

Demographic characteristics

Q1: What is your occupation?

- Orthotist
- Physiotherapist
- Doctor in rehabilitation medicine
- Other (please specify) _____

Q2: How many years of post-qualification experience do you have?

- 0-5 years
- 6-10 years
- 11-15 years
- 16 years +

Q3: Where is your clinical setting located?

- England
- Scotland
- Wales
- Northern Ireland

Q4: In what clinical setting(s) do you work?

- NHS setting
- Private company setting
- Both NHS and private settings
- Other (please specify) _____

Q5: How are orthotic services in your clinical setting provided?

- As an integrated part of a multi-disciplinary service
- Stand-alone prescribing/fitting orthotic service
- Other (please specify) _____

This question is only displayed if in Q5: How are orthotic services in your clinical setting provided? – Option: “As an integrated part of a multi-disciplinary team” Is Selected

Q6: What healthcare professionals make up your multidisciplinary team?

- Physiotherapist
- Orthopaedic surgeon

- Doctor in rehabilitation medicine
- Occupational therapist
- Gait scientist
- Neurologist
- Orthotist
- Clinical nurse specialist
- Other (please specify) _____

Patient Demographic

We appreciate that there is variation in terminology across and within disciplines. For the purpose of this survey, we define the patient population as follows:

Adults are patients **age 16 years or older**.

Neuromuscular disease (NMD) encompasses any condition caused by dysfunction of the motor unit: the anterior horn cell/motor neuron (e.g. polio and motor neuron disease); the peripheral nerve (e.g. Charcot Marie Tooth); the neuromuscular junction (e.g. myasthenia gravis); and the muscle (e.g. muscular dystrophy). Although there may be CNS signs lower motor neuron features of flaccid weakness, loss of reflexes and muscle wasting are predominant.

Central nervous system conditions (CNS) encompasses conditions, such as multiple sclerosis and stroke, where upper motor neurone conditions affect muscle function. Knee instability relates to problems with external neuromuscular control of the alignment of the knee leading to muscle weakness, ligament laxity, loss of reflexes or muscle wasting.

Q7: Are you currently treating or have you recently treated adult patients with **neuromuscular disease (NMD) with knee instability**?

- Yes
- No

This question is only displayed if in Q7: Are you currently treating or have you recently treated adult patients with neuromuscular disease (NMD) with knee instability? – Option “Yes” Is Selected

Q8: What type of neuromuscular disease (NMD) do you see most frequently in these adult patients? You can choose more than one.

- Poliomyelitis
- Muscular dystrophy
- Post-polio syndrome
- Motor neurone disease
- Inclusion body myositis
- Charcot Marie Tooth disease
- Guillain Barré syndrome

- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Other (please specify) _____

Q9: Are you currently treating or have you recently treated adult patients with **central nervous system (CNS) disorders with knee instability?**

- Yes
- No

This question is only displayed if in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “Yes” Is Selected

Q10: What type of central nervous system (CNS) conditions do you see most frequently in these adult patients? You can choose more than one.

- Adult cerebral palsy
- Multiple sclerosis
- Traumatic brain injury
- Stroke
- Acquired brain injury
- Spinal cord disorders
- Other (please specify) _____

This statement is only displayed if in Q7: Are you currently treating or have you recently treated adult patients with neuromuscular disease (NMD) with knee instability? – Option “No” Is Selected AND

If in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “No” Is Selected

You have now completed the survey

If the statement “You have now completed the survey” displayed, then respondent skips to End of Survey

Patient Referrals

This question is only displayed if in Q7: Are you currently treating or have you recently treated adult patients with neuromuscular disease (NMD) with knee instability? – Option “Yes” Is Selected

Q11: Thinking specifically of **adult NMD** patients **with knee instability**, how are these patients **routinely** referred to you?

Please tick all that apply

- General practitioner
- Physiotherapist
- Orthopaedic surgeon
- Doctor in rehabilitation medicine
- Occupational therapist
- Gait scientist
- Neurologist
- Orthotist
- Clinical nurse specialist
- Other (please specify) _____

This question is only displayed if in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “Yes” Is Selected

Q12: Thinking specifically of **adult CNS** patients **with knee instability**, how are these patients **routinely** referred to you?

Please tick all that apply

- General practitioner
- Physiotherapist
- Orthopaedic surgeon
- Doctor in rehabilitation medicine
- Occupational therapist
- Gait scientist
- Neurologist
- Orthotist
- Clinical nurse specialist
- Other (please specify) _____

Q13: Thinking about **both CNS and/or NMD** adult patients **with knee instability**, what information is usually provided to you on referral?

Please tick all that apply

- Medical details
- Diagnosis
- Physical assessment details
- Gait analysis report
- The aims/goals of the orthotic intervention (if they have already been prescribed an orthotic)
- Type of orthotic provided (if they have already been prescribed an orthotic)
- Other (please specify) _____

Q14: What symptoms in **NMD and/or CNS** patients **with knee instability** would trigger a referral to you for assessment?

Please tick all that apply

- Patient has reported falls
- Patient reported pain in their knee or lower limb
- Patient reported weakness in their knee or lower limb
- Other (please specify) _____

Q15: Do you think there are any barriers to patients being referred to you?

- Never
- Rarely
- Sometimes
- Most of the Time
- Always

Q16: Please briefly explain your answer.

Q17: Thinking about **both CNS and/or NMD** adult patients **with knee instability** being referred to you, what other healthcare professionals assess them?

Please tick all that apply

- General practitioner
- Physiotherapist
- Orthopaedic surgeon
- Doctor in rehabilitation medicine
- Occupational therapist
- Gait scientist
- Neurologist
- Orthotist
- Clinical nurse specialist
- Other (please specify) _____

Initial Assessment

Q18: What assessments do you routinely undertake as part of your initial assessment of these patients?

This question refers to NMD and/or CNS patients with knee instability.

- Ligament laxity
- Muscle strength
- Joint ROM and quality of ROM
- Presence of spasticity (if appropriate)
- Previous treatments
- Previous history of pain/falls/walking ability
- Sensation
- Observational gait analysis
- Video recording of gait
- Three dimensional/video vector gait analysis performed in a gait laboratory
- Balance tests
- Timed walking tests
- Patient expectations
- Activity limitations
- Aggravating factors
- Proprioception
- Imaging (such as X-ray, MRI or Ultrasound)
- Other (please specify) _____

This question is only displayed if in Q7: Are you currently treating or have you recently treated adult patients with neuromuscular disease (NMD) with knee instability? – Option “Yes” Is Selected

Q19: What is the average waiting time for adult NMD patients with knee instability between referral of the patient to you and your initial assessment?

- up to 4 weeks
- 5-8 weeks
- 9-12 weeks
- 13 - 16 weeks
- 17-20 weeks
- 21-24 weeks
- 24 weeks +

This question is only displayed if in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “Yes” Is Selected

Q20: What is the average waiting time for adult CNS patients with knee instability between referral of the patient to you and your initial assessment?

- up to 4 weeks
- 5-8 weeks
- 9-12 weeks
- 13-16 weeks
- 17-20 weeks
- 21-24 weeks
- 24 weeks +

Q21: Thinking of adult **NMD and/or CNS** patients **with knee instability**, how long does your initial assessment last, on average?

_____ minutes

[A slider is presented to the respondent which ranges from 0-60 minutes]

Prescription and fitting of orthotic devices

Q22: How often do you see NMD and/or CNS patients with knee instability for review?

- Weekly
- Monthly
- Quarterly
- Biannually
- Annually
- No follow up
- Other (please specify) _____

This question is only displayed if in Q22: How often would you see NMD and/or CNS patients with knee instability for review? - Option “No follow up” Is Not Selected

Q23: Thinking of NMD and/or CNS patients with knee instability, on average, how long does a review visit last?

_____ minutes

[A slider is presented to the respondent which ranges from 0-45 minutes]

Q24: In your routine work, do you prescribe or fit orthotic devices for adult NMD and/or CNS patients, with knee instability?

- Yes
- No

This question is only displayed if in Q24: In your routine work, do you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “No” Is Selected

Q25: To whom do you refer a patient to for prescription/fitting of orthotic devices?

	Orthotist	Physiotherapist	Doctor in rehabilitation medicine	Other	Not applicable
CNS patients with knee instability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NMD patients with knee instability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Types of devices

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q26: What orthotic devices do you prescribe for patients with CNS and/or NMD with knee instability?

Please tick all that apply.

- Knee ankle foot orthosis (KAFO)
- Ankle foot orthosis (AFO)
- Knee brace
- Shoe adaptations
- Insoles
- Others (please specify) _____
- None
- Not applicable

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q27: What orthotic devices do you fit for patients with CNS and/or NMD with knee instability?

- Knee ankle foot orthosis (KAFO)
- Ankle foot orthosis (AFO)
- Knee brace
- Shoe adaptations
- Insoles
- Others (please specify) _____
- None _____
- Not applicable

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q28: Please indicate on the slider below what proportion (approximately) of the devices you prescribe/ fit for patients with CNS and/or NMD and knee instability are custom-made.

_____ The % of custom-made devices that you prescribe or fit

[A slider is presented to the respondent which ranges from 0-100%]

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q29: What influences your decision to prescribe a custom-made or an off the shelf device?

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q30: Where are the custom-made devices you prescribe manufactured?

- On-site workshop in your clinical setting
- A central fabrication manufacturer outside of your hospital
- Other (please specify) _____
- Not applicable

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q31: If a patient is prescribed a device, what is the typical time frame from initial visit to fitting the device? Please consider CNS and/or NMD patients with knee instability.

_____ Typical time frame for off-the-shelf devices

_____ Typical time frame for custom-made devices

[Two sliders are presented to the respondents ranging from 0-20 weeks. Both sliders include a “Not applicable” option that can be chosen]

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q32: How long is a typical patient appointment for casting and measuring of the orthosis? Please consider CNS and/or NMD patients with knee instability.

_____ Typical appointment length for off-the-shelf devices

_____ Typical appointment length for custom-made devices

[Two sliders are presented to the respondents ranging from 0-60 minutes. Both sliders include a “Not applicable” option that can be chosen]

This question is only displayed if in Q28: Please indicate on the slider below what proportion (approximately) of the devices you prescribe/ fit for patients with CNS and/or NMD and knee instability are custom-made. – Greater than 10 is selected.

Q33: Do you use any of the following methods to capture that shape of custom-made devices?

	Never	Rarely	Sometimes	Most of the time	Always
Tracing/measurements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plaster casts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic casts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shape capture technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

AND

If in Q7: Are you currently treating or have you recently treated adult patients with neuromuscular disease (NMD) with knee instability? – Option “Yes” Is Selected

AND

If in Q27: What orthotic devices do you fit for patients with CNS and/or NMD with knee instability? – Options “None” or “Not applicable is Not Selected

Q34: How many visits are normally required to provide a completed custom-made device for a NMD patient with knee instability?

Please give the number of visits depending on the device you prescribe.

- Knee ankle foot orthosis (KAFO)
- Ankle foot orthosis (AFO)
- Knee brace
- Shoe adaptations
- Insoles
- Others (please specify) _____

Only the devices selected in Q26: What orthotic devices do you prescribe for patients with CNS and/or NMD with knee instability? are displayed for respondent. A “Not applicable” option is provided for all devices presented.

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

AND

If in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “Yes” Is Selected

AND

If in Q27: What orthotic devices do you fit for patients with CNS and/or NMD with knee instability? – Options “None” or “Not applicable is Not Selected

Q35: How many patient visits are normally required to provide a completed custom-made device for a CNS patient with knee instability?

Please give the number of visits depending on the device you prescribe.

- Knee ankle foot orthosis (KAFO)
- Ankle foot orthosis (AFO)
- Knee brace
- Shoe adaptations
- Insoles
- Others (please specify) _____

Only the devices selected in Q26: What orthotic devices do you prescribe for patients with CNS and/or NMD with knee instability? are displayed for respondent. A “Not applicable” option is provided for all devices presented.

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

AND

If in Q7: Are you currently treating or have you recently treated adult patients with neuromuscular disease (NMD) with knee instability? – Option “Yes” Is Selected

AND

If in Q27: What orthotic devices do you fit for patients with CNS and/or NMD with knee instability? – Options “None” or “Not applicable is Not Selected

Q36: How many patient visits are normally required to provide a completed off-the shelf device for a NMD patient with knee instability?

Please give the number of visits depending on the device you prescribe.

- Knee ankle foot orthosis (KAFO)
- Ankle foot orthosis (AFO)
- Knee brace
- Shoe adaptations
- Insoles
- Others (please specify) _____

Only the devices selected in Q26: What orthotic devices do you prescribe for patients with CNS and/or NMD with knee instability? are displayed for respondent. A “Not applicable” option is provided for all devices presented.

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

AND

If in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “Yes” Is Selected

AND

If in Q27: What orthotic devices do you fit for patients with CNS and/or NMD with knee instability? – Options “None” or “Not applicable is Not Selected

Q37: How many patient visits are normally required to provide a completed off-the shelf device for a CNS patient with knee instability?

Please give the number of visits depending on the device you prescribe.

- Knee ankle foot orthosis (KAFO)
- Ankle foot orthosis (AFO)
- Knee brace
- Shoe adaptations
- Insoles
- Others (please specify) _____

Only the devices selected in Q26: What orthotic devices do you prescribe for patients with CNS and/or NMD with knee instability? are displayed for respondent. A “Not applicable” option is provided for all devices presented.

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q38: What information is provided to patients at fitting appointments?

Please tick all that apply

- Instructions on taking the device on and off
- Instructions on care of the orthosis
- Instructions on how to monitor the fit of the orthosis
- Instructions on when to wear the orthosis
- Instructions on when to seek a review appointment
- Instructions on how to seek a review appointment
- Other (please specify) _____
- None of above

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q39: In what form do you provide information to patients at fitting appointments?

Please tick all that apply

- Verbally
- Short leaflets
- Instruction booklets
- CD
- Direct patient to a website
- Other (please specify) _____
- None of the above

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q40: Do you routinely provide long-term review appointments?

- Yes
- No

If Option “No” is selected – Respondents skips to Q43: What procedures are in place, in your setting, if a custom-made device breaks?

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q41: What is the usual time frame from fitting of a device to first review visit?

_____ Time from fitting to first review visit

[A slider is presented to the respondents ranging from 0-52 weeks.]

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q42: How do you normally quantify the success of an orthotic when fitting/reviewing the device?

Please tick all that apply

- Patient feedback
- Family/carer feedback
- Another clinician or therapist's feedback
- Observational gait analysis
- Video gait analysis
- Video vector gait analysis
- Patient reported outcome measures (PROMs)
- Clinician reported outcome measures (CROMs)
- Other (please specify) _____
- None of the above

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q43: What procedures are in place, in your setting, if a custom-made device breaks?

Please tick all that apply

- A spare orthotic device is provided to the patient at the time they receive the original device
- An off-the-shelf device is provided to the patient until their prescribed device is fixed
- Patient is given a wheelchair until their device is fixed
- Patient comes to an onsite workshop for on the spot repair
- Other (please specify) _____
- Not applicable

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q44: What procedures are in place, in your setting, if an off-the-shelf device breaks?

Please tick all that apply

- A spare orthotic device is provided to the patient at the time they receive the original device
- Patient is given a wheelchair until their device is fixed
- Patient comes to an onsite workshop for on the spot repair
- Other (please specify) _____
- Not applicable

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q45: Who repairs the device when it breaks?

- On-site Clinician
- On-site Technician
- Off-site Clinician
- Off-site Technician
- Other (please specify) _____

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q46: Does your practice have a "review on request" option for patients?

- Yes
- No

Treatment outcomes and acceptability factors

Q47: When trying to manage the expectations of adult patients with knee instability due to CNS and/or NMD disorders, to what extent do the following factors influence your decision of what device to prescribe?

	Never	Rarely	Sometimes	Most of the time	Always
The cosmetic aspects of the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The weight of the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The material of the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of shoes or clothing can be worn with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's ability to take the device on and off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The reliability of the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The comfort of the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q48: To what extent do you agree that your patients are expressing a preference for particular devices?

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

This question is only displayed if in Q48: To what extent do you agree that your patients are expressing a preference for particular devices? - Options "Strongly Agree" OR "Agree" Is Selected

Q49: For what types of devices are your patients expressing a preference?

Q50: What are the treatment outcomes that you personally are trying to achieve when treating adult patients with knee instability related to NMD or CNS conditions?

Please tick all that apply.

- Control joint movement
- Reducing the number of falls
- Less pain
- Increased walking distance

- Increased walking speed
- Contracture management
- Avoid further deterioration
- Other (please specify) _____

Q51: To what extent do you think the following outcomes are important to patients who have been fitted with these devices?

	Not at all important	Somewhat important	Important	Very important	Extremely important
Comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence in mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less energy expenditure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cosmetic aspect of device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This question is only displayed if in Q24: If In your routine work, would you prescribe or fit orthotic devices for adult NMD and/or CNS patients with knee instability for review? – Option “Yes” Is Selected

Q52: To what extent do the following factors affect the effectiveness of the device? Please rate each factor from never to always.

	Never	Rarely	Sometimes	Most of the time	Always
Acceptability of the device to the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fit of the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy back up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical back up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical back up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain due to the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure areas due to the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53: Are there other factors which you think affect the effectiveness of the device?

- Yes
- No

This question is only displayed if in Q53: Are there other factors which you think affect the effectiveness of the device? - Option "Yes" Is Selected

Q54: Please specify these other factors, and why you think they affect the effectiveness of the device.

Q55: What, if any, formal outcome measure do you use to assess the effectiveness of orthotic devices for treating knee instability in adult patients with CNS and/or NMD? Please tick all that apply.

- Timed up and go test
- Ten metre walk test
- Two minute walk test
- Six minute timed walk test
- Visual Analogue Scale (VAS) e.g. for pain, balance, confidence, quality of walking.
- Goal Attainment Scaling (GAS)
- Patient satisfaction questionnaire
- Activities Balance Confidence Scale
- OPUS (the Orthotic and Prosthetic Users Survey)
- Manchester Oxford Knee Score
- Do not use a formal outcome measure
- Other (please specify) _____

Q56: What factors do you think affect the acceptability of the device to patients?

Q57: Does the cosmetic look of the device affect acceptability to the patient and whether they wear the device?

- Never
- Rarely
- Sometimes
- Often
- All of the Time

Q58: Please give brief details for your answer

This question is only displayed if in Q7: Are you currently treating or have you recently treated adult patients with neuromuscular disease (NMD) with knee instability? – Option “Yes” Is Selected

Q59: Are there any aspects of the care pathway for NMD patients with knee instability that could be improved?

- Yes
- No

Q60: Please give brief details for your answer

This question is only displayed if in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “Yes” Is Selected

Q61: Are there any aspects of the care pathway for CNS patients with knee instability that could be improved?

- Yes
- No

This question is only displayed if in Q9: Are you currently treating or have you recently treated adult patients with central nervous system (CNS) disorders with knee instability? – Option “Yes” Is Selected

Q62: Please give brief details for your answer

Additional Requests

Q63: Do you have any audit, service evaluation or other type of data that is or could be anonymized concerning provision of orthotic devices to this patient population?

We are particularly looking for any data relating to whether patients regularly wear the device, patient acceptability, or data on the types of devices that are being provided for knee instability related to NMD and CNS conditions We are also interested in the costs associated with the providing and maintaining orthotic devices.

- Yes
- No

This question is only displayed if in Q63: Do you have any audit or service evaluation data that is or could be anonymized concerning provision of orthotic devices to this patient population? – Option “Yes” Is Selected

Q64: Is it possible for you to share these data with us, in accordance with Data Protection regulations?

- Yes
- No

This statement is only displayed if in Q64: Is it possible for you to share these data with us, in accordance with Data Protection regulations? - Option “Yes” Is Selected

We would be very grateful if you could contact *researcher* email address to discuss sharing these data with us.

This question is only displayed if in Q1: What is your occupation? – Option “Orthotist” Is Selected

Q65 As part of our research for NIHR, we are trying to establish the costs of providing different types of orthotic devices for knee instability related to NMD or CNS conditions.

Would you be available for a telephone interview to discuss in more detail the resources required to provide orthotic services in the UK to CNS and NMD patients with knee instability?

- Yes
- No

This statement is only display if in Q65: Would you be available for a telephone interview to duscuss in more detail the resources required to provide orthotic services in the UK to CNS and NMD patients with knee instability? – Option “Yes” Is Selected

We would be very grateful if you could contact *researcher email address* to discuss arranging an interview at a time that is convenient for you.

We cannot contact you as the anonymous nature of this survey means that we do not have your contact details.

Thank you for taking the time to complete our survey. Your responses will allow us to assess the orthotic provision in the UK and to identify any further research needed in this area. For more information on our study and to keep informed on our progress, please visit our blog on:

<http://kneeorthotics.blogspot.co.uk/>