

## Survey of current practice for the management of acute ankle sprains

### INSTRUCTIONS

Please answer the following questions in Sections A and B unless the instructions ask you to do otherwise.

Please mark all your answers with a tick as in this example

When you have finished please check that you have answered all the questions. Please return the questionnaire in the envelope provided in the next two weeks. You do not need a stamp.

If you have any questions regarding this project please contact Darren Clement on 01782 554846.

Thank you for your help.

### SECTION A-CASE SCENARIO

A **skeletally mature** patient presents to the Accident and Emergency Department **within 48 hours** of spraining their ankle. The patient has been **unable to weight bear** since the sprain. A **fracture** has been **excluded**.

Please answer the following questions in relation to the case scenario described above.

1. Would your Accident and Emergency Department use Tubigrip for the management of the sprained ankle as outlined in the case scenario?

(Please tick one box only)

- Yes (continue with question 2)
- No (go to question 3)
- Don't Know (go to question 3)

2. If you would use **Tubigrip** for the management of the ankle sprain as outlined in the case scenario, how often would you use it?

(Please tick one box only)

- Routinely (approximately >75% of cases)
- Often (approximately 51–75% of cases)
- Sometimes (approximately 25–50% of cases)
- Occasionally (approximately <25% of cases)
- Not at all/never

3. Would your Accident and Emergency Department use a **below the knee plaster cast** for the management of the ankle sprain as outlined in the case scenario?

(Please tick one box only)

- Yes (continue with question 4)
- No (go to question 7)
- Don't Know (go to question 7)

4. If you would use a **below the knee plaster cast** for the management of the sprained ankle as outlined in the case scenario, how often would you use it?

(Please tick one box only)

- Routinely (approximately >75% of cases)
- Often (approximately 51–75% of cases)
- Sometimes (approximately 25–50% of cases)
- Occasionally (approximately <25% of cases)
- Not at all/never

5. If you would use a **below the knee plaster cast** for the management of the sprained ankle outlined in the case scenario, what type of **below the knee plaster cast** would you use?

(Please write your answer here)

6. If you would use a **below the knee plaster cast** for the management of the sprained ankle outlined in the case scenario for how long would the **below the knee plaster cast** be used?

(Please write your answer here)

7. Would your Accident and Emergency Department use **ankle braces** (for example Aircast Airstrip) for the management of the sprained ankle outlined in the case scenario?

(Please tick one box only)

- Yes (continue with question 8)
- No (go to question 10)
- Don't Know (go to question 10)

8. If you would use **ankle braces** for the management of the sprained ankle as outlined in the case scenario, how often would you use them?

(Please tick one box only)

- Routinely (approximately >75% of cases)
- Often (approximately 51–75% of cases)
- Sometimes (approximately 25–50% of cases)
- Occasionally (approximately <25% of cases)
- Not at all/never

9. If you would use **ankle braces** for the management of the sprained ankle as outlined in the case scenario, what type of **ankle braces** would you use?

(Please write your answer here)

10. Would your Accident and Emergency Department use **walking boots** (for example foam padded) for the management of the sprained ankle as outlined in the case scenario?

(Please tick one box only)

- Yes (continue with question 11)
- No (go to question 13)
- Don't Know (go to question 13)

11. If you would use **walking boots** for the management of the sprained ankle as outlined in the case scenario, how often would you use them?

(Please tick one box only)

- Routinely (approximately >75% of cases)
- Often (approximately 51–75% of cases)
- Sometimes (approximately 25–50% of cases)
- Occasionally (approximately <25% of cases)
- Not at all/never

12. If you would use **walking boots** for the management of the sprained ankle as outlined in the case scenario what type of walking boot would you use?

(Please write your answer here)

13. Would your Accident and Emergency Department prescribe **early physiotherapy** (within the first two weeks of injury) for the management of the sprained ankle outlined in the case scenario?

(Please tick one box only)

- Yes
- No
- Don't Know

14. Would you would use **any other** method for the management of the sprained ankle outlined in the case scenario?

(Please write your answer here)

Please continue with SECTION B overleaf

## **SECTION B-GENERAL**

1. Does your Accident and Emergency Department give out **written information** to patients about the self-care of ankle sprains (for example analgesia, physiotherapy etc.)?

(Please tick one box only)

- Yes (continue with question 2)
- No (go to question 3)
- Don't Know (go to question 3)

2. How often do you give out written information to patients about the self-care of ankle sprains?

(Please tick one box only)

- Routinely (approximately >75% of cases)
- Often (approximately 51–75% of cases)
- Sometimes (approximately 25–50% of cases)
- Occasionally (approximately <25% of cases)
- Not at all/never

3. Does your Accident and Emergency Department use written **clinical guidelines** for the management of ankle sprains?

(Please tick one box only)

- Yes (if yes, we would be grateful if you would attach a copy)
- No
- Don't Know

4. Does your Accident and Emergency Department use any of the following diagnostic manoeuvres in the early management of ankle sprains (within first two weeks of injury)?

(Please tick the yes or no box for each of the options)

- (a) Anterior drawer test (**Yes** or **No**)
- (b) Talar Tilt (clinical) (**Yes** or **No**)
- (c) Talar Tilt (stress radiograph) (**Yes** or **No**)
- (d) MRI (**Yes** or **No**)

5. Could you please state what you believe is the most important **unanswered question in treating severe ankle sprains.**

(Please write your answer here)

6. Any other comments

7. Would you like to receive a copy of the results (**Yes** or **No**)

8. Contact details

It would be really helpful to have brief contact details in case of any queries.

Name:

Email:

Tel:

Please check that you have answered all the relevant questions in the questionnaire.

Please return the questionnaire to us in the next two weeks in the envelope provided.

You do not need a stamp

**Thank you for your time and help in completing this questionnaire**