

# Use of the Ottawa Ankle Rules in children: a survey of physicians' practice patterns

**PLEASE CHECK ANSWERS UNLESS OTHERWISE STATED**  
**PLEASE CHOOSE ONLY ONE RESPONSE**

1. Si vous êtes incapable de compléter ce questionnaire en anglais, s'il-vous-plaît, cochez cette boîte et retournez-le dans l'enveloppe ci-jointe.

2. Are you an Allied Health Provider (i.e., paramedic, nurse, etc.)?

a. No

b. Yes (if you choose Yes, please return the *uncompleted* survey in the enclosed envelope. Thank you)

3. At your institution, who most frequently orders the initial ankle/foot radiograph for pediatric patients presenting with an acute ankle injury? (choose one)

a. RN at triage

b. Orthopaedic Technician

c. Physician

d. Other, please specify: \_\_\_\_\_

4. Do you ever apply the Ottawa Ankle/Foot Rules (OAR) in the pediatric setting (herein defined as patients < 18 years of age)?

a. Yes – if you answered Yes please proceed to Question 5

b. No – if you answered No please proceed to Question 8

5. How often do you apply the “ankle” portion of the OAR in pediatric patients (assuming appropriate situation i.e. acute injury, etc)? (choose one)

a. Never

b. Rarely

c. Sometimes

d. Usually

e. Always

6. How often do you apply the “midfoot” component of the OAR in pediatric patients (same assumptions as prior question)? (choose one)

a. Never

b. Rarely

c. Sometimes

d. Usually

e. Always

7. If you do not routinely apply OAR, what limits you? (choose all that apply)

a. Certain age groups (please specify these):

\_\_\_\_\_

b. Inadequate evidence to apply rule broadly

c. Prefer to use clinical judgment in certain situations

d. Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ONLY ANSWER QUESTIONS 8 TO 11 IF YOU ANSWERED “NO” TO QUESTION 4**

8. What is the most significant determinant of whether you are going to order radiographs in pediatric acute ankle injuries? (choose one)

- a. Mechanism of injury
- b. Physical exam findings
- c. Age of the patient
- d. Clinical judgment (i.e., combination of above)
- e. I order radiographs in all pediatric ankle injuries
- f. Other: \_\_\_\_\_

9. Approximately what percentage of the time would you order radiographs in acute pediatric ankle injuries? (*choose one*)

- a. 0–24%
- b. 25–49%
- c. 50–74%
- d. 75–100%

10. Why do you not use the OAR in pediatrics? (*choose one*)

- a. Not familiar enough with the evidence
- b. I do not feel that the studies done adequately validated the OAR in this population.
- c. I prefer to use clinical judgment
- d. Not local “standard of care”
- e. Other: \_\_\_\_\_

*If you circled “b” please answer the next question; otherwise proceed to Question #12*

11. Answer only if you circled “b” above. What is it about the studies done with application of the OAR to the pediatric population that you find inadequate? (*choose all that apply*)

- a. The varied definition of significant fractures
- b. Salter-Harris 1 fractures were not adequately addressed
- c. Children suffer different injury patterns than adults
- d. Physical exam less consistent in children
- e. Other: \_\_\_\_\_

**TO BE ANSWERED BY EVERYONE**

12. Which of these pediatric ankle fractures do you consider to be clinically significant? (*Please select ALL that you consider significant*)

- a. Avulsions fractures < 3 mm
- b. Salter-Harris 1 fractures (normal x-ray but suggestive physical exam)
- c. Salter-Harris 1 fractures (abnormal x-ray)
- d. Salter-Harris 2 fractures (nondisplaced)
- e. Any buckle fractures
- f. All fractures are clinically significant

13. How do you most often diagnose Salter-Harris 1 fractures of the distal tibia/fibula?

- a. Abnormal x ray; either fracture or significant soft tissue swelling
- b. Joint line tenderness with normal bony radiograph
- c. Both joint line tenderness and swelling in affected area with normal bony radiograph
- d. Other (please explain): \_\_\_\_\_

14. How do you manage Salter-Harris 1 fractures? (*choose one*)

- a. Immobilize and follow-up in ED
- b. Immobilize and follow-up with family doctor
- c. Immobilize and follow-up with Ortho
- d. Reassure; symptomatic treatment
- e. Other: \_\_\_\_\_

**WE WOULD NOW LIKE TO TAKE THE OPPORTUNITY TO ASK YOU A FEW QUESTIONS ABOUT YOUR TRAINING AND THE SETTING IN WHICH YOU PRACTICE.**

15. Do you consider your primary practice to be in a pediatric emergency department?

- a. No
- b. Yes

16. What is your highest level of postgraduate medical training?

- a. CCFP/General Practice
- b. CCFP-EM
- c. FRCP-EM/ACEP
- d. FRCP-Peds
- e. FRCP-Peds with PEM fellowship
- f. Other (please state): \_\_\_\_\_

3. How many years have you been working in Emergency Medicine (Full or Part Time)?

- a. \_\_\_\_\_ years                       FT                       PT

Comments (use reverse side of page if necessary):

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**Congratulations. You are done!!!**

We appreciate you taking the time to complete this survey.

Please place your completed survey in the self-addressed envelope that has been provided

If you have any questions concerning the study or wish to share anything with us that we may have neglected to ask, please feel free to do so in the space above.

You may also contact the Principal Investigator, Shawn Dowling, at [skdowling@gmail.com](mailto:skdowling@gmail.com).

Thank you again for your participation.