### Example structure of interviews with parents, children and adolescent participants

Note: The topics below will serve as an outline to guide the interview

#### Introductions

• Brief explanation of the interview

#### **Opening questions**

- What treatments options have you heard of or been suggested to try following your ACL rupture?
- What do you think of ACL reconstruction surgery as a treatment?

### **Explain ACL reconstruction surgery to patients**

"I am now going to give you a short explanation of ACL reconstruction and why it is indicated that has been standardised to read to each participant."

"ACL reconstruction requires admission to hospital, anesthetic and multiple surgical cuts to the knee. A 'graft' taken from the patient's own hamstring or quadriceps tendon, from another person's or made from synthetic material is used to reconstruct the ruptured ACL by fixating it between the bones of the knee joint. Immediately following surgery there is pain, swelling, reduced movement and a need for crutches. The aim of ACL reconstruction is to restore functional stability of the knee."

If reviewing an existing patient decision aid or investigator-developed one (relevant to focus groups in the later stages of developing the patient decision aid)

<u>Instructions to parents, children and adolescents (as an example):</u> The material we want you to review has been developed for parents, children and adolescents to improve their knowledge and confidence in making the decision to have early ACL reconstruction surgery or rehabilitation with the option for delayed ACL reconstruction surgery. We would like for you to help us better understand your experience of this material – for example, how you find the visual appeal, readability, content, and what are your overall experiences using this material.

To do this, I am going to ask you to think out loud while you read through the material. Just say everything that goes through your mind- if you are finding anything challenging, what your eye is drawn to. If a page is easy, and you understand what to do – just say that. Providing examples is very helpful (e.g. "look at a table", "look at a page with just text vs with an image").

Prompt questions as patients are reading through the material:

- How are you finding reading through this section?
- Did you feel like you knew where to look, and what to do next?
- Did you feel like you knew the relevance of this section in your decision?
- How did you find the content of this section?
- Were the instructions clear/helpful?
- How easy was it to understand the section? (readability)
- Was there anything that was unclear or confusing?
- How were the visual aids?
- How was the functionality?
- Is there anything that you would improve in this section?
- · What did you like most about this material?
- What did you like least about this material?

What information is important when considering early anterior cruciate ligament (ACL) reconstruction in children? v2, 14/1/22 Page 1 of 2

### **Core questions**

If we were designing an education leaflet to help you decide whether to have early ACL reconstruction surgery or begin rehabilitation with the option for delayed ACL reconstruction....

• What information is most important to know? (Prompt for views on presenting different treatment options, benefits and harms, recovery time, likelihood of need for revision surgery, details of the procedure)

"How do the following statements influence your thoughts about ACL reconstruction and non-surgical management?"

### Osteoarthritis risk

- Surgery does not reduce the risk of OA compared to rehabilitation only or delayed surgery.

### Rehabilitation with the option for delayed surgery:

### Harms:

- Delayed ACL reconstruction > 12 weeks significantly increases the risk of meniscus injury in children.

## Benefits:

Studies in those aged 20-30 years old show 50% can avoid ACL reconstruction with rehabilitation.

## **ACL** reconstruction:

#### Harms:

- Those younger than <20-25 years old who return to high-risk sport following ACL reconstruction have a second ACL injury rate of 23% (nearly 1 in 4).
- Note: Less risky sports were defined as: "pivoting with no contact", "weight bearing with no pivoting", and "non-weight bearing".

#### Benefits:

- Studies showed that you are 10 % more likely to return to your previous level of sport and 9% less likely to experience a serious complication with early ACL reconstruction."

(Ask if need prompting) "Do any of these statements stand out to you?"

### Further questions:

# Return to sport:

- Do you expect to return to your pre-injury level of sport?
- How long do you expect recovery to take?
- Would you consider activity modification?

## Goals:

What do you aim to achieve with management and how does this influence your decision?

### **Decision regret:**

- Do you regret your decision (if they already had ACL reconstruction or re-rupture)?
- If you re-injure your knee, would you take the same management approach?
- How would you like information to be presented in terms of visual aids, text, tables, pictures, etc.? (Example below, but exact topics will depend on what arose from the previous question)
  - o Different treatment options
  - Benefits and harms
  - o Recovery time
  - Likelihood of need for revision surgery
  - o Details of the procedure

### General feedback at the end

- Are there any topics that you would like to see in future versions of this tool?
- Do you have any other general feedback, thoughts, or comments?

What information is important when considering early anterior cruciate ligament (ACL) reconstruction in children? v2, 14/1/22 Page 1 of 2