## Supplementary File 1 - GALLOP - Round one.





Thank you for participating in this research. You have been invited to take part in this research project as you have been identified as having experience in the field of paediatric assessment in the podiatry and physiotherapy profession. This project aims to develop a lower limb assessment tool that can be used Australia wide to gain consistency in the type of questioning and assessment that is used in young children. Please enter your participant number. You can go back to any question as required. Your responses are confidential and will only be known by the research team. The survey should take 20 minutes to complete. If you have any questions please contact Simone Cranage (scranage@phcn.vic,gov.au) Cylie Williams (cyliewilliams@phcn.vic.gov.au) Helen Banwell (HelenBanwell@unisa.edu.au)

Thank you for participating in this research.

This project aims to develop a lower limb assessment tool that can be used to gain consistency in the type of questioning and assessment that is used with children.

To assist you in your responses, it may help if you have a copy of any assessment form that you currently use when assessing children.

Your responses are confidential and will only be known by the research team.

The survey should take 20 minutes to complete.

If you have any questions please contact Simone Cranage (scranage@phcn.vic,gov.au) Cylie Williams (cyliewilliams@phcn.vic.gov.au) or Helen Banwell (HelenBanwell@unisa.edu.au)

Q1. What is your participant number?	
Q2. Gender	
O Male	
○ Female	
Q3. What is your profession?	
O Podiatrist	
Physiotherapist	
Q4. How many years have you been practicing (in full time equivalence)?	
O-2 years	
3-5 years	
O 6-10 years	
<ul><li>☐ 11-15 years</li><li>☐ &gt;15 years</li></ul>	
> 10 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 was your original qualification?
○ Certificate
Advanced Certificate
O Bachelor Degree
Bachelor Degree with Honors
Masters (entry level)
Other (Please Specify)
Q7. Where did you obtain your original qualification?
Q8. Have you completed further tertiary study?  Yes  No
Q9. Please indicate which further study you have completed in your clinical discipline (You may choose more than one option)
☐ Graduate Certificate
☐ Graduate Certificate ☐ Graduate Diploma
Graduate Diploma
Graduate Diploma Masters by Coursework
Graduate Diploma  Masters by Coursework  Masters by Research

Q10. Are you currently undertaking further study in your clinical discipline?

<ul><li>○ Yes</li><li>○ No</li></ul>
Q11. Please indicate which further study you are currently undertaking (You may choose more than one option)
Graduate Certificate Graduate Diploma Masters by Coursework Masters by Research Professional Doctorate Doctorate by Research (PhD) Other (Please specify)
Q12. What year did you graduate with your highest academic qualifications?
Q13. On average how many hours per week do you work at your primary position?  O-10 hours  11-20 hours  21-30 hours  31-40 hours  41 + hours
Q14. Where do you primarily practice?
<ul><li>Australian Capital Territory</li><li>New South Wales</li><li>Northern Territory</li></ul>

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14/02/2016, 11:37 AM

Queensland						
South Australia						
Tasmania						
O Victoria						
Western Australia						
)15. Please estimate th	e percent	tage of child	ren you worl	k with in you	r clinical or re	esearch role.
	0	20	40	60	80	100
% of children						
	<u> </u>					
016. For the children yo	ou see in y	your practice	e, what is the	e most comm	non age grou	p? (You may
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**Qualtrics Survey Software** 14/02/2016, 11:37 AM Q18. Please list the questions you would ask about the child's acquisition of skills or developmental stages? Q19. Please list any other questions you would ask during history taking that are not covered by the previous questions? (If there are no further questions please indicate N/A in response box) <u>Assessment</u> When assessing a child please comment on the following. You may list the assessment if it has a name otherwise describe how the assessment is performed Q20. What assessments do you perform with the child standing? Q21. What assessments do you perform with the child seated? Q22. What assessments do you perform with the child in supine? (lying on their back)

Q23. What assessments do you perform with the child in prone? (laying on their tummy)

Measurements For the following measurements, please comment on the method, name of assessment, and the measurement tool you commonly use (if you use one)
If you have more than one, please comment on them all. ie. Hip measurement: Internal and external ROM with eyeball gestimate or tractograph.
If you do not measure any one item, please indicate N/A in response box.
Q24. How do you measure hip range of movement?
Q25. How do you measure hamstring range of movement?
Q26. How do you measure leg length?
Q27. How do you measure rotational profile of the upper and lower leg?

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14/02/2016, 11:37 AM

Q28. How do you measure ankle range of movement?	
Q29. How do you measure the presence of genu varum/genu valgum?	
Q30. How do you measure the foot posture?	
Q31. How do you measure gross motor ability and/or balance?	
O20 What reflected do you took in the Javon limb 2	
Q32. What reflexes do you test in the lower limb?	
<u>L</u>	
Q33. What other aspects of a neurological assessment do you consider?	

Q34. Are there any other measures that you routinely use?

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Q35. Gait analysis	
Please describe what aspects of the body and the lower limb you visualise during a	gait
assessment. (i.e shoulder level looking for symmetry etc)	
L	
Q36. How do you measure and document these?	
Q36. How do you measure and document these?	

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.