA	Which surgical implants are best for treating fractures around the knee and ankle?	143.1	P.P	I suffered an extremely complex set of facial fractures to the right hand side of my face - eye socket, cheek bone etc after a full force horse kick to the face that also immediately destroyed my right eye. Severe nerve damage. 40+ fractures. I was airlifted to the major trauma centre at Leeds General Infirmary where I received world class care from an amazing surgical team including fantastic Maxillofacial and Opthalmology consultants. Full case notes available from XXXX. My case was so complex it is used in teaching by XXXX & it also came top in an internal review/vote of cases from from & by doctors that should qualify for full funding for all necessary treatment. The 3-d designed implant specifically for me that XXXX sourced from Europe and used to save my face is no longer funded by the Leeds NHS Trust. This means he now has to treat patients like me with extremely serious Maxillofacial injuries with bone grafts. These do not work nearly as well, & often necessitate additional and repeated surgeries. This funding decision by the Trust is counter productive (repeated surgeries will outweigh the cost of the implant) and will impact greatly on patient recovery and mental health. The only thing that was missed out of my medical treatment (totally understandably as they were focused on saving my life) was the diagnosis of post concussive syndrome. This caused extremely unpleasant and frightening (I thought I was going mad with the memory loss & inability to sleep through the night) symptoms and it would have been very helpful to get the information I eventually found for myself. I had the initial emergency surgery (1 Maxillofacial and 1 opthalmology removal of eye) then very extensive additional Maxillofacial reconstruction surgery 8 months later, then plastic surgery starting about 2 years later. I am currently waiting for my next plastic surgery operation.
			151.1	H.S	Yes definitely, frames versus nails and plates
			149.1	H.N	more information about fat embolism and if delayed fixation has any affect.
			152.1	P.P	Operation
			28.4	P.C	how can we reduce the risk of infection after complex fractures
			32.1	U	Unified advice on the need/ use of antibiotics, wound care to reduce infection i.e. swab and only treat if positive cultures
			32.2	U	Specialist SSI clinics and not just visiting GP/ DN for antibiotics that are not needed
			32.4	U	overuse of antibiotics drives resistance and we really need to address this nationally and internationally
Infection		1 What is the best way to reduce the risk of infection after complex fractures?	55.1	H.S	Long term infection risk following nails, plates, frames (after 2-5 years)
			70.1	H.S	Prevention and treatment of nosocomial infections
			153.1	P.P	I had an infection in two of the wounds after the first two ops to fix the ankle. Took 6 months to heal. When metal removed after 12 months wounds healed within a month.
			156.3	P.P	Will screws need to be removed?
Metalwork Removal		18 Should metalwork routinely be removed after surgery and when?	132.1	P.P	Need for metalwork to be removed due to reduced function with it still in situ
			153.2	P.P	With the metal in for 12 months, mobility not as good as now with metal removed. Still swells up with long exercise. but generally good and able to do most things
			9.1	H.S	Does early (less than 10hrs) make a difference in the outcome
			20.1	U	Does early wound debridement have an impact on outcome
			39.3	H.S	Should you fix clavicle fractures in polytrauma involving lower limbs
			44.1	H.P	Time from injury to fixation (if applicable) and reason for delay
			53.1	H.S	Operations
			66.1	H.S	timing of surgery/techniques
			67.3	H.S	timing of surgery,
			70.8	H.S	Cost-benefit and cost-effectiveness studies on complex articular fractures and return to ambulation with emphasis on distal limb sensation/perfusion/chronic compartment syndromes of the foot in distal tibial trauma
			71.1	H.S	Timing of surgery infection reduction accuracy and functional outcomes
			74.1	H.S	when to fix/when to delay
			101.1	H.S	how many operations?
			110.1	H.S	How strong is the evidence surrounding debridement within 24 hours and soft tissue cover within 72 hours?
			119.1	H.S	how can we deal with fractures of the multiple bones
Multiple Surgeries	NA	What is the best strategy for surgery in patients requiring multiple operations for fractures?	143.1	P.P	I suffered an extremely complex set of facial fractures to the right hand side of my face - eye socket, cheek bone etc after a full force horse kick to the face that also immediately destroyed my right eye. Severe nerve damage. 40+ fractures. I was airlifted to the major trauma centre at Leeds General Infirmary where I received world class care from an amazing surgical team including fantastic Maxillofacial and Opthalmology consultants. Full case notes available from XXX. My case was so complex it is used in teaching by XXX & it also came top in an internal review/vote of cases from from & by doctors that should qualify for full funding for all necessary treatment. The 3-d designed implant specifically for me that XXXXX sourced from Europe and used to save my face is no longer funded by the Leeds NHS Trust. This means he now has to treat patients like me with extremely serious Maxillofacial injuries with bone grafts. These do not work nearly as well, & often necessitate additional and repeated surgeries. This funding decision by the Trust is counter productive (repeated surgeries will outweigh the cost of the implant) and will impact greatly on patient recovery and mental health. The only thing that was missed out of my medical treatment (totally understandably as they were focused on saving my life) was the diagnosis of post concussive syndrome. This caused extremely unpleasant and frightening (I thought I was going mad with the memory loss & inability to sleep through the night) symptoms and it would have been very helpful to get the information I eventually found for myself. I had the initial emergency surgery (1 Maxillofacial and 1 opthalmology removal of eye) then very extensive additional Maxillofacial reconstruction surgery 8 months later, then plastic surgery starting about 2 years later. I am currently waiting for my next plastic surgery operation.
			150.2	H.N	How does repeated admissions or multiple operations impact the patients well being and recovery.

		multiple operations for fractures?	156.2	P.P	Will the fracture require further surgery in the future
			156.3	P.P	Will screws need to be removed?
			132.1	P.P	Need for metalwork to be removed due to reduced function with it still in situ
			153.2	P.P	With the metal in for 12 months, mobility not as good as now with metal removed. Still swells up with long exercise. but generally good and able to do most things
			70.4	H.S	Education of trauma orthopaedic surgeons in locoregional flap cover.
			76.5	H.S	Number of soft tissue procedures (revisions after initial reconstruction)
			76.6	H.S	Type of initial soft tissue reconstruction
			76.7	H.S	Timing of initial soft tissue reconstruction relative to definitive bony fixation
			82.1	H.S	Early vs delayed closure for open fracture
			91.1	H.S	What is the best treatment option for open lower limb injuries, Gustillo type 3; fix and flap vs acute shortening with primary closure and secondary bone transport. Especially in the younger patients.
			79.1	H.S	Open fractures: internal vs external fixation; real evidence around time to definitive cover.
			102.1	H.S	bone transport methods- Stryde VS circular frame- masquelet VS bone transport
			9.1	H.S	Does early (less than 10hrs) make a difference in the outcome
			20.1	U	Does early wound debridement have an impact on outcome
			44.1	H.P	Time from injury to fixation (if applicable) and reason for delay
			53.1	H.S	Operations
			66.1	H.S	timing of surgery/techniques
			67.3	H.S	timing of surgery,
			71.1	H.S	Timing of surgery infection reduction accuracy and functional outcomes
			74.1	H.S	when to fix/when to delay
			101.1	H.S	how many operations?
			110.1	H.S	How strong is the evidence surrounding debridement within 24 hours and soft tissue cover within 72 hours?
			149.1	H.N	more information about fat embolism and if delayed fixation has any affect.
			76.6	H.S	Type of initial soft tissue reconstruction
			76.7	H.S	Timing of initial soft tissue reconstruction relative to definitive bony fixation
			82.1	H.S	Early vs delayed closure for open fracture
			79.1	H.S	Open fractures: internal vs external fixation; real evidence around time to definitive cover.
			91.1	H.S	What is the best treatment option for open lower limb injuries, Gustillo type 3; fix and flap vs acute shortening with primary closure and secondary bone transport. Especially in the younger patients.
			70.4	H.S	Education of trauma orthopaedic surgeons in locoregional flap cover.
Multiple Surgeries	17	What is the best bone defect reconstruction option in the acute treatment of complex fractures?	102.1	H.S	bone transport methods- Stryde VS circular frame- masquelet VS bone transport
Multiple Surgeries	13	In patients with multiple injuries, which fractures need fixing and when?	119.1	H.S	how can we deal with fractures of the multiple bones
			39.3	H.S	Should you fix clavicle fractures in polytrauma involving lower limbs
Nutrition	NA	What is the best strategy for improving nutrition for patients with complex fractures?	35.1	H.S	Did you receive any nutritional advice?
			39.1	H.S	Effect of pre-op starvation
			43.3		nutrition in fragility polytrauma patients
Nerve injury	14	What diagnostic methods can predict which fracture-associated nerve injuries will recover without treatment.	1.5	H.S	Nerve injury diagnosis for recovery
Pain	NA	Are there alternative methods to reduce pain after complex fractures? E.g. nerve blocks	29.1	H	use of appropriate analgesia/ ankle blocks
			83.1	H.P	Pain management
			93.1	H.S	Best analgesia and whether we should using regional blocks for non NOF fractures
			108.1	H.S	pain control
			109.2	H.P	What would make them more comfortable?
			131.4	P.P	My personal experiences involved devastating pain while awaiting surgery, unsympathetic nurses, especially at night - although fully realise the hospital (JR) was operating under difficulties.
			144.3	P.P	pain control
			131.1	P.P	How far are A&E health team prepared to cope with the devastating pain involved with a broken pelvis, while awaiting surgery
Plastics	NA	What is the best dressing to use on complex wounds	21.1	H.S	Incisional VAC for high risk wounds e.g. pilon
			46.1	H.S	wet or dry dressings for open fractures- DOWD trial - orthoplastic injuries
			76.1	H.S	Time to soft tissue wound healing.
Plastics	NA	What type of flap (skin and muscle tissue) is best for treating open fractures?	70.3	H.S	Local periosteal flaps to reduce nonunion incidence
			55.3	H.S	When performing revision flap surgery for a failed flap, what extra techniques can help improve success (e.g. does it help to release one edge of flap to de-tension and tuck in later).
			70.2	H.S	Strategies to preserve vascularly marginal bone
			3.1	H.N	Soft tissue management
			117.2	H.S	If free flap then staged recovery to protect flap and then monitoring flap to ensure no underlying infection
Pregnancy	NA	What are the implications for child-bearing during/ after a pelvic fracture?	149.2	H.N	Information regarding subsequent pregnancy for woman of child bearing age and pelvic fractures.
			135.5	P.P	My situation was extremely difficult as I broke my pelvis and both my legs whilst 36 weeks pregnant. My baby had to be delivered that night in order for my pelvis to be operated on. So I had all the extra hormonal distress to deal with
			12.1	H.S	Cost effective treatments that can be reproduced in most surgeons hands
			67.2	H.S	Approaches, reduction technique, fixation devices particularly fixed angular stable plates,
			67.8	H.S	Incidence of secondary arthritis after joint fractures, what determines the development of secondary arthritis,
			70.9	H.S	and return to ambulation with emphasis on distal limb sensation/perfusion/chronic compartment syndromes of the foot in distal tibial trauma
			111.1	H.S	Do more expensive implants really improve outcome or are surgeon specific parameters more important?
			117.1	H.S	Vascularity, nerve injury, viability of soft tissues, pre morbid condition and expectations of limbs e.g. rock climber, motorcyclist, wheelchair bound etc
			147.1	H.S	Most commonly encountered injuries? Most used surgical techniques?
			147.3	H.S	Most common complications?
			74.2	H.S	what factors most influence recovery

Prognosis		4	Is it possible to determine which patients will develop complications, arthritis and poor functional outcomes after complex fractures?	156.7	P.P	How can I make sure other joints aren't badly affected?
				62.8	H.S	Complexity of fracture therefore is also related to the complexities of the injury and recovery as the organism perceives it to be.
				5.1	H.S	Difference in functional outcomes at 1 year between operative and non operative treatment in certain fracture patterns
				14.1	H.S	What are the benefits of an operation?
				28.1	P.C	Do complex fractures need to have surgery?
				114.3	H.P	Long term implications of impact activities
				47.1	U	surgery versus no surgery for complex fractures
				82.3	H.S	Long term follow up studies (e.g. DRAFFT 5 years)
				140.1	P.K	Best way of healing, is an operation always required?
				110.2	H.S	What is the ideal rehabilitation pathway for complex lower limb injuries and is there argument to aim for internal fixation?
				147.2	H.S	Most commonly encountered injuries? Most used surgical techniques?
				100.1	H.S	Why treating surgeons can't get the basics right still.
				156.1.2	P.P	Will I get arthritis more badly in the areas affected?
				11.1	H.S	Does anatomical reduction mean better function
				86.2	H.S	Routine Classification of complex injuries using AI to asses radiographs and correlate this with PROMs PREMS outcomes using a national trauma database.
				77.1	H.S	we don't know yet how when & where these should be surgically Rxed
				84.1	H.S	better management of bones, managing complex fractures and what outcomes can be expected
Rehab pathways	NA		Would specialist regional rehabilitation centres improve recovery for patients with complex fractures?	130.6	P.P	Is it possible to set up regional rehabilitation centres?
				126.5	P.P	I was not confident with the understanding of Physio's in the local clinic of my injury.
Rehab pathways		7	What additional care and support is helpful for patient being discharged from hospital after a complex fracture?	33.1	H	what support do patients need on discharge? what is the optimal pathway for management
				123.1	H.S	Set up ready for discharge
				15.3	H.O	The amount of patients that use the equipment provided from hospital on discharge and how useful was it (ie crutches, toilet frames etc.)?
				31.1	U	comparative study of length of OT input with Quality of life as measure of outcome
				110.3	H.S	What is occupational therapies role in reintegration of patients into society?
				129.2	H.S	Who will help me
				15.1	H.O	What areas of care do patients wish they had more support with on discharge?
				15.2	H.O	What did they get for support and what was the most helpful?
Rehab Pathways	NA		Could Ambulatory Care Pathways or Day-case operating reduce inpatient stays for patient with complex fractures?	105.1	H.S	Can we have ambulatory / day case trauma operating theatres in the UK?
				159.1	H.P	How can we reduce oedema more quickly to avoid delays to surgery? Evidence for elevation but poor evidence for cryotherapy, complex ankles often delayed 4-5 days for swelling to come down
				101.2	H.S	how long inpatient stay?
				150.2	H.N	How does repeated admissions or multiple operations impact the patients well being and recovery.
Standardisation	NA		Could a national registry and artificial intelligence modelling improve care and research related to complex fractures?	86.1	H.S	National online post injury rehabilitation programs for injuries/ Programs information accessible via APP that also track PROMS/ linked to national database. to provide physiotherapy for injuries and allow high quality in person intervention for those who most need it and allow face to face review at patients request. Data from this would allow the majority of questions raised from your survey to be answered, improved In hip fracture care could be mirrored by assessing the interventions with the highest degree of QUAL return.
				86.2	H.S	Routine Classification of complex injuries using AI to asses radiographs and correlate this with PROMs PREMS outcomes using a national trauma database.
Sexual Function	NA		How can patients be supported to return to sexual function after pelvic fractures?	24.5	H.S	sexual return to function
Social Rehab	NA		Is social rehabilitation useful for patients recovering from complex fractures?	62.2	H.S	Social rehabilitation
				110.3	H.S	What is occupational therapies role in reintegration of patients into society?
				110.4	H.S	what are the barriers to return to society? how can these be overcome?
				62.3	H.S	Realism and employment or social support
Staff Training	NA		What training could help staff improve care for patients with complex fractures (e.g. Human factors training or patient transferring)?	87.4	H.S	I also believe that human factors training will save more lives than technical skill or the TARN database
				87.1	H.S	Standardised treatment of physiology of trauma and human factors training of healthcare teams.
				130.2	P.P	What needs to be done to ensure staff are properly trained to ensure the safe and effective transfer/movement of the patient.
				131.1	P.P	How far are A&E health team prepared to cope with the devastating pain involved with a broken pelvis, while awaiting surgery
Missed Injury	NA		How can we avoid missing other injuries/ problems for patients that have sustained complex fractures?	52.1	H.P	Missed soft tissue injuries during inpatient stay.
				126.1	P.P	I had two injuries, good attention was paid to the major injury (lower leg) but less to the upper thigh injury, both by Doctors and changing dressings. The graft in the thigh failed.
				96.1	P.P	They missed that I had broken my wrist bone - but it didn't hurt much to start with
Standardisation	NA		How could a standardised national rehabilitation prescription improve coordination of care for complex fractures?	32.3	U	Create set plans for rehab with deviations for each need
				52.1	H.P	Missed soft tissue injuries during inpatient stay.
				87.3	H.S	Standardised treatment algorithms for major trauma please
				126.1	P.P	I had two injuries, good attention was paid to the major injury (lower leg) but less to the upper thigh injury, both by Doctors and changing dressings. The graft in the thigh failed.
				22.4	P.K	Mum had a comminuted tibial plateau fracture and had primary fixation in austria - the physio appoach post op + surgical advice was quite different to the UK
				46.3	H.S	nationally agreed rehab prescription
				48.7	H.P	I work in a MSK polytrauma MDT @ salford royal MTC other cons/ AP physio with fracture experience/ rehab medicine consultant - this coordinates care - and reduces fracture clinic appointments.
				59.2	H.S	How to develop an easily communicable staging system that is applicable and understandable by surgeons, intensivists and rehabilitation teams?
				59.3	H.S	As above, plus guidelines on when and where to intervene in the rehabilitation process.
				85.1	P.P	I am in the military with a complex open tib/fib # overseas whilst skiing. Overly rigid fixation in country and slightly wonky. Non-union for 9 months. Persistent pain post recovery in my foot/lateral ankle- turned out to relate to a subluxed cuboid impinging on tendon. unclear if overly rigid fixation contributed to non-union; unclear if plan xrays in country were suitable for assessment of my injury; was advised my post op picture would have been clearer with CT images of original injury. Once finally healed I suffer a partial gastroc rupture- rehab was key to my recovery but if I hadn't been military I suspect I would not have been able to access rehab like I did and may still be in pain with significant muscle differential.
				159.4	H.P	I work in a 56 bedded acute Trauma Ortho service and the questions above reflect common themes experienced here. Communication has improved from MTC to TU over last 12-18 months with implementation of rehab prescriptions and weekly Major Trauma MDT via teams between MTC and TU MDT. There is still some way to go with regards to consistent provision of Rehab prescriptions from TU due to staffing and time restraints and gaining timely access to onward rehab services.
				130.1	P.P	In situations of multi fractures/etc, what could be done to put in place the coordinated care via one clinician via a rehab plan, including psychological support.
				130.5	P.P	How can a coordinated rehabilitation plan be put in place to support patients in their recovery?

				96.1	P.P	They missed that I had broken my wrist bone - but it didn't hurt much to start with
				126.5	P.P	I was not confident with the understanding of Physio's in the local clinic of my injury.
				40.2	P.K	from a patients perspective, how can you be supported during recovery in reaching your goals. Even though its broad, can guidelines be implemented
Traction	NA		Are traction splints of benefit in the treatment of common fractures and what sort do patients prefer?	149.5	H.N	limiting evidence base to inform practice for best practice for traction splint, which device is better and which do patients prefer?
VTE		16	What is the best strategy for preventing blood clots after complex fractures?	144.9	P.P	If I will always have to wear compression stockings
Fat Embolism	NA		How can we prevent and treat fat embolism (lumps of fat in the blood stream) related to complex fractures?	149.1	H.N	more information about fat embolism and if delayed fixation has any affect.
Alternative therapies	NA		What different therapies (including complementary therapies) are useful for patients recovering from a complex fracture?	38.2	H	Does pet therapy work
				44.4	H.P	number of therapy sessions - who from (i.e. physio, OT dietetics)
				48.4	H.P	i would like to see more yoga in the NHS.
				81.2	H.S	No of therapy sessions
				15.3	H.O	The amount of patients that use the equipment provided from hospital on discharge and how useful was it (ie crutches, toilet frames etc.)?
				31.1	U	comparative study of length of OT input with Quality of life as measure of outcome
				110.3	H.S	What is occupational therapies role in reintegration of patients into society?
				129.2	H.S	Who will help me
				107.1	H.P	Optimal early outpatient treatments
				130.9	P.P	How do you ensure that physical training eg pilates etc are woven into the rehabilitation plan?
				146.2	P.P	How can you target better rehabilitation as apart from the hydro pool, Rehabilitation was not very effective. The time allowed in the pool was restricted
				111.3	H.S	Can we quicken peoples return to activites with any post-operative interventions?
Mobility		11	When is it safe to start weight-bearing and joint movement after a complex fracture	154.1	H.S	Early weight bearing and movement in lower limb fractures
				157.1	H.P	Effectiveness of ORIF on allowing people to weightbear - technically patients should be able to weight bear following ORIF but this in not standard
				1.2	H.S	When to start weight bearing after pelvis fracture
				9.2	H.S	Does early weight bearing influence the outcome?
				11.2	H.S	What is optimal immobilisation time
				14.3	H.S	When can I walk again?
				18.1	H.P	Early weight bearing as soon as possible.
				22.2	P.K	Weight bearing to fracture of the leg where a joint involved + the bone is broken into multiple pieces
				22.3	P.K	Weight bearing, ROM - considering entire limb, at hip knee and ankle - all effect each other
				43.2	H	weight bear all lower limb injuries?
				53.2	H.S	Return to function and weight bearing
				61.2	H.S	Does early weight-bearing matter
				63.2	H.S	More precision regarding effects of treatment on WB/ROM in early Vs late rehab
				66.2	H.S	how early can wt bearing take place
				68.2	H.S	Weight bearing post op and restoration of movement and function
				70.7	H.S	Dose motion really alter the outcome for damaged cartilage or are there more appropriate ways of estimating articular outcome as a function of damage v motion?
				71.2	H.S	How much how often and weight bearing status
				79.2	H.S	Should there be ANY movement restriction for ANY fixed injuries?
				89.1	H.P	Restrictions following injury, impact on recovery dependent on weight bearing status and duration of being non weight bearing
				95.2	H	weight bearing
				101.3	H.S	regular joint and weight bearing physiotherapy
				114.2	H.P	When to load
				154.2	H.S	when is the best time to allow pelvic ring injuries to weightbear
				156.5	P.P	How can I get flexibility back?
				135.1	P.P	I had multiple fractures and all required surgery. I had an open fracture and a fracture of my lower femur which affects my knee and as a result I can no longer bend to normal range.
				154.3	H.S	does early weight bearing allow a quicker return to work
				109.1.0	H.P	As an acute plastics physio in Manchester, there is a recognized gap in service provision when patients leave hospital. There are limited community/outpatient resources to offer open tib/fib limb recon patients input during the limbo time whilst they are non weight bearing. This can often be for long periods of time.
				140.2	P.K	When should rehab start?
				114.3	H.P	Long term implications of impact activities
				109.7	H.P	DID THEY RECEIVE ANY PHYSIOTHERAPY DURING LONG PERIODS OF BEING NON-WEIGHT-BEARING?
				144.2	P.P	difficulties with mobilisation
Personalised Rehab	NA		How should expectations be managed to improve patient outcomes after complex fractures?	24.4	H.S	optimist vs pesimistic with consent vs patient expectation
				74.3	H.S	how to match patient expectations
				131.3	P.P	See above - how useful is it to offer the prospect of complete returns to function
				153.3	P.P	all good, great service considering the fracture.
Personalised Rehab	NA		How can NHS and private services best integrate for the rehabilitation of complex fractures	155.2	H.P	Ongoing rehab availability in leisure centres/private health clubs
				145.4	P.P	I am just so grateful that there are these exceptional people working to in the NHS and privately to help people like me in my time of need.
				4.1	H.S	Is there a role for data-driven bespoke PT/OT?
				10.2	H.S	Questions regarding return to function (e.g. expectations for return to work, driving, hobbies)?
				22.1	P.K	How to approach rehab immediately post surgery to give the quickest return to function
				40.2	P.K	from a patients perspective, how can you be supported during recovery in reaching your goals. Even though its broad, can guidelines be implemented
				48.6	H.P	Does rehab need more functional focus?
				67.6	H.S	We need to better understand what is best for the individual patient.
				72.2	H.S	how do we select patients that would do better with therapists support
				78.2	H.S	Intensive exercise-based rehab and reablement (military style) versus standard NHS (almost nothing)
				130.13	P.P	having a rehab plan owned by the patient and used both in transfers between hospitals and at home, including with physios, chiropractors etc.
				134.2	P.P	Can physio be more focussed when have multiple injuries?
				156.1.4	P.P	I set myself goals for walking which has helped.
				8.3	H.M	Questions about quality of life including social relationships, work, hobbies
				23.4	H	Return to high level activity/ support
				40.1	P.K	How to maximise the outcome aswell as maintaining retention and promoting healthy life style changes

			52.3	H.P	Do high level athletes get better treatment in the return to sport.
			111.3	H.S	Can we quicken peoples return to activites with any post-operative interventions?
			127.1	H	Depending with the profession some professions require physical work - such as builders - how best can they be supported?
Personalised Rehab	NA	Is recovery from complex fractures enhanced by personalised rehabilitation with patient-specific goals?	148.3	P.P	Maybe some form of research to look at keeping the rest of the body active. I was inactive for two years, I tried to do things but the pain was too much. Once my leg fixed I've had problems with lots of other parts of my body.
			151.3	H.S	Why people don't return to sport
			146.3	P.P	and general physiotherapy was to painful and strenuous.
			148.2	P.P	I found physio was very injury specific. I wonder if more of a holistic approach could be taken. My leg was smashed and the physio was great for this but my whole body has suffered. I've paid for lots of extra physio and a personal trainer to try and sort my body out.
			42.1	P.P	How could rehabilitation advice take into account prior fitness and activity goals? for example is it important for a young fit person who regularly enjoys outdoor activity and or competes in sport to achieve this again post injury. they may have more motivation and baseline physical ability to follow a demanding recovery program than an elderly frail person who would have completely different goals and may be aiming to achieve independence. whole range of people in between based on physical fitness not only age.
			138.1	P.P	More comprehensive documentation on likely outcomes which could be reviewed rather than relying on the internet this can then be discussed with the consultant on rounds. It needs to be borne in mind that the patient could be on some heavy drugs and to be able to review documentation at leisure will help
			54.3	H.S	Rate of return to work, rate of return to sporting activity
			126.3	P.P	Expectations were not agreed or met. I worked it out as I went along.
			85.1	P.P	I am in the military with a complex open tib/fib # overseas whilst skiing. Overly rigid fixation in country and slightly wonky. Non-union for 9 months. Persistent pain post recovery in my foot/lateral ankle- turned out to relate to a subluxed cuboid impinging on tendon. unclear if overly rigid fixation contributed to non-union; unclear if plan xrays in country were suitable for assessment of my injury; was advised my post op picture would have been clearer with CT images of original injury. Once finally healed I suffer a partial gastroc rupture- rehab was key to my recovery but if I hadn't been military I suspect I would not have been able to access rehab like I did and may still be in pain with significant muscle differential.
			41.2	P.K	having robust sub-group data (i.e. age, premorbid status) would allow clinicians to give this to patients in a more personalised fashion.
			144.6	P.P	how to get the most from the physio
			70.6	H.S	Strategies to encourage normal patterns of gait: FES, splintage etc
Personalised Rehab	NA	How can we promote lasting adherance to rehabilitation, exercise and healthy lifestyle behaviours after complex fractures?	40.1	P.K	How to maximise the outcome aswell as maintaining retention and promoting healthy life style changes
			148.3	P.P	Maybe some form of research to look at keeping the rest of the body active. I was inactive for two years, I tried to do things but the pain was too much. Once my leg fixed I've had problems with lots of other parts of my body.
			123.2	H.S	Commencing and sticking with physio
			94.2	H.P	How can we improve access of rehabilitation in patients home to avoid travel and time off
			105.2	H.S	Can eVideo rehab be developed to allow patients to rehabilitate in their own homes?
			146.5	P.P	My personal experience was of fantastic professionals that had overwhelming pressures placed on them as a direct effect of staff and resource shortages. Everyone seemed to be working at 110% which means extra time wasn't available to give the service patients would have benefited from. The staff will always have my deepest gratitude.
			17.1	H.S	Access to rehabilitation and best outcomes particularly in the younger population
			48.1	H.P	mentor/ support worker at discharge. "key workers" for patients to contact. often on discharge care gets fragmented is Out of area
			56.2	H.N	Support system to be able to attend mental or other appointments
			59.4	H.S	How to provide longer term follow up in the community on patients' return to optimal function and mental rehabilitation.
			62.4	H.S	A complex injury is one that exceeds the available resource to achieve optimal recovery be that, money (real estate and kit), skills, knowledge, attitude, training in those retrieving and treating the casualty then rehabilitating and returning them to their role in society. I've seen multifocal femoral fractures treated in "hinged roller traction" devices made from cannibalised car parts in the bush and also with a combination of nails plates and screws with successful functional outcomes to the point of discharge from secondary care. I have little knowledge of how recovery of physical functions relate to function in the society the casualty is returned to or how the psychology of the injury affects this. I see people pursuing claims and sometimes compensation helps them for loss but I do not know if their overall recovery is better than those that do not or can not recover compensation. I do not know if there is a difference between children, those that work or those that are retired or can not work for other reasons.
			23.5	H	Links with community rehab facilities/ gyms/ pools
			143.5	P.P	For a very long time (& still to a certain extent) I found being in crowds (because of the staring at my face & because I cannot see what is coming on my right hand side.
			121.4	H.S	I feel that UK NHS Physio has become very 'hands off'. pt lead, exercise based. I think this is related to cost. I would love to see comparisons between this approach and more hands on, manipulation based rehab
			23.2	H	Availability / capacity of physio departments to provide high level rehab and rehab for sufficient length of time (outpatient)
			48.3	H.P	physio is lacking, long wait in community
			98.3	H.S	access to physiotherapy in the NHS, and the impact of delays of treatment to recovery
			109.6	H.P	Was there a delay in getting them seen by community physiotherapy or into outpatient physiotherapy (if they had been referred for ongoing physiotherapy)?
		How can community rehabilitation, follow-up and continuity of	123.2	H.S	Commencing and sticking with physio
Follow-up	NA	care be improved for patients recovering from complex	125.2	H.S	How easy was it for you to access Physiotherapy/rehab following discharge from Hospital?
		fractures?	144.6	P.P	how to get the most from the physio
			1.4	H.S	Long waiting time for physio
			109.1.0	H.P	As an acute plastics physio in Manchester, there is a recognized gap in service provision when patients leave hospital. There are limited community/outpatient resources to offer open tib/fib limb recon patients input during the limbo time whilst they are non weight bearing. This can often be for long periods of time.
			138.2	P.P	Everyone wants to recover as quickly as possible and I believe access to physiotherapist is essential. The inpatient physio seems to be more about getting you moving and out of hospital which is fine. But in the long term with complex injuries I don't believe one half hour session every two weeks is enough support. This is exacerbated if your physio is remote from the hospital where the procedure was performed and they seem to have trouble accessing medical records/scans or being able to discuss issues with 5he consultant (this may just be my experience in Surrey)
			136.4	P.P	I like to having a familiar surgeon, a named consultant who got to know me. Later the same consultant carried out a minor procedure as I felt anxious about anyone else operating on me having had 12 operations.
			2.2	P.P	If rehab is after 6 months can follow-up be with the same consultant not via ones GP
			17.1	H.S	Access to rehabilitation and best outcomes particularly in the younger population
			46.4	H.S	information transfer nationally available info on patients, injury, progress and plans
			48.1	H.P	mentor/ support worker at discharge. "key workers" for patients to contact. often on discharge care gets fragmented is Out of area
			48.5	H.P	Clinics have a high DNA rate - Mental health often an issue/ barrier - Mild head injury, depression.
			56.2	H.N	Support system to be able to attend mental or other appointments

			59.4	H.S	How to provide longer term follow up in the community on patients' return to optimal function and mental rehabilitation.
			62.4	H.S	A complex injury is one that exceeds the available resource to achieve optimal recovery be that, money (real estate and kit), skills, knowledge, attitude, training in those retrieving and treating the casualty then rehabilitating and returning them to their role in society. I've seen multifocal femoral fractures treated in "hinged roller traction" devices made from cannibalised car parts in the bush and also with a combination of nails plates and screws with successful functional outcomes to the point of discharge from secondary care. I have little knowledge of how recovery of physical functions relate to function in the society the casualty is returned to or how the psychology of the injury affects this. I see people pursuing claims and sometimes compensation helps them for loss but I do not know if their overall recovery is better than those that do not or can not recover compensation. I do not know if there is a difference between children, those that work or those that are retired or can not work for other reasons.
			126.5	P.P	I was not confident with the understanding of Physio's in the local clinic of my injury.
			23.5	H	Links with community rehab facilities/ gyms/ pools
			143.5	P.P	For a very long time (& still to a certain extent) I found being in crowds (because of the staring at my face & because I cannot see what is coming on my right hand side.
Physiotherapy	NA	What is the optimal in-patient rehabilitation strategy for patients with complex fractures?	28.2	P.C	Does formal physio improve outcome for patients with complex fractures compared with standard advice?
			139.1	P.P	Getting out of bed
			111.3	H.S	Can we quicken peoples return to activites with any post-operative interventions?
			29.2	H	pre-post op exercise plan. does it improve patient outcome + physically/ mentally.
			29.4	H	Does post op exercise reduce recovery time post op
			44.5	H.P	How long patients should expect to be seen for therapy (i.e. 3 months/ 6 months) for different injuries?
			33.3	H	what is the optimal inpatient rehab programme?
			150.3	H.N	How inpatient rehabilitation can help facilitate a speedy discharge.
			88.2	H.S	Are physiotherapy programmes more effective than advice alone in functional outcome?
			109.7	H.P	DID THEY RECEIVE ANY PHYSIOTHERAPY DURING LONG PERIODS OF BEING NON-WEIGHT-BEARING?
Physiotherapy	2	What is the optimal outpatient rehabilitation strategy for patients with complex fractures?	14.2	H.S	Is it necessary to do physiotherapy?
			16.2	P.C	How much physio would help ?
			44.4	H.P	number of therapy sessions - who from (i.e. physio, OT dietetics)
			48.4	H.P	i would like to see more yoga in the NHS.
			130.9	P.P	How do you ensure that physical training eg pilates etc are woven into the rehabilitation plan?
			146.2	P.P	How can you target better rehabilitation as apart from the hydro pool, Rehabilitation was not very effective. The time allowed in the pool was restricted
			25.1	H	number of episodes 0-4 weeks, 4-12 weeks, >12 weeks, level of input
			38.3	H	Does physiotherapy work
			41.1	P.K	what is the optimum regimen of physio for various injuries
			109.5	H.P	Was the level of inpatient physiotherapy satisfactory??
			111.2	H.S	What is the optimal frquency and duration of PT for complex peri-articular fractures?
			81.2	H.S	No of therapy sessions
			107.1	H.P	Optimal early outpatient treatments
			119.2	H.S	is physiotherapy going to help
			122.2	H.S	physiotherapy
			136.2	P.P	I wanted to do a lot of physiotherapy to maximise my recovery but was concerned about avoiding making things worse. This wasn't always clear.
			138.2	P.P	Everyone wants to recover as quickly as possible and I believe access to physiotherapist is essential. The inpatient physio seems to be more about getting you moving and out of hospital which is fine. But in the long term with complex injuries I don't believe one half hour session every two weeks is enough support. This is exacerbated if your physio is remote from the hospital where the procedure was performed and they seem to have trouble accessing medical records/scans or being able to discuss issues with 5he consultant (this may just be my experience in Surrey)
			152.2	P.P	Physiotherapy
			33.4	H	what is the optimal outpatient rehab programme?
			156.6	P.P	How often should I see a physio?
			71.2	H.S	How much how often and weight bearing status
			101.3	H.S	regular joint and weight bearing physiotherapy
			145.2	P.P	After 6 weeks in hospital I was discharged and a few weeks later I started to receive a once weekly physio session in my local hospital, a few weeks later I started my physio sessions with xxxxx which I continue to attend now three times a week. I would not be where I am today without the physical and mental support provided by xxxxxxxxx. I also received 12 phycological help sessions to help me with the trauma of my accident.
			159.2	H.P	Why is there little physiotherapy aftercare for elderly frail patients following complex hip fracture? They often receive acute (1st 6 wks to 3months) of support to regain mobility but no structured follow up to really challenge balance and strength, wheras younger patients with complex injury would receive greater level of care to return to function. Seems to be norm to accept that elderly frail will just get back to transferring or mobilising short distances with an aid.
			159.5	H.P	What is the best approach for regaining ankle rangle of movement once immobilisation is ceased? i.e. hydrotherapy, heat, intensive exercise. Often significant delay from fracture clinic follow up to out-patient MSK services.
			77.2	H.S	does enough rehab exist / happen ?
			83.7	H.P	Psychological help
			8.1	H.M	What psychological care was offer and received
			8.2	H.M	What access was there to psychological support
			13.2	H.S	Benefit of trauma psychologist in major trauma
			20.2	U	MORE ME(N)TAL
			23.1	H	Psychology input from early stage
			31.2	U	what are the benefits/ role of mental health support in rehabilitation of traumatic (spinal) fractures/ injuries
			33.2	H	What are the psychosocial barriers and facilitators for recovery?
			38.4	H	Does catastrophising make a difference?
			44.6	H.P	Was mental health considered in rehab?
			47.2	U	management of past traumatic stress disorder/ mental health problems after polytrauma
			57.2	H.S	Metal support and home support
			62.1	H.S	Psychology of recovery
			65.1	H.S	Grief and loss
			67.1	H.S	Self help groups for mental support, falls prevention strategies, mental support is vital for polytauma but single bone/ limb trauma should only be supported after mental health in general is provided. I don't think we have enough specialists in the uk to offer more support.
			69.1	H.S	Impact on patient psychological well-being/ future function following complex trauma. Can this be improved/ optimised with psychological support during rehab?
			73.2	H.P	Does early psychological support for poly trauma patients aid recovery times.

			75.1	H.S	Does psychologist input help improve the care of major trauma patients e.g. imprve mood, enhance rehab, expedite discharge
			80.2	H.N	Psychological support.
			82.2	H.S	Psychological support for open fracture requiring multiple procedures
			83.2	H.P	Funding for long term rehab, training staff for dealing with trauma, access to trauma informed psychology
			87.2	H.S	Better support for psychology post trauma
			92.2	P.K	psychological issues can have a huge issue on the recovery of injuries therefore being aware of a patients mental health is essential so that the correct or appropriate support can be given. This include past and as a result of the injury.
			98.2	H.S	psychological/psychiatric conditions and their impact on outcome of surgery
			102.2	H.S	Psychological support fro frame patients
			108.2	H.S	mental and financial support
			130.12	P.P	having psychological support earlier in my rehab
			130.4	P.P	What can be done to bring forward the psychological support/treatment during rehabilitation?
			135.2	P.P	I had both in the hospital in the first few weeks afterwards this was a struggle especially mental health recovery it was a very lonely time.
Psychology	3	What psychological support would be useful for patients with complex fractures and when?	139.2	P.P	Mental support
			142.1	H.M	psychological aspects of the injury
			142.2	H.M	treatment of psychological issues
			143.2	P.P	I obtained clinical psychology via private health care. It was extremely useful. It would have been provided much slower (if at all on on a regular basis) on the NHS which would have impacted my recovery. The most difficult thing to deal with has been the eye loss, I still cannot bear to remove the artificial eye myself and see what it looks like with it not in. It took me 2.5 years to stop crying about that aspect.
			144.5	P.P	how to cope with my reliving the accident
			145.2	P.P	After 6 weeks in hospital I was discharged and a few weeks later I started to receive a once weekly physio session in my local hospital, a few weeks later I started my physio sessions with xxxxxx which I continue to attend now three times a week. I would not be where I am today without the physical and mental support provided by xxxxxx. I also received 12 phycological help sessions to help me with the trauma of my accident.
			150.4	H.N	How trained psychological support can positively impact patients outcomes
			151.2	H.S	And psychology input
			157.2	H.P	When is psychological support more beneficial to patients, inpatient or outpatient?
			7.1	H	Supporting patients psychologically through their rehab, so they can more easily access/take on board their treatment
			101.7	H.S	Assessment for anxiety
			110.4	H.S	what are the barriers to return to society? how can these be overcome?
			150.6	H.N	How does the delay into returning to "normal life" effect the patient psychologically.
			6.2	H.S	Psychological support/consequence length of from open fractures and pelvic and acetabular fractures
			25.3	H	psychology + polytrauma
			65.1	H.S	Grief and loss
			29.3	H	Look at psychological implications of surgery regularly over all outcome for patient independant ADLs
			52.2	H.P	Long term mental and psychological impacts of complex fractures
			128.1	U	Psychological impact of prolonged reduced mobility
			23.3	H	Long-term psychological impact of injury
			100.2	H.S	Does post-trauma counselling prolong or reduce suffering, particularly when associated with medico-legal claims
			70.5	H.S	Investigation of kinsesiophobia as applied to early re-education of gait
			93.2	H.S	How to break the cycle of fear of falling. What is the best evidence for prevention of future falls
			2.4	P.P	The repair to my complex fracture was superb. My confidence since the fall still bothers me.
			159.3	H.P	Psychological support is available in Major Trauma Centres. Why is not available or felt important in Trauma Units or Intermediate Care Units during onward rehab?
			38.4	H	Does catastrophising make a difference?
			158.5	P.P	Also the feeling of vulnerability and anxiety about returning to every day life that I wasn't expecting as well as coming to terms with the scars.
			33.2	H	What are the psychosocial barriers and facilitators for recovery?
			110.4	H.S	what are the barriers to return to society? how can these be overcome?
Psychology	NA	What are the psychosocial barriers and facilitators for recovery after a complex fracture?	70.5	H.S	Investigation of kinsesiophobia as applied to early re-education of gait
			93.2	H.S	How to break the cycle of fear of falling. What is the best evidence for prevention of future falls
			2.4	P.P	The repair to my complex fracture was superb. My confidence since the fall still bothers me.
			38.4	H	Does catastrophising make a difference?
			150.6	H.N	How does the delay into returning to "normal life" effect the patient psychologically.
			52.2	H.P	Long term mental and psychological impacts of complex fractures
			23.3	H	Long-term psychological impact of injury
Psychology	NA	What are the long-tem psychological consequences of complex fractures?	158.5	P.P	Also the feeling of vulnerability and anxiety about returning to every day life that I wasn't expecting as well as coming to terms with the scars.
			128.1	U	Psychological impact of prolonged reduced mobility
			83.2	H.P	Funding for long term rehab, training staff for dealing with trauma, access to trauma informed psychology
			29.3	H	Look at psychological implications of surgery regularly over all outcome for patient independant ADLs
			143.6	P.P	Microcurrent technology alongside the amazing medical care I received, was absolutely fundamental to my excellent recovery, including psychologically. xxx was very surprised at how well my face has healed, & didn't expect this. Professor xxxx prescribes Microcurrent technology for all his PTSD patients. If it hadn't been for xxxxx, I don't know how I would have got through this experience. I never got PTSD, & I firmly believe this was down to the xxxxx. There are many similar case studies/testimonials. It is an NHS approved class 2 medical device. We use the ArcEquine on the horses & have similar experiences of full recovery from injuries that vets have told us to put horses down for. If you look at nothing else in my answers, I urge you to look at xxxxx - the side effect free pain relief & massively a clear healing makes so much difference to fracture patients. I stopped taking all opioids as soon as I could get out of hospital & get home & start using it.
Psychology	NA	How common is PTSD after complex fractures and how can it be prevented or treated?	101.7	H.S	Assessment for anxiety
			25.2	H	PTSD
			1.3	H.S	When can people start to drive after complex fractures
			17.2	H.S	Particularly related to driving and return to work
			27.2	H.S	when going back to drive following difficult fractures
			79.3	H.S	Effect on driving (e.g. using driving simulator)

			81.3	H.S	Return to driving
			94.3	H.P	When can patient return to driving after fracture in weeks
			101.4	H.S	How soon can one drive?
Driving	NA	What is the best way to support patients when returning to driving after sustaining a complex fracture?	136.3	P.P	I have multiple serious fractures including open fractures and fractures going into my knee. It was a long time before returning to most normal activities. I decided to drive an automatic car. There wasn't much guidance.
			149.4	H.N	do patients regularly inform the DVLA of injuries? whose responsibility is it to ensure patients aren't returning to driving upon discharge if it is not appropriate
			155.3	H.P	When to return to driving and work
			143.4	P.P	I initially found driving hard as I adjusted to the eye loss, support and advice on others experiences of going through this would have been helpful.
			68.3	H.S	How soon can patients return to driving, manual work, sports and sedentary activities.
			69.2	H.S	Determine length of time for return to driving/ various sports or hobbies following different complex traumas.
			89.2	H.P	Expectations for childcare, return to work, sport and driving
			103.2	H.S	when do patients actually return to work after major lower extremity trauma. When to they get back to driving? When do the start to take part in sporting hobbies again?
			3.2	H.N	information that is given in hospital for the patient to opt for the treatment
			49.1	P.P	More detail about my fracture before surgery, what needed to be done
			84.1	H.S	better management of bones, managing complex fractures and what outcomes can be expected
			109.3	H.P	Are they well enough informed?
			109.4	H.P	Do they want any other written information?
			114.3	H.P	Long term implications of impact activities
			125.1	H.S	What Surgical treatment options were offered to the patient ?
			131.2	P.P	How far are A&E health raising unrealistic hopes of recovery "back to where you were before" etc
			133.1	P.P	What the actual operation consisted of and the outcome
			156.4	P.P	Are my bones weaker now in the affected areas?
			148.1	P.P	Would it be possible to have a visual aid when explaining the injury and procedures. An animation/ diagram on an ipad for example. Dr was great with his descriptions but I was struggling to take it all in with my pain and my girlfriend struggled.
			156.1	P.P	Will I need further treatment?
			156.1.3	P.P	Each time I have been for surgery the care has been amazing. Gaining an understanding of what had been broken and how it was being repaired was very important.
			35.2	H.S	who gave you the most useful advice during recovery? surgeon/ other healthcare professional/ fellow patient/ public
			78.3	H.S	Much better information on all of these so that we can better inform patients. what is the best way to tell patients?
			92.4	P.K	communication is essential. will i get a clear, concise copy of information to support and assist me with what i need to do. colour is always useful and easier to follow.
			126.2	P.P	The Hospital was fine, though I probably did not have a full understanding of the injury and how it would progress after I left Hospital.
Information		12 What information would be helpful to give to patients sustaining complex fractures and how would this be best delivered?	130.3	P.P	What can be done to provide the patient, and their family, with more open communication regarding a potential rehabilitation plan to give a guide on timing and likely recovery?
			144.7	P.P	how my treatment would continue after my discharge from the hospital and how the Commuinity nurses would be informed of my treatment
			30.3	P.P	I needed to know the exercise plan as I was wheelchair bound for three months, what support I would receive after hospital discharge and what equipment I needed supplying to home before my discharge.
			35.3	H.S	Did the surgeon discuss options in terms of return to work
			49.3	P.P	more information on the difficulties it may cause me in the future (arthritis etc)
			56.4	H.N	Maybe start a learning program for people suffering such injuries. Knowledge is power and people feel better when they understand what is going on.
			92.1	P.K	Will my injury/ diagnosis cause me longlasting problems
			121.3	H.S	PROMS from all forms of tibial fractures and all treatment methods, looking at return to work, change of job, return to hobbies (incl at what level). Specifically return to running after tibial fractures
			56.3	H.N	Explanations about the injury and the expectations linked with mental health
			139.4	P.P	Fear of the unknown
			143.4	P.P	I initially found driving hard as I adjusted to the eye loss, support and advice on others experiences of going through this would have been helpful.
			144.8	P.P	How long will I experience ongoing pain, how long before the bone will finally heal, how will my foot be treated as it is still turning in, if I will return to having full function of the leg.
			146.4	P.P	What progress can be made on ankle replacement as the choice of fusion or amputation both effects any hope of returning to the manual work in the construction industry.
			156.2	P.P	Will the fracture require further surgery in the future
			130.11	P.P	communication between the patient as well as family
			158.1	P.P	An idea of how the scaring would look. Everything else was explained comprehensively.
			4.2	H.S	What is the familial socioeconomic impact of hospitalisation of a family member for polytrauma?
			58.2	H.S	How many self-employed return to same job. What is the effect of litigation?
			143.3	P.P	I was extremely motivated to return to driving, working and riding, particularly as I live in a remote area. I am extremely fortunate that I work for an extremely supportive multi national professional services firm. The insurance payout changed my life & allowed me to do all these things, and not have to put my horses down, or sell the one (extremely talented) that caused the accident.
			109.1.1	H.P	There is a big inequality in the rehab available to different patient groups e.g. patients that receive funding through a legal claim (from an RTA) vs patients who have tripped and fallen at home.
Medicolegal/ Financial	NA	How can patients with complex fractures be supported in decision-making for medico-legal and insurance claims?	100.2	H.S	Does post-trauma counselling prolong or reduce suffering, particularly when associated with medico-legal claims
			62.4	H.S	A complex injury is one that exceeds the available resource to achieve optimal recovery be that, money (real estate and kit), skills, knowledge, attitude, training in those retrieving and treating the casualty then rehabilitating and returning them to their role in society. I've seen multifocal femoral fractures treated in "hinged roller traction" devices made from cannibalised car parts in the bush and also with a combination of nails plates and screws with successful functional outcomes to the point of discharge from secondary care. I have little knowledge of how recovery of physical functions relate to function in the society the casualty is returned to or how the psychology of the injury affects this. I see people pursuing claims and sometimes compensation helps them for loss but I do not know if their overall recovery is better than those that do not or can not recover compensation. I do not know if there is a difference between children, those that work or those that are retired or can not work for other reasons.
			108.2	H.S	mental and financial support
Non-union	NA	What functional status is appropriate for patients with non-unions?	134.3	P.P	If still have non union bones is it ok to return to work on crutches or was I too early in returning to work?
			62.5	H.S	I'm quite good at the flesh and blood work although the parameters used to assess both the injury and the outcome this not be those by which the trauma victims I treat would use. PROMS are statistically useless currently and time consuming but perhaps should be refined, photography perhaps should replace radiography?
			117.3	H.S	Form, function, sensation, cold tolerance, back to normal living? Any evidence of infection?
		What outcome measures are important to patients recovering	137.2	H.S	Developing better objective assessment methods to better delineate extent of recovery

Outcome Measures	NA	What outcome measures are important to patients recovering from complex fractures?	107.2	H.P	Outcome measures / PROMs
			121.3	H.S	PROMS from all forms of tibial fractures and all treatment methods, looking at return to work, change of job, return to hobbies (incl at what level). Specifically return to running after tibial fractures
			62.9	H.S	Maybe treatment in a cast with no scar is more important to some than rapid restoration of form and function with a well healed surgical incision?
			158.1	P.P	An idea of how the scaring would look. Everything else was explained comprehensively.
Pain	NA	What are the options for preventing and treating chronic (long-term) pain after complex fractures?	150.1	H.N	If a standard analgesia protocol would improve patients recovery.
			60.1	H.S	Chronic pain prevention
			88.3	H.S	What is the proportion of patients who have residual symptoms vs no residual symptoms following treatment for complex fracture and polytrauma?
			152.4	P.P	Joint pain
			156.1.1	P.P	How long until pain disappears?
			148.4	P.P	I feel extremly lucky to work more or less as normal. I'm a farmer and i have a very physical job. I can still lamb sheep etc. I'm in pain but I can manage. THis is all down to Dr who somehow saved my leg. Everything Dr has done for me.
Prognosis	10	Can patients be provided with expected recovery times for functional recovery and return to life roles after complex fractures?	58.1	H.S	Complication rates of treatment methods
			138.1	P.P	More comprehensive documentation on likely outcomes which could be reviewed rather than relying on the internet this can then be discussed with the consultant on rounds. It needs to be borne in mind that the patient could be on some heavy drugs and to be able to review documentation at leisure will help
			155.1	H.P	Time scales for treatment and long term prognosis
			16.1	P.C	How soon would they recover
			54.2	H.S	Length of time to recover given good anatomical reduction,
			56.3	H.N	Explanations about the injury and the expectations linked with mental health
			141.1	H.O	how strong is it so I can use it
			141.2	H.O	pain lasts for how long
			144.4	P.P	healing time and how the leg would look in the long term
			76.2	H.S	Time to bony healing
			95.1	H	bone healing
			134.1	P.P	How long will my bones take to heel? When will I walk again?
			146.1	P.P	Why did I take so long before my bones calcified and the fractures stabilised
			2.3	P.P	What is the timeframe to return to such functions
			6.3	H.S	time to return to function from Open fractures
			9.3	H.S	How long does it take for a pt with an open tibial fracture to return to work
			12.3	H.S	Expectations outlined in appropriate literature/screen literature
			16.3	P.C	How much the person would return to fully functioning or would they ?
			30.4	P.P	I had retired on ill health the day of my operation and I already knew if I could begin mobilising after 3 months in a wheelchair, what my expectations were and the time frame I could expect for driving etc. v
			40.3	P.K	patients want an answer to how long recovery will be, what are they able to do etc
			44.7	H.P	patients main questions/ concerns are regarding return to work, loss of income and timescales as inpatients.`
			44.8	H.P	studies considering these factors/ outcomes would help surgeons + AHP's advice i.e. prognosis
			49.2	P.P	i wasn't aware my fracture would stop me joining the army
			54.3	H.S	Rate of return to work, rate of return to sporting activity
			57.3	H.S	Return to work; self employed or employed
			68.3	H.S	How soon can patients return to driving, manual work, sports and sedentary activities.
			69.2	H.S	Determine length of time for return to driving/ various sports or hobbies following different complex traumas.
			72.3	H.S	large surveys of return to work time for different fractures - what is the mean
			81.4	H.S	Time to be pain free.
			89.2	H.P	Expectations for childcare, return to work, sport and driving
			100.3	H.S	Why don't we have data on the recovery times of even the most basic of injuries so as to be able to inform patients reliably
			101.6	H.S	How soon can one climb stairs without aids.
			108.3	H.S	normal pre injury level
			119.3	H.S	whether the pt will go back to full function
			120.2	H.S	Questions regarding return to function (e.g. expectations for return to work, driving, hobbies)?
			122.3	H.S	normal function
			123.3	H.S	Return to full work and sporting activities
			124.3	H.S	Questions regarding return to function (e.g. expectations for return to work, driving, hobbies)?
			126.3	P.P	Expectations were not agreed or met. I worked it out as I went along.
			128.2	U	long-term data on successful return to work to be able to inform patients, particularly those in manual jobs
			129.1	H.S	How long will it take to be walking without support
			132.1	P.P	Rate of return to full functionality when rehab completed
			133.2	P.P	Will I return to normal, what will inhibit me and the time frame I would be looking at
			136.1	P.P	I wanted to know about my prognosis and how much function I would regain.
			138.3	P.P	Lots of questions arise from this area. I got lots of differing answers from internet searches but no diffinative answers this was more around what you can do with a fused ankle how much movement would I have would I be able to cycle, Drive a car without adaptions.
			139.3	P.P	How long does this take
			141.3	H.O	time line to return to activy
			145.3	P.P	I hope to return work full time and drive soon and also my ultimate goals are to be able to cycle and run again.
			150.5	H.N	How long does it take for a patient to fully return to a function that they are happy with?
			24.5	H.S	sexual return to function
			152.3	P.P	Three months
			156.8	P.P	Will I be able to surf, ski, cycle? How long until I can do these things?
			156.9	P.P	Will my ankle always be weaker now?
			156.1.0	P.P	How long until full flexibility returns?
			130.3	P.P	What can be done to provide the patient, and their family, with more open communication regarding a potential rehabilitation plan to give a guide on timing and likely recovery?
			126.4	P.P	More information on how the injury progresses post hospital, after 2 months, 3 months etc. This will manage expectations and avoid exertion at too early a stage.
			86.2	H.S	Routine Classification of complex injuries using AI to asses radiographs and correlate this with PROMs PREMS outcomes using a national trauma database.
			71.3	H.S	Driving and manual labour remain often difficult to assess

			117.1	H.S	Vascularity, nerve injury, viability of soft tissues, pre morbid condition and expectations of limbs e.g. rock climber, motorcyclist, wheelchair bound etc
			144.8	P.P	How long will I experience ongoing pain, how long before the bone will finally heal, how will my foot be treated as it is still turning in, if I will return to having full function of the leg.
			92.1	P.K	Will my injury/ diagnosis cause me longlasting problems
			158.3	P.P	These were discussed with the Gp who wasn't really able to elaborate.
Work	NA	What is the best way to support patients when returning to work after sustaining a complex fracture?	76.4	H.S	Incidence of return to work
			3.3	H.N	Return to work
			11.3	H.S	How can patients be aided back to work while still recovering?
			12.2	H.S	How to optimise return to work
			13.3	H.S	Return to work and daily life
			72.3	H.S	large surveys of return to work time for different fractures - what is the mean
			71.3	H.S	Driving and manual labour remain often difficult to assess
			75.2	H.S	What is the best way to get people back to work after complex fractures / major trauma (most of young patients). Is there an intervention that could assist with return to work that could be adapted for trauma patients?
			77.3	H.S	when do injured Pts actually get back to work, & why not sooner?
			80.3	H.N	Time frames/expectations - able to return to same occupation.
			83.3	H.P	Retaining, vocational support,
			92.3	P.K	specific information about when a patient may be able to return to work is vital and assessing the impact it has psychologically. talking through what job they do and talking through the support including equipment so patients can return to work.
			95.3	H	return to work
			97.1	P.P	Want to know when I can go back to work
			101.5	H.S	How soon can one work
			103.2	H.S	when do patients actually return to work after major lower extremity trauma. When to they get back to driving? When do the start to take part in sporting hobbies again?
			105.3	H.S	Can data be collected on average times to return to work for common injuries, to help guide patients about their anticipated recovery (e.g. manual workers take twice as long to return to work after an ankle fracture).
			109.8	H.P	Did they receive any support with return to work/hobbies?
			109.9	H.P	Was vocational rehab available??
			125.3	H.S	How long did it take for patient to return to work (previous occupation prior to injury)?
			127.1	H	Depending with the profession some professions require physical work - such as builders - how best can they be supported?
			128.2	U	long-term data on successful return to work to be able to inform patients, particularly those in manual jobs
			129.3	H.S	When will I start going back to work
			128.2	U	long-term data on successful return to work to be able to inform patients, particularly those in manual jobs
			123.3	H.S	Return to full work and sporting activities
			57.3	H.S	Return to work; self employed or employed
			44.7	H.P	patients main questions/ concerns are regarding return to work, loss of income and timescales as inpatients.`
			35.3	H.S	Did the surgeon discuss options in terms of return to work
			130.8	P.P	What can be done to educate employers to support major trauma patients in their rehabilitation and effective return to work?
			135.3	P.P	I've never returned to work and can only drive an automatic car.
			148.4	P.P	I feel extremly lucky to work more or less as normal. I'm a farmer and i have a very physical job. I can still lamb sheep etc. I'm in pain but I can manage. THis is all down to Dr who somehow saved my leg. Everything Dr has done for me.
			157.3	H.P	Guidance for return to work following major trauma. All current evidence seems to be related to brain injury only.
			157.4	H.P	I can find very little guidance on vocational rehab needs for major trauma patients
Rehab pathways	NA	How can we improve coordination of rehabilitation and multi-disciplinary care for patients with complex fractures	13.1	H.S	Health care resource consumption
			44.2	H.P	Length of stay
			44.3	H.P	Functional outcome on discharge
			46.2	H.S	barriers to timely discharge
			81.1	H.S	Length of stay
			83.5	H.P	Discharge planning
			83.6	H.P	Patient support
			103.1	H.S	do patients who sustain hip fractures with a simultaneous proximal upper limb fracture have a significantly increased hospital stay, what can we do to improve this?
			150.3	H.N	How inpatient rehabilitation can help facilitate a speedy discharge.
			33.1	H	what support do patients need on discharge? what is the optimal pathway for management
			33.3	H	what is the optimal inpatient rehab programme?
			33.4	H	what is the optimal outpatient rehab programme?
			48.2	H.P	MIHP results - holistic care is lacking.
			56.1	H.N	Holistic care
			59.1	H.S	How best to achieve coordination between different treating teams whilst in hospital?
			110.2	H.S	What is the ideal rehabilitation pathway for complex lower limb injuries and is there argument to aim for internal fixation?
			124.2	H.S	Questions regarding rehabilitation (e.g. mental and physical support including physiotherapy)?
			149.3	H.N	community rehab vs in patient rehab
			112.1	H.S	All aspects of functional outcome.
			130.1.0	P.P	coordinated care of multiple injuries
			121.2	H.S	Quantify the impact of increased input form physio as inpt & outpt. I have no evidence but think that there are huge gains to be made by better rehab input but cost effectiveness and who pays/benefits are big questions
			83.2	H.P	Funding for long term rehab, training staff for dealing with trauma, access to trauma informed psychology
			48.3	H.P	physio is lacking, long wait in community
			98.3	H.S	access to physiotherapy in the NHS, and the impact of delays of treatment to recovery
			109.6	H.P	Was there a delay in getting them seen by community physiotherapy or into outpatient physiotherapy (if they had been referred for ongoing physiotherapy)?
			158.4	P.P	There were other aspects such as unexplained spikes in temperature and tiredness I was unprepared for.
			32.3	U	Create set plans for rehab with deviations for each need
			52.1	H.P	Missed soft tissue injuries during inpatient stay.
			87.3	H.S	Standardised treatment algorithms for major trauma please

				126.1	P.P	I had two injuries, good attention was paid to the major injury (lower leg) but less to the upper thigh injury, both by Doctors and changing dressings. The graft in the thigh failed.
				22.4	P.K	Mum had a comminuted tibial plateau fracture and had primary fixation in austria - the physio appoach post op + surgical advice was quite different to the UK
				46.3	H.S	nationally agreed rehab prescription
				48.7	H.P	I work in a MSK polytrauma MDT @ salford royal MTC other cons/ AP physio with fracture experience/ rehab medicine consultant - this coordinates care - and reduces fracture clinic appointments.
				59.2	H.S	How to develop an easily communicable staging system that is applicable and understandable by surgeons, intensivists and rehabilitation teams?
				59.3	H.S	As above, plus guidelines on when and where to intervene in the rehabilitation process.
				85.1	P.P	I am in the military with a complex open tib/fib # overseas whilst skiing. Overly rigid fixation in country and slightly wonky. Non-union for 9 months. Persistent pain post recovery in my foot/lateral ankle- turned out to relate to a subluxed cuboid impinging on tendon. unclear if overly rigid fixation contributed to non-union; unclear if plan xrays in country were suitable for assessment of my injury; was advised my post op picture would have been clearer with CT images of original injury. Once finally healed I suffer a partial gastroc rupture- rehab was key to my recovery but if I hadn't been military I suspect I would not have been able to access rehab like I did and may still be in pain with significant muscle differential.
				159.4	H.P	I work in a 56 bedded acute Trauma Ortho service and the questions above reflect common themes experienced here. Communication has improved from MTC to TU over last 12-18 months with implementation of rehab prescriptions and weekly Major Trauma MDT via teams between MTC and TU MDT. There is still some way to go with regards to consistent provision of Rehab prescriptions from TU due to staffing and time restraints and gaining timely access to onward rehab services.
				130.1	P.P	In situations of multi fractures/etc, what could be done to put in place the coordinated care via one clinician via a rehab plan, including psychological support.
				130.5	P.P	How can a coordinated rehabilitation plan be put in place to support patients in their recovery?
				96.1	P.P	They missed that I had broken my wrist bone - but it didn't hurt much to start with
				126.5	P.P	I was not confident with the understanding of Physio's in the local clinic of my injury.
				40.2	P.K	from a patients perspective, how can you be supported during recovery in reaching your goals. Even though its broad, can guidelines be implemented
				73.1	H.P	Would group based in-patient rehabiitation decrease hospital stays and increase compliance to independant rehabiliation on discharge
				135.4	P.P	The lack of knowing what would happen. I can only speak from experience and my gender but having an open fracture was very shocking and seeing what my flap looked like was hard to deal with. To maybe have someone to talk to and see what they looked like nearer the time would of helped me so much more.
				129.2	H.S	Who will help me
				130.7	P.P	How could previous patients contribute to supporting rehabilitation of others?
Peer support		9	Can peer support (from other patients) be used to help patients with complex fractures?	30.5	P.P	I was helped immensely by the discussion I had with a former Day One volunteer who had suffered a similar injury to what I had and she gave me invaluable advice and support as to my future operations, treatment and what to expect, so much so I became a Day One Peer Support Volunteer myself.
				83.4	H.P	Access support network, other patients, forum
				138.4	P.P	I found some of the forums (mostly USA) quite good when people listed there own experiences.
				35.2	H.S	who gave you the most useful advice during recovery? surgeon/ other healthcare professional/ fellow patient/ public
				143.4	P.P	I initially found driving hard as I adjusted to the eye loss, support and advice on others experiences of going through this would have been helpful.
				67.1	H.S	Self help groups for mental support, falls prevention strategies, mental support is vital for polytauma but single bone/ limb trauma should only be supported after mental health in general is provided. I don't think we have enough specialists in the uk to offer more support.
				158.2	P.P	Nearby support group would have been helpful. Not immediately but later on or for my family.
Flexiblity	NA		Why do patients have joint stiffness after healing of complex fractures?	94.1	H.P	Why do we have joint stiffness after healing of the fracture
				10.1	H.S	Questions regarding the in-hospital treatment (e.g. treatment of bones, soft tissue or other health aspects, medicines, operation, or other treatment)?
				109.1	H.P	What do the patients feel could be done differently/better to improve care in the acute setting?
				114.1	H.P	Early management post operatively
				62.5	H.S	I'm quite good at the flesh and blood work although the parameters used to assess both the injury and the outcome this not be those by which the trauma victims I treat would use. PROMS are statistically useless currently and time consuming but perhaps should be refined, photography perhaps should replace radiography?
				117.3	H.S	Form, function, sensation, cold tolerance, back to normal living? Any evidence of infection?
				137.2	H.S	Developing better objective assessment methods to better delineate extent of recovery
				107.2	H.P	Outcome measures / PROMs
Experience		6	What is important to patients recovering from complex fractures?	121.3	H.S	PROMS from all forms of tibial fractures and all treatment methods, looking at return to work, change of job, return to hobbies (incl at what level). Specifically return to running after tibial fractures
				62.9	H.S	Maybe treatment in a cast with no scar is more important to some than rapid restoration of form and function with a well healed surgical incision?
				158.1	P.P	An idea of how the scaring would look. Everything else was explained comprehensively.
				120.1	H.S	Questions regarding the in-hospital treatment (e.g. treatment of bones, soft tissue or other health aspects, medicines, operation, or other treatment)?
				122.1	H.S	treatment of the injury
				124.1	H.S	Questions regarding the in-hospital treatment (e.g. treatment of bones, soft tissue or other health aspects, medicines, operation, or other treatment)?
				28.3	P.C	what is the patient experience of pelvic fractures
				91.2	H.S	What is the patients' perspective?
Shoulder Surgery			Out of Scope	98.1	H.S	which patients do well with a sub-acromial decompression
Pre-hospital Care			Out of Scope	113.1	H.N	Pre hospital care
Hip Fractures			Out of Scope	155.4	H.P	What are the statistics re nerve damage and hip weakness in fractured NOFs
Paediatric Fractures			Out of Scope	99.1	H.S	paediatric open fracture treatment
Foot Fractures			Out of Scope	21.3	H.S	Ideal treatment for Lisfranc injuries - ORIF/ CRIF/ Fusion
Forearm Fractures			Out of Scope	24.1	H.S	mid shaft ulna fracture with minimum displacement - fix not not to fix
Hip Fractures			Out of Scope	24.2	H.S	Hemi's Vs Total in NOF fracture
Paediatric Fractures			Out of Scope	36.1	H	emergency practise paeds trauma and pain management. Do we give the right amount at the right time
Clavicle Fractures			Out of Scope	37.1	H	figure of 8 bandage for clavicle fracture ?Functional rehab
Ankle Fractures			Out of Scope	61.1	H.S	Should posterior malleolar fractures be fixed
Periprosthetic Fractures			Out of Scope	67.5	H.S	who should treat periprosthetic fractures I would call those complex some do better with revision surgery some better with fixation.
Periprosthetic Fractures			Out of Scope	67.7	H.S	I have fixed a fracture in a patient with a loose hip, the patient survived and functions well 8 years after, now suffering from Parkinson's disease. Some elderly patients may not survive revision surgery but we have no evidence to guide us either way.
Periprosthetic Fractures			Out of Scope	68.6	H.S	Peru prosthetic fractures.
Hip Fractures			Out of Scope	24.3	H.S	Physio post hip fracture as outpatient
Hip Fractures			Out of Scope	90.1	H.S	impact of regular assessment of mental health and focused treatment post fractured NoF
Paediatric Fractures			Out of Scope	116.1	H.N	What is the evidence of psychological complications following these injuries in children and what support do centres in the UK provide

	Out of Scope	106.2	U	Regular physiotherapy was advised.
	Out of Scope	133.2	P.P	I have had a positive outcome on the treatment and recovery and from start to finish I have had minimal pain if any at all
	Out of Scope	106.3	U	Pt explained and advised to return to work after 4 months
Research Methods	Out of Scope	32.3	U	more research to have a secondary aspect exploring consultant compliance to randomised treatment (i.e. did they comply)
Research Methods	Out of Scope	34.1	H.N	will taking part in a research study improve outcomes?
Research Methods	Out of Scope	34.2	H.N	Can taking part provide benefit in Rehab
Research Methods	Out of Scope	34.3	H.N	as a research nurse i have found that patients find it beneficial having further input that comes with the study
LMIC	Out of Scope	35.4	H.S	90% of these injuries occur in lower-middle income countries, 2% of research is done there!
Paediatric Fractures	Out of Scope	62.6	H.S	My daughters ACL is long since repaired and her instability reduced so she can function at work but she only started to feel better when she received an apology through mediation with those whose negligence put her in harms way precipitating her injury that deprived her of the enjoyment of her years at university.
Ankle Fractures	Out of Scope	62.7	H.S	After breaking my ankle I can walk but I ache and I don't trust myself to walk down a slope. It's probably "all in my head" but no one knows this as part of my outcome as I'm long since discharged.
Research Methods	Out of Scope	78.4	H.S	Pragmatic trials do not give the whole answer. I want to be treated in a system that demands excellence, not the lowest common denominator
	Out of Scope	7.2	H	I have +40 patients a month - I can't answer the above for them individually using this form. I would say all of the above feature in many sessions
	Out of Scope	104.1	H.P	N/A - as I have not suffered this injury but do treat them
	Out of Scope	38.1	H	Does DMI make a difference to outcome
	Out of Scope	106.1	U	Was involved in surgery for the injury and looked after the patient
	Out of Scope	151.4	H.S	Multiple publications on fractures in sport
	Duplicate	19.1	P.C	How soon would they recover
	Duplicate	19.2	P.C	How much physio would help ?
	Duplicate	19.3	P.C	How much the person would return to fully functioning or would they ?

z

Respondant Key

Respondant type	
H.S	Surgeon/Doctor
H.P	Physio
H.N	Nurse
H.M	Psychologist
H.O	OT
H	Healthcare Professional (unspecified)
P.P	Patient
P.K	Know's a patient
P.C	Carer for a patient
U	Unknown

Questions highlighted in pastel peach indicate original responses contributing to more than 1 indicative question