

# Bone & Joint Open



## Supplementary Material

Supplementary questionnaire i: Olerud Molander score.

Choose one answer for each question.

1. Pain

outdoors

- None
- While walking on uneven surface
- While walking on even surface
- While walking indoors
- Constant and severe

2. Stiffness

- None
- Stiffness

3. Swelling

- None
- Only evenings
- Constant

4. Stairs climbing

- No problems
- Impaired
- Impossible

5. Running

- Possible
- Impossible

6. Jumping

- Possible
- Impossible

7. Squatting

No problems

Impossible

8. Supports

None

Taping, wrapping

Stick or crutch

9. Work and daily life activities

Same as before injury

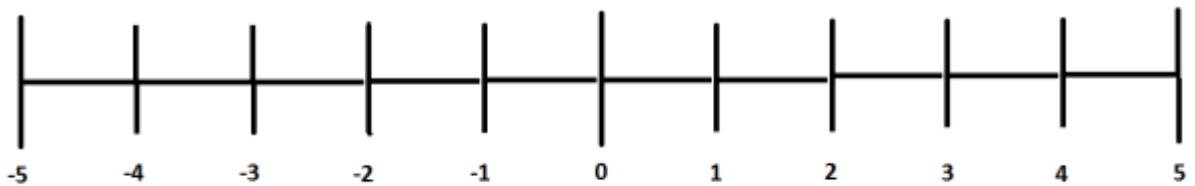
Loss of tempo

Change to simpler job/ part time work

Severely impaired work capacity

10. How is your injured foot compared to 6 months ago

Choose a number between -5 and +5, hereby is -5 much worse, 0 no difference, + 5 much better



**Supplementary questionnaire ii: American Orthopaedic Foot and Ankle Society.**

**I Pain (40 points)**

None	40
Mild, occasional	30
Moderate, daily	20
Severe, almost always present	0

**II Function (50 points)**

<b>Activity limitations, support requirement</b>	
No limitations, no support	10
No limitation of daily activities, limitation of recreational activities, no support	7
Limited daily and recreational activities, cane	4
Severe limitation of daily and recreational activities, walker, crutches, wheelchair, brace	0

<b>Maximum walking distance, blocks</b>	
Greater than 6	5
4-6	4
1-3	2
Less than 1	0

<b>Walking surfaces</b>	
No difficulty on any surface	5
Some difficulty on uneven terrain, stairs, inclines, ladders	3
Severe difficulty on uneven terrain, stairs, inclines, ladders	0

<b>Gait abnormality</b>	
None, slight	8
Obvious	4
Marked	0

<b>Sagittal motion (flexion plus extension)</b>	
Normal or mild restriction (30° or more)	8
Moderate restriction (15°-29°)	4
Severe restriction (less than 150)	0

Hindfoot motion (inversion plus eversion)	
Normal or mild restriction (75%-100% normal)	6
Moderate restriction (25%-74% normal)	3
Marked restriction (less than 25% normal)	0

Ankle-hindfoot stability (anteroposterior, varus-valgus)	
Stable	8
Definitely unstable	0

**III Alignment (10 points)**

Good, plantigrade foot, midfoot well aligned	15
Fair, plantigrade foot, some degree of midfoot malalignment observed, no symptoms	8
Poor, nonplantigrade foot, severe malalignment, symptoms	0

*Total=100. American Orthopaedic Foot and Ankle Society From:  
<http://www.aofas.org/i4a/pages/index.cfm?pageid=3494>*

**Supplementary questionnaire iii: EuroQol five-dimension.**

Under each heading, please tick the ONE box that best describes your health TODAY.

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)**

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

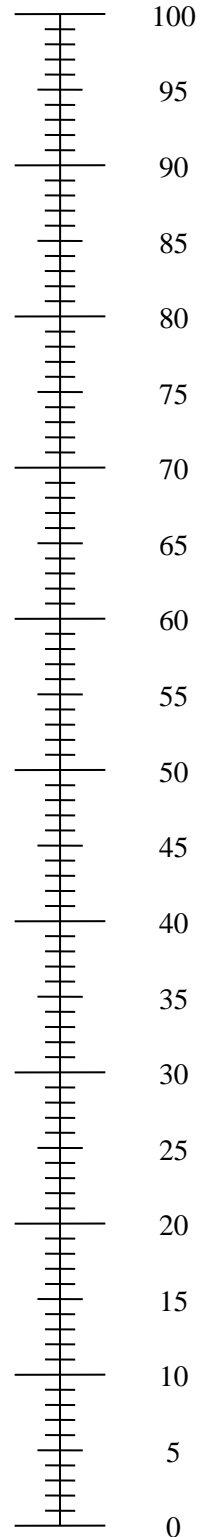
- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.

- 100 means the best health you can imagine.  
0 means the worst health you can imagine.

- Mark an X on the scale to indicate how your health is TODAY.

- Now, please write the number you marked on the scale in the box below.

The best health you  
can imagine



YOUR HEALTH TODAY =

The worst health  
you can imagine

## Supplementary questionnaire iv: Foot and Ankle Outcome Score.

### Symptoms

These questions should be answered thinking of your foot/ankle symptoms during the last week.

- S1. Do you have swelling in your foot/ankle?  
Never                  Rarely                  Sometimes                  Often                  Always
- S2. Do you feel grinding, hear clicking or any other type of noise when your foot/ankle moves?  
Never                  Rarely                  Sometimes                  Often                  Always
- S3. Does your foot/ankle catch or hang up when moving?  
Never                  Rarely                  Sometimes                  Often                  Always
- S4. Can you straighten your foot/ankle fully?  
Always                  Often                  Sometimes                  Rarely                  Never
- S5. Can you bend your foot/ankle fully?  
Always                  Often                  Sometimes                  Rarely                  Never

### Stiffness

The following questions concern the amount of joint stiffness you have experienced during the last week in your foot/ankle. Stiffness is a sensation of restriction or slowness in the ease with which you move your joints.

- S6. How severe is your foot/ankle stiffness after first wakening in the morning?  
None                  Mild                  Moderate                  Severe                  Extreme
- S7. How severe is your foot/ankle stiffness after sitting, lying or resting later in the day?  
None                  Mild                  Moderate                  Severe                  Extreme

## Pain

P1. How often do you experience foot/ankle pain?

Never                  Monthly                  Weekly                  Daily                  Always

What amount of foot/ankle pain have you experienced the last week during the following activities?

P2. Twisting/pivoting on your foot/ankle

None                  Mild                  Moderate                  Severe                  Extreme

P3. Straightening foot/ankle fully

None                  Mild                  Moderate                  Severe                  Extreme

P4. Bending foot/ankle fully

None                  Mild                  Moderate                  Severe                  Extreme

P5. Walking on flat surface

None                  Mild                  Moderate                  Severe                  Extreme

P6. Going up or down stairs

None                  Mild                  Moderate                  Severe                  Extreme

P7. At night while in bed

None                  Mild                  Moderate                  Severe                  Extreme

P8. Sitting or lying

None                  Mild                  Moderate                  Severe                  Extreme

P9. Standing upright

None                  Mild                  Moderate                  Severe                  Extreme

## Function, daily living

The following questions concern your physical function. By this, we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle.

A1. Descending stairs

None                  Mild                  Moderate                  Severe                  Extreme

A2. Ascending stairs

None                  Mild                  Moderate                  Severe                  Extreme



For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle.

A3. Rising from sitting  
None Mild Moderate Severe Extreme

A4. Standing  
None Mild Moderate Severe Extreme

A5. Bending to floor/pick up an object  
None Mild Moderate Severe Extreme

A6. Walking on flat surface  
None Mild Moderate Severe Extreme

A7. Getting in/out of car  
None Mild Moderate Severe Extreme

A8. Going shopping  
None Mild Moderate Severe Extreme

A9. Putting on socks/stockings  
None Mild Moderate Severe Extreme

A10. Rising from bed  
None Mild Moderate Severe Extreme

A11. Taking off socks/stockings  
None Mild Moderate Severe Extreme

A12. Lying in bed (turning over, maintaining foot/ankle position)  
None Mild Moderate Severe Extreme

A13. Getting in/out of bath  
None Mild Moderate Severe Extreme

A14. Sitting  
None Mild Moderate Severe Extreme

A15. Getting on/off toilet  
None Mild Moderate Severe Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)  
None Mild Moderate Severe Extreme

A17. Light domestic duties (cooking, dusting, etc)	None	Mild	Moderate	Severe	Extreme
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Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your foot/ankle.

SP1. Squatting	None	Mild	Moderate	Severe	Extreme
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SP2. Running	None	Mild	Moderate	Severe	Extreme
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SP3. Jumping	None	Mild	Moderate	Severe	Extreme
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SP4. Twisting/pivoting on your injured foot/ankle	None	Mild	Moderate	Severe	Extreme
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SP5. Kneeling	None	Mild	Moderate	Severe	Extreme
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Quality of Life

Q1. How often are you aware of your foot/ankle problem?	Never	Monthly	Weekly	Daily	Constantly
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Q2. Have you modified your life style to avoid potentially damaging activities to your foot/ankle?	Not at all	Mildly	Moderately	Severely	Totally
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Q3. How much are you troubled with lack of confidence in your foot/ankle?	Not at all	Mildly	Moderately	Severely	Extremely
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Q4. In general, how much difficulty do you have with your foot/ankle?	None	Mild	Moderate	Severe	Extreme
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## **Additional questions**

1. Has the material been surgically removed from your ankle?

A. Yes

B. No

2. Has all the material been surgically removed, or only the syndesmotic screw?

A. All the material

B. Only the syndesmotic screw

C. I don't know

D. Other, specify

3. At which date has the material been surgically removed?

4. What was the reason to remove the material?

A. I suffered from pain

B. I suffered from stiffness

C. There was a loosened screw

D. There was broken material

E. I suffered from an ongoing infection

F. I wanted the material to be removed

G. Other, specify

5. Did the removal of the material resolve your complaints?

6. Has your ankle been fixed on a later moment (arthrodesis)?

A. Yes

B. No

7. At what date has your ankle been fixed?