

TABLE E-1 The Types of Fractures in the Original Cohort (N = 1184), Classified According to the Gustilo and Anderson Classification

Fracture Type	No. of Patients (%)
Closed	956 (80.7%)
Open	228 (19.3%)
Type I	63 (5.3%)
Type II	45 (3.8%)
Type IIIA	47 (4.0%)
Type IIIB	69 (5.8%)
Type IIIC	4 (0.3%)

TABLE E-2 The Mechanism of Injury for the Original 1184 Patients

Cause of Fracture	No. of Patients (%)
Fall from standing height	344 (29.1%)
Fall from height	128 (10.8%)
Sport	308 (26.0%)
Motor vehicle collision	
Driver	18 (1.5%)
Passenger	23 (1.9%)
Pedestrian	145 (12.2%)
Motorcycle	59 (5.0%)
Bicycle	37 (3.1%)
Direct blow	34 (2.9%)
Other	23 (1.9%)
Twist	8 (0.7%)
Crush	19 (1.6%)
Assault	16 (1.4%)
Data missing	19 (1.6%)

TABLE E-3 Reasons Why Patients Were Not Monitored

Reason	No. of Patients*
Late diagnosis	71 (34.6%)
Elderly, frail, or demented	24 (11.7%)
Unable or severe difficulty walking	11 (5.4%)
No reason recorded	32 (15.6%)
No available monitors	13 (6.3%)
Prophylactic fasciotomy	12 (5.9%)
Metastatic or insufficiency fracture	11 (5.4%)
Primary amputation	8 (3.9%)
Died	7 (3.4%)
Severe open fractures	9 (4.4%)
Severe head injury, immediate transfer	4 (2.0%)
Refused consent	2 (1.0%)
Refracture	1 (0.5%)

*The values are given as the number of patients, with the percentage in parentheses, based on 205 patients (17.3%) who did not have intracompartmental pressure monitoring.