

Supplementary Material

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Supplementary Material 1

Weightbearing consensus working group - stakeholders and positions of responsibility:

Stakeholder	Representative organization(s)	Affiliation
Alex Trompeter PhD, MBBS, BSc, FRCS(Tr&Orth), PgCertHBE, FHEA (Chair)	Consensus Chairperson BOA Trauma Committee BOA Clinical Standards Committee BLRS	St George's University of London St George's University Hospital, London
Will Eardley MSc PgCertMedEd DipSEM(UK+I), MD, FRCSEd (Tr&Orth)	NHFD GIRFT – orthopaedic trauma TARN	South Tees Hospitals NHS Trust
Chris Moran MD, FRCS	NHSE	National Strategic Incident Director, NHS- England
Yael Gelfer BSc, MD, PhD, FRCS	BSCOS GIRFT – Paediatric Orthopaedics	St George's University of London St George's University Hospital, London
Daren Forward MA, FRCS, DM	OTS	Nottingham University Hospitals
Nick Aresti MBBS, BSc(Hons), AFFMLM, FHEA, FRCS(Tr&Orth)	BOA orthopaedic committee (representing all specialist societies) BOA Clinical Standards Committee	Barts Health NHS Trust
Katie Sheehan BSc, mCSP, Dip Stat, PhD	BGS Global FFN	Bone & Joint Health, Blizard Institute, Faculty of Medicine and Dentistry, Queen Mary University of London
Sarah Johnson-Lynn FRCS(Tr&Orth), PhD	BOFAS	University of York James Cook University Hospital
Deborah Eastwood FRCS (Immediate past president, BOA)	BOA	Royal National Orthopaedic Hospital
Lindsay Bearne PhD, MSc, MCSP, FHEA	Independent	Population Health Research Institute, St George's, University of London
Katrina Mitchell BSc, MSc, mCSP	ATOCP CSP	Southern Health NHS Foundation Trust

Emma Ryan BSc, MSc, mCSP	ATOCP NHSE Frailty Network	Isle of White NHS Trust
Sally Wilson MSc	RCN	Royal College of Nursing
Elizabeth Taylor PhD, PgDip OT, MA(Hons), MSc, FHEA	RCOT	Royal College of Occupational Therapy St George's University of London
Veronique Spiteri FRCS	BSCOS GIRFT – Paediatric Orthopaedics	Birmingham Children's Hospital
Jenny Gould	PPI Panel	n/a
Arif Hoque	PPI Panel	n/a
Karen Keates	PPI Panel	n/a
Garth Murphy	PPI Panel	n/a
Matthew Costa PhD, FRCS(Tr&Orth)	Scientific and Academic advisor	Oxford Trauma and Emergency Care, Kadoorie Centre, John Radcliffe Hospital, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Science, University of Oxford.
Jessica Ryan-Phillips BMus/MA	Study Administrator	University of Oxford

Glossary:

ATOCP – Association of Trauma and Orthopaedic Chartered Physiotherapists

BGS – British Geriatrics Society

BLRS – British Limb Reconstruction Society

BOA – British Orthopaedic Association

BOFAS – British Orthopaedic Foot and Ankle Society

BSCOS – British Society of Children's Orthopaedic Surgery

CSP – Chartered Society of Physiotherapy

FFN – Fragility Fracture Network

GIRFT – Getting It Right First Time

NHFD – National Hip Fracture Database

NHSE – NHS England

OTS – Orthopaedic Trauma Society

PPI – Patient and Public Involvement

RCN – Royal College of Nursing

RCOT – Royal College of Occupational Therapy

TARN – Trauma Audit Research Network

Supplementary Material 2

Pre-meeting questionnaire:

Sent to all professional stakeholders and patient representatives

Responses on a Likert Scale of 1-9 (1 = Disagree, 9 = Agree)

1. The current descriptors for prescribing weightbearing instructions after injury are clear and easy to interpret
2. The standardization of weightbearing terminology is of value in clinical practice to healthcare providers
3. The standardization of weightbearing terminology is of value in clinical practice to patients
4. The standardization of weightbearing terminology is of value in academic research
5. The standardization of weightbearing terminology is of value in policy and guideline development
6. Most patients will safely self-regulate the amount of weight transferred through a limb after injury
7. Any restrictions in weightbearing after injury should have a clinical justification recorded in the patient notes
8. Any restrictions in weightbearing that directly delay a patient's discharge from hospital, or are unmanageable should be reviewed and changed within 48 hours
9. Any restrictions to weightbearing should be reviewed every 2 weeks
10. With respect to each of the following, please state whether you agree the instruction is clear in what it means to you
 - a. Non Weight Bearing
 - b. Touch Weight Bearing
 - c. Partial Weight Bearing
 - d. Protected Weight Bearing
 - e. Weight Bearing as Tolerated
 - f. Weight Bearing for Rehabilitation
 - g. Full Weight Bearing
11. Do you feel that patients understand these terms?