TABLE E-1 Results for the Ten Yes/No Questions

	Tr		nal Hip				
	Spica			Walking Hip Spica			
			No			No	
Question	Yes	No	Answer	Yes	No	Answer	P Value
1. Is your child able to attend school or day care in the cast?	2	14	10	2	6	11	0.57*
2. Can your child travel safely in a car seat while in the cast?	20	6	0	14	5	0	0.8†
3. Do you have another caregiver who can stay with your child and provide care?	15	11	0	12	7	0	0.71†
4. Have you missed work or lost your job to stay home with your child?	16	8	2	8	10	1	0.15†
5. Has your family missed planned events because your child is in a cast?	16	10	0	11	8	0	0.8†
6. Do you have additional expenses because of your child's cast?	22	4	0	17	2	0	1*
7. Do you set up ambulance transport through your insurance for doctor visits?	11	15	0	0	19	0	0.001*
8. To travel to doctor visits, do you transport the reclining wheelchair in and out of your car?	6	12	8	3	14	2	0.44*
9. Do you have someone help you to get your child to doctor's appointments?	8	18	0	7	12	0	0.67†
10. Did your child have skin breakdown that you treated while in the cast?	15	11	0	8	8	3	0.3†

^{*}Fisher exact test (since $n \le 5$). †Chi-square test (since n > 5).