**Supplementary Digital Content 1.** Regression analysis to assess the relationship between the initial fracture gap or stepoff and the KOOS score after nonoperative treatment of tibial plateau fractures

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| --- | --- | --- | --- |
| **Gap** | **βa** | **95% CI** | **p value** |
| **Symptoms**  |  |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm  | -0.4 | -6.4 to 5.5 | 0.89 |
| > 4 mm | -4.0 | -13.4 to 5.4 | 0.40 |
| **Pain**  |  |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | -1.9 | -8.2 to 4.5 | 0.56 |
| > 4 mm | 1.1 | -9.0 to 11.2 | 0.83 |
| **ADL** |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | -1.7 | -7.8 to 4.5 | 0.60 |
| > 4 mm | 4.2 | -5.5 to 14.0 | 0.40 |
| **Sports** |  |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | -0.58 | -11.6 to 10.4 | 0.92 |
| > 4 mm | -6.7 | -25.7 to 12.2 | 0.49 |
| **QOL** |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | -0.50 | -7.9 to 8.9 | 0.90 |
| > 4 mm | -0.6 | -12.7 to 14.0 | 0.93 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Stepoff** | **βa** | **95% CI** | **p value** |
| **Symptoms**  |  |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm  | 0.1 | -6.0 to 6.3 | 0.97 |
| > 4 mm | -9.0 | -17.5 to -0.5 | 0.04 |
| **Pain**  |  |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | 2.3 | -4.3 to 9.0 | 0.49 |
| > 4 mm | -5.8 | -15.0 to 3.4 | 0.22 |
| **ADL** |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | 3.0 | -3.4 to 9.4 | 0.36 |
| > 4 mm | -5.1 | -14.0 to 3.8 | 0.26 |
| **Sports** |  |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | 3.8 | -7.6 to 15.2 | 0.51 |
| > 4 mm | -12.0 | -27.8 to 3.9 | 0.14 |
| **QOL** |  |  |
| < 2 mm | Ref | Ref | Ref |
| 2-4 mm | 4.8 | -3.8 to 13.4 | 0.27 |
| > 4 mm | -14.0 | -25.9 to -2.0 | 0.02 |

Linear regression was used to analyze the relationship between the gap or stepoff and subscales of the KOOS score; the model was adjusted for potential confounders, including gender, age at the time of injury, BMI, and the number of columns involved; after correction for potential confounders, the linear regression analysis showed there was no relationship between gaps or stepoffs up to 4 mm and the KOOS score; this applied to each of the five subscales of the KOOS; stepoffs > 4 mm were associated with lower scores for symptoms (β: -9.0 [95% CI -17.5 to -0.5]; p = 0.04) and QOL score (β: -14.0 [95% CI -25.9 to -2.0]; p = 0.02).

aAdjusted for potential confounders including age, gender, BMI, and the number of columns involved.