

Item 1: Who to Include in IPV Identification Programs

- All patients (male and female) who are at high risk
- All patients who present with suspicious injuries
- All patients (male and female)
- Female patients who are at high risk
- Female patients who present with suspicious injuries
- **All female patients (RECOMMENDED)**

Item 2: Who Should Ask About IPV

- Orthopaedic surgeons
- Orthopaedic residents (in academic settings)
- Allied health care professionals (Physician assistants, nurse practitioners, nurses or casting technicians)
- **Social worker or “IPV Coordinator” (RECOMMENDED)**

Item 3: Determine the Method of Identification

- Tools used for research purposes (CTS, ISA, CAS etc.)
- Semi-structured or free-form interviews
- Single question
- Short tools (WAST, PVS, AAS etc.)
- **Three questions from the WAST (Sprague et al., 2012a) (RECOMMENDED)**

Item 4: Ensure Confidentiality and Patient Safety

- Minimize harm and maximize benefit
- Be aware of confidentiality/privacy issues
- Be aware of safety issues

Item 5: Develop Social Support Plans

- Listen to her concerns in a non-judgmental way
- Provide information
- Create an immediate safety plan
- Offer longer-term resources

Item 6: Evaluate the Program

- There is a need for a high-quality RCT to evaluate the implementation of an identification and support program for IPV in orthopaedics.