STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1	"We conducted a retrospective, serial, cross-sectional study at the Hospital for Sick Children (SickKids) in Toronto, Ontario."
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	2	See abstract.
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3	See introduction.
Objectives	3	State specific objectives, including any prespecified hypotheses	3	See introduction.
Methods				
Study design	4	Present key elements of study design early in the paper	4	See "setting" and "population".
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4	See "setting" and "population".
Participants	6	*Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	4	See "setting" and "population".
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	5-6	See "outcomes" and "main exposure".
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	5-6	See "outcomes" and "main exposure".
Bias	9	Describe any efforts to address potential sources of bias	6-7, 12-13	"Statistical analysis", "Sensitivity analyses" "Limitations"
Study size	10	Explain how the study size was arrived at	N/A	N/A

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	5-6	See "outcomes" and "main exposure".
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	6-7	"Statistical analysis", "Sensitivity analyses"
		(*b*) Describe any methods used to examine subgroups and interactions	6-7	"Statistical analysis", "Sensitivity analyses"
		(*c*) Explain how missing data were addressed	N/A	Reported in Tables 1a and 1b. Missing data was not a concern in this study.
		(*d*) *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	4	See "setting" and "population".
		(*e*) Describe any sensitivity analyses	7	"Sensitivity analyses"
Results				
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	4	"Population", Figure 1 and Tables 1a and 1b.
		(b) Give reasons for non-participation at each stage	4	"Population" and Figure 1.
		(c) Consider use of a flow diagram	N/A	See Figure 1.
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders		
		(b) Indicate number of participants with missing data for each variable of interest	N/A	Reported in Tables 1a and 1b. Missing data was not a concern in this study.
Outcome data	15*	*Cross-sectional study*—Report numbers of outcome events or summary measures	Tables	Table 1 and 2, Figure 3
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	6, Table 2	"To address potential temporal confounding by demographic, injury and admission characteristics that may have differentially motivated pediatric orthopaedic specialist referral by year, adjusted IRRs were calculated using two multivariable negative binomial regression models." Reported in Table 2.
		(*b*) Report category boundaries when continuous variables were categorized	N/A	N/A
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A	N/A

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	8-9	See "sensitivity analyses" and "secondary outcomes"
Discussion				
Key results	18	Summarise key results with reference to study objectives	9	"Principal findings"
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	12	"Limitations"
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	10	"Implications", "Final conclusions"
Generalisability	21	Discuss the generalisability (external validity) of the study results	Title, 13	We examine practice in the "Greater Toronto Area", "We only evaluated two operative fracture types", "Further work is needed to...determine if the phenomenon is found in other specialties"
Other information				
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	13	"SOURCE OF FUNDING"

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.