

Additional File 1:

Offloading for neuropathic foot ulceration

Survey questions

Questions 1 and 2 ask you to gauge the percentage of time that you use particular offloading modalities.

1. For the patients that you manage with active neuropathic ulceration under the forefoot (i.e. under the metatarsophalangeal joints), enter the percentage of time that you use the offloading modalities listed (please ensure that the total of percentages equals 100%).

If you use modalities in combination, indicate this in the 'other' option at the end of the table. In the space provided, list the offloading modalities that make up the combination/s you use, and the percentage of patients that you use each combination on. In this case, do not also enter the percentage usage under respective individual items in the table, we do not wish to count usage twice.

	% of patients used on
Bracing (e.g. ankle foot orthosis, patella tendon brace)	
Crutches	
Footwear – standard last and unmodified	
Footwear – off the shelf but extra-width and/or extra-depth and/or modified	
Footwear – fully custom-made	
Insoles/orthoses	
Non-removable cast or walker (e.g. total contact cast or walker made non-removable)	
Removable cast or walker	
Padding (felt, foam) with footwear (any type)	
Padding (felt, foam) with post-operative shoe	
Post-operative shoe (e.g. Darco)	
Offloading wound dressings	
Wheelchair	
Other - if yes indicate % and also provide details below, if not indicate 0%	

If you chose 'Other', indicate in the box below what modalities you use and the percentage of patients that you use them on. Please note that 'Other' can include single modalities or combinations of offloading modalities:

- 1.
- 2.
- 3.
- 4.

Add more if needed:

Examples:

1. Bed rest – used on 25% of patients

2. Combination of a non-removable walker and crutches – used on 10% of patients

2. For the patients that you manage with active neuropathic ulceration under the hallux (i.e. under the 1st interphalangeal joint), enter the percentage of time that you use the offloading modalities listed (please ensure that the total of percentages equals 100%).

If you use modalities in combination, enter them as an 'other' option at the end of the table. In the space provided, list the offloading modalities that make up the combination/s you use, and the percentage of patients that you use each combination on. In this case, do not also enter the percentage usage under respective individual items in the table, we do not wish to count usage twice.

	% of patients used on
Bracing (e.g. ankle foot orthosis, patella tendon brace)	
Crutches	
Footwear – standard last and unmodified	
Footwear – prefabricated but extra width and/or depth and/or modified	
Footwear – fully custom made	
Insoles/orthoses	
Non-removable cast or walker (e.g. total contact cast)	
Removable cast or walker	
Padding (felt, foam) with footwear (any type)	
Padding (felt, foam) with post-operative shoe	
Post-operative shoe (e.g. Darco)	
Offloading wound dressings	
Wheelchair	
Other - if yes indicate % and also provide details below , if no indicate 0%	

If you chose 'Other', indicate in the box below what modalities you use and the percentage of patients that you use them on. Please note that 'Other' can include single modalities or combinations of offloading modalities:

- 1.
- 2.
- 3.
- 4.

Add more if needed:

Examples:

1. Bed rest – used on 25% of patients
2. Combination of a non-removable walker and crutches – used on 10% of patients

3. We understand that choice of offloading may change as a wound alters or heals. If this is a valid comment about your practice, summarise in the box below the most common changes in offloading selection that you experience in the clinical course of a wound.

Questions 4 to 7 ask you to rank how practitioner-, patient-, intervention- and wound-related factors influence your selection of an offloading modality for the management of active forefoot or sub-hallux neuropathic ulcers.

4. How often do you take into account the following *practitioner-related factors* in the selection of an offloading modality, when treating active forefoot or sub-hallux neuropathic ulcers? CLICK ON RELEVANT BOXES TO CHECK.

	Never	Not often	Sometimes	Often	Always
Evidence-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal experience/preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard practice for your workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your expertise in prescribing/applying an intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of staff to dedicate time required to apply/prescribe that intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether an intervention will restrict wound care by the practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you take into account the following *patient-related factors* in the selection of an offloading modality when treating active forefoot or sub-hallux neuropathic ulcers? CLICK ON RELEVANT BOXES TO CHECK.

	Never	Not often	Sometimes	Often	Always
Whether an intervention will restrict activities of daily living (ADLs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether an intervention will restrict hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether an intervention will restrict wound care by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy it is for the patient to use the intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How active the patient is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient work requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How often do you take into account the following *intervention-related factors* in the selection of offloading modality when treating active forefoot or sub-hallux neuropathic ulcers? CLICK ON RELEVANT BOXES TO CHECK.

	Never	Not often	Sometimes	Often	Always
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether an intervention may cause secondary complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of medical back up should secondary complications arise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance of the intervention (i.e. looks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulkiness and/or weight of the intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether an intervention will be well tolerated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long an intervention will take to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether an intervention will cause gait instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often do you take into account the following *wound-related factors* in the selection of offloading modality when treating active forefoot or sub-hallux neuropathic ulcers? CLICK ON RELEVANT BOXES TO CHECK.

	Never	Not often	Sometimes	Often	Always
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associated foot deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous partial foot amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you consider non-removable offloading, such as total contact casts (TCCs), to be the gold standard in offloading non-infected, non-ischæmic, plantar neuropathic foot ulcers? CLICK ON RELEVANT BOX TO CHECK.

Yes

No

Unsure

In the next question (question 9) we would like to know more about the types of non-removable casts or walkers you use, if applicable.

If you do not use non-removable casts or walkers for offloading ulcers, please go to question 10.

9. If you use non-removable casts or walkers for offloading active plantar neuropathic ulceration, indicate the percentage of time that you use the devices listed (please ensure that the total of percentages equals 100%).

	%
Total contact cast	
Non-removable walker (e.g. prefabricated walker made irremovable)	
Other - if yes indicate % and also provide details below, if no please indicate 0%	

If you chose 'Other', please indicate in the box below what modalities you use and the percentage of patients that you use them on.

1.
2.
3.
4.
Add as needed:

10. What barriers do you believe exist, if any, to the use of non-removable offloading (i.e. total contact casts or walkers made non-removable) in the management of non-infected, non-ischaemic, plantar neuropathic foot ulcers? ENTER YOUR ANSWER IN THE BOX BELOW.

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11. In practice, what percentage of time do you estimate that you are able to use your preferred offloading choice as compared to offloading selected due to other factors (such as patient preference, cost, compliance, etc.)?

ENTER THE % IN THE BOX BELOW.

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You have now reached the end of this survey.

Thank you very much for your input.