## Round 1

Thank you for participating in this research.
This project aims to develop an **outcome assessment tool** for clinicians to use when treating a child who is undergoing treatment for Idiopathic Toe Walking (ITW). This tool is NOT designed as an initial assessment tool for the diagnosis of ITW.
To assist you in your responses, it may help to have a copy of any assessment form that you currently use, or think about what measures / questions you ask when determining if your treatment has been effective.
Your responses are confidential and will only be known by the research team.
The round 1 survey should take 15 minutes to complete, subsequent surveys will take under 10 minutes.
If you have any questions please contact Kelly Gray (kelly.gray@mq.edu.au) or Cylie Williams (cylie.williams@monash.edu)

Q1. What is your participant number?

Q2. Gender

- Male
- Female

Q3. What is your profession?

- Physiotherapist
- Podiatrist
- Medical specialist

## Q4. How many years have you been practicing (in full time equivalence)?

- ○ 0-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ >15 years

## Q5. What percentage do you practice in the following settings? (Please enter number value)

| | |
|---|---|
| Private sector- Private practice | 0 |
| Public sector- Community Health service | 0 |
| Public sector- hospital | 0 |
| Non-clinical (Includes: Administrative and/research positions) | 0 |
| **Total** | 0 |

## Q6. What is your highest qualification related to your current profession?

- ☐ Graduate Certificate
- ☐ Graduate Diploma
- ☐ Masters by Coursework
- ☐ Masters by Research
- ☐ Professional Doctorate
- ☐ Doctorate by Research (PhD)
- ☐ Other (Please specify)

## Q7. Please estimate the percentage of children you work with in your clinical or research role.

Q8. Please estimate the number of children with ITW that you treat annually.

- <10
- 11-50
- 51-100
- >100

For the following questions, we would ask you to think about what you would typically ask parents or children to determine the effect of your chosen treatment.

Q.9 Please tick which outcome measure/s you would ask the parent or child to describe as an outcome of your chosen treatment?

- Gait
- Adherence to treatment
- Pain
- No parent/ child reported outcome
- Other

Q10. What scale (formal or informal) do you use to measure changes in gait before and after treatment?

Q11. What scale (formal or informal) do you use to measure adherence to treatment?

Q12. What scale (formal or informal) do you use to measure changes in pain before and after treatment?

Q 13 What scale (formal or informal) do you use to measure the additional other outcomes you have indicated?

Q14 What assessments do you perform to measure the outcome of your chosen treatment?

- [ ] Ankle range of motion (ROM)
- [ ] Balance
- [ ] Gait
- [ ] Strength
- [ ] None
- [ ] Other

Q15 What test or method do you use to determine ankle ROM changes between after treatment?

Q16 How do you measure changes in balance after treatment?

Q17 How do you measure changes in gait after treatment?

Q18. Which muscle groups are your primary area of interest when testing strength to know if there has been a difference as a result of your treatment (you may select more than one)?

- [ ] Dorsiflexors
- [ ] Plantarflexors
- [ ] Invertors
- [ ] Evertors

Q19. How do you record muscle strength?

Q20. How do you accurately record your other measure?

Q21 Do you have any other comments on how to measure the effectiveness of your chosen treatment?

Thank you for taking the time to complete this survey. The next round will be emailed to you as soon as possible.
By clicking out of this survey you will not be able to re-enter and your answers will be saved.

If you would like to modify your responses, please use the back button or close and re-enter at a later date. Please remember you only have 2 weeks from this time to complete the survey. Your

responses though will not be recorded until you click the button at the end of this question.