	CEREBRAL PALSY
254 C	Why are community physiotherapists choosing to refer to either a CP orthopaedic service or a CP neurology service?
349 B	As there are NICE guidelines shouldn't the NHS have to pick up the specified amount of physio instead of parents self funding?
350 B	Should a child with spastic CP have continuing physiotherapy?
152 A	QOL and activity and participation in longer term post multilevel surgery
346 B	Percuataneous lengthening
388 B	And is this available in UK?
388 D	I have heard on the grapevine that they have used this technique in alder hey on an older child recently is that the only other centre to use it?
130 B	What are the PROMS scores in tarsal coalitions for operative and non operative treatment, in the longer term.
	That are pain following my triple arthrodesis, is this normal?
257 B	
380 /	SDR. Selective Dorsal Rhizotomy
346 A	Selective Dorsal Rhizotomy
388 C	We are 4 years post SDR but don't have the cash readily available to return to St Louis. Is it right Bristol use the feathering technique (same as dr park)?
112 C	Can we artificial intelligence to use gait analysis more effectively
146 C	Can we have a set of agreed gait/funtional outcome measures, which are standardised nationally?
297 E	Should a gait analyses be done before any orthopaedic surgery?
341 B	Can all children have easy access to gait analysis regardless of area they live in?
	en an emine cost-effectiveness of clinical movement analysis to assess and evaluated patients pre- and postoperatively?
198 B	
146 A	What level of gait imporvement should be expected by the various surgical procedures on offer?
355 C	Research on different techniques for correcting contractures and impact on muscle strength.
	DDH
25 B	Why was hip dysplasia not identified sooner?
97 A	How did you discover your child had DDH?
97 B	If you noticed yourself, what made you suspicious that they had it?
97 C	If a health professional noticed, at which as was this?
338 C	What is the impact of baby bjorn carriers, sideways slings, bump seat, bouncers, in worsening hip dyslpasia?
212 A	Genetic v environmental causes of hip dysplasia
293 B	Why isn't hip dysphasia graded into different severities that way parents understand it more in layman's terms
185 A	Causation of hip displaysia (size of baby, lack of space in womb)?
129 A	Late presentation rate in DDH
191 A	? late diagnosis of developmental dysplasia of hip
	5 · · · · ·
234 B	What exercises / sport should those who had an osteotomy for hip dysplasia be doing or avoiding?
213 C	As a parent, can I refuse DDH treatment for my child?
213 A	What are the DDH treatment options?
284 B	Why no regional centres in Scotland?
372 /	Chiari osteotomy
185 B	Is there a way to prevent it if I were to have another child?
125 D	Does prehabilitation have an impact on recovery or return to function following paediatric orthopaedic surgery? e.g pelvic osteotomies (Physio)
	What % of surgery goes wrong?
371 B	
339 C	Is enough advice given in immobilizing joint after op to ensure most effective results?
121 C	Long term outcomes of DDH with endpoint of THR (including number of surgeries etc)
	LOWER LIMB
167 D	How should femoral shaft fractures be managed in adolescents?
167 D 215 E	How should femoral shaft fractures be managed in adolescents? Femoral fractures in children, what is the best treaement
215 E	Femoral fractures in children, what is the best treaement
215 E 172 A	Femoral fractures in children, what is the best treaement Whats the best treatment for femoral fractures in different age groups
215 E	Femoral fractures in children, what is the best treaement Whats the best treatment for femoral fractures in different age groups Treatments for non-union fractures
215 E 172 A 232 A	Femoral fractures in children, what is the best Whats the best treatment for femoral fractures in different age groups Treatments for non-union fractures Is the use of a locked intramedullary trochanteric entry nail in children with femoral fractures preferable to using elastic nails. If so, what is the youngest age that t
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215 E 172 A 232 A 292 A 252 C	Femoral fractures in children, what is the best treaement Whats the best treatment for femoral fractures in different age groups Treatments for non-union fractures Is the use of a locked intramedullary trochanteric entry nail in children with femoral fractures preferable to using elastic nails. If so, what is the youngest age that t can safely be performed. The best way to ensure efficient stabilisation of fractures.
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215 E 172 A 232 A 252 C 183 B 331 / 2 B 299 C	Femoral fractures in children, what is the best treaement Whats the best treatment for femoral fractures in different age groups Treatments for non-union fractures Is the use of a locked intramedullary trochanteric entry nail in children with femoral fractures preferable to using elastic nails. If so, what is the youngest age that to can safely be performed. The best way to ensure efficient stabilisation of fractures. Should Thomas splints be used long term so children can be nursed at home? Are breathing exercises helpful for a broken leg? Appropriate management of high energy trauma Do flexible nails for trauma need to be removed?
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215 E 172 A 232 A 252 C 183 B 331 / 2 B 299 C 167 E 7 A 143 C 120 D 103 B 288 B 269 B 282 A 274 B	Femoral fractures in children, what is the best Whats the best treatment for femoral fractures in different age groups Treatments for non-union fractures Is the use of a locked intramedullary trochanteric entry nail in children with femoral fractures preferable to using elastic nails. If so, what is the youngest age that the can safely be performed. The best way to ensure efficient stabilisation of fractures. Should Thomas splints be used long term so children can be nursed at home? Are breathing exercises helpful for a broken leg? Appropriate management of high energy trauma Do flexible nails for trauma need to be removed? Which triplane fractures should be fixed? Should I use nancy nails in the tibia, or an ex-fix? 3. What is the best treatment for displaced fractures of the tibial shaft? Does a fibular nail confer stability in unstable tibial fractures treated by FIMN Standard evidence based practice for the whole of the UK for the following: Best total care of Thomas splint and traction Hij replacement in the under 20's what is the outcome what is best type of prosthesis (os) Will my knee pain worsen? Best options for Anterior Cruciate Ruptures in Skeletally Immature Children. Optimum treatment for patella dislocation in the immature skeleton. Why are children with Blount's Disease prone to weight gain? My daughter was slim with bowed legs then started gaining weight at at fast rate by the age of 3.
215 E 172 A 232 A 252 C 183 B 331 / 2 B 299 C 167 E 7 A 143 C 120 D 103 B 288 B 269 B 282 A 274 B 69 D 260 /	Femoral fractures in children, what is the best treaementWhats the best treatment for femoral fractures in different age groupsTreatments for non-union fracturesIs the use of a locked intramedullary trochanteric entry nail in children with femoral fractures preferable to using elastic nails. If so, what is the youngest age that to can safely be performed.The best way to ensure efficient stabilisation of fractures.Should Thomas splints be used long term so children can be nursed at home?Are breathing exercises helpful for a broken leg?Appropriate management of high energy traumaDo flexible nails for trauma need to be removed?Which triplane fractures should be fixed?Should I use nancy nails in the tibia, or an ex-fix?3. What is the best treatment for displaced fractures of the tibial shaft?Does a fibular nail confer stability in unstable tibial fractures to the following: Best total care of Thomas splint and tractionHip replacement in the under 20's what is the outcome what is best type of prosthesis (os)Will my knee pain worsen?Best options for Anterior Cruciate Ruptures in Skeletally Immature Children. Optimum treatment for patella dislocation in the immature skeleton.Why are children with Blount's Disease prone to weight gain? My daughter was slim with bowed legs then started gaining weight at at fast rate by the age of 3.Outcomes following bilateral v's staged surgeryDo I laways need to have a metal rod in my toe?
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215 E 172 A 232 A 252 C 183 B 331 / 2 B 299 C 167 E 7 A 143 C 120 D 103 B 288 B 269 B 282 A 274 B 69 D 260 / 8 B 150 E 241 D 94 D	Femoral fractures in children, what is the best treatment Whats the best treatment for femoral fractures in different age groups Treatments for non-union fractures Is the use of a locked intramedullary trochanteric entry nail in children with femoral fractures preferable to using elastic nails. If so, what is the youngest age that t can safely be performed. The best way to ensure efficient stabilisation of fractures. Should Thomas splints be used long term so children can be nursed at home? Are breathing exercises helpful for a broken leg? Appropriate management of high energy trauma Do flexible nails for trauma need to be removed? Which triplane fractures should be fixed? Should Thuse nance to be removed? Which triplane fractures should be fixed? Should Tuse nancy nails in the tibia, or an ex-fix? 3. What is the best treatment for displaced fractures of the tibial shaft? Does a fibular nail confer stability in unstable tibial fractures treated by FIMN Standard evidence based practice for the whole of the UK for the following: Best total care of Thomas splint and traction Hij replacement in the under 20's what is the outcome what is best type of prosthesis (os) Will my knee pain worsen? Best options for Anterior Cruciate Ruptures in Skeletally Immature Children. Optimum treatment for patella dislocation in the immature skeleton. Why are children w
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2 A	Limb lengthening and deformity correction
150 C	Leg length discrepancies
247 B	Faster bone lengthening
	In a pre-op assessment was you informed about what the procedure involved and showed pictures of the external fixator, informed and advised about pain relief and
	cleaning of pins? Was you informed about anti-sickness medications, what is available and why it may be needed? Was you informed about fluids, the importance of
203 B	fluid intake? Did you feel well informed and prepared?
	In relation to external fixators: I would like to see a study being conducted on children and young people that have had surgery and external fixators, carried out in
	different Trusts in the UK so that they could be matched/compared in terms of treatment, practices, before and after pain management for example. Difference in
	surgical procedure for same injury for example children/young people that did not have an external fixator but had internal fixators/screws - comparison in outcomes, management/mobility and pain management. I worked at a Trust in which they did not put in an anaesthetic block and young people were in extreme pain, it was not
	management/mounty young people were in extension of the start in which here you not put in an anaesticut outer and young people were in extension pain, it was not managed well whereby an anaesthetic block is the practice in other Trusts and effectively managed pain sufficiently following surgery and until other pain relief was on
203 A	board.
	Was your pain managed well with pain relief? Pre surgery? Post surgery? Do you recall what pain relief you were given? Do you recall whether you experienced being
	in pain and being informed there was nothing else the nurse could give you - until such a time? If so, if you can remember what medication you was being given. Do
203 C	you recall being given pain relief before cleaning pins or before physiotherapy, or timings of medication being discussed with you.
176 /	All aspects of amputations. Surgery, aftercare, medicines available, different dressings, time scales.
244 A	Emotional impact of amputation on children.
247 A	More orthopaedic options and solutions for above knee amputees
242 B	What is the average recovery time for amputation?
347 C	Why am, sent home so soon after surgery? Priorities for research are heavily biased towards surgical interventions for uncommon conditions. We need to evaluate the overall burden of musculoskeletal
	rithing or includence in the mean place to want so angular memory means of the mean means of the
181 B	sa a whole.
220 C	Anything to look at improvement in design of varus and valgus hip osteotomy plates
301 A	How are we supposed to know when it's the right time for surgery when different opinions form different consultants?
	Where on the leg is the best place to amputate following an osteosarcoma diagnosis? Considering the use of a prosthetic after amputation and the distance away
314 A	from the tumour.
314 B	Would the use of a plastic detachable cast be relevant for a child recovering from a slow healing fracture rather than a permanent fixed cast? To prevent skin breakdown.
316 A	Lengthening in Ollier's disease - why does "normal bone" formwhen lengthening is through disease affected bone?
347 A	What is causing my genetic condition hereditary multiple exostosis? (pt)
320 A	What causes PVNS? (p)
320 B	Is PVNS genetic/hereditary? (p)
320 C	What do we know about long term prospects / growing back tumour (p)
112 E	Can we prevent or predict (and earlier identify) sarcoma in children (os)
117 B	Value of hip reconstruction in spina bifida particularly in unilateral cases (os)
11 D 7 E	Are growing pains real? (OS) What is transient synovitis? (os)
184 /	Improve pain, function and longevity of own hip. (os)
324 A	Do your legs stay straight if you have llizarov frames and have XLH (X-linked hypophosphatemia)? (pt)
324 B	How lond do your muscles take to get back to normal after llizarov frames? (pt)
257 A	Is there a good way to get rid of bunions in people with ehlers danlos? (PT)
257 C	What is the best way to treat people with a club foot with ehlers danlos? (pt)
257 D	How can I stop my joints from hyperextending due to ehlers danlos? (pt)
257 E	What is the best way to support a club foot with ehlers danlos in terms of orthotics? (pt)
267 A	Affects of long term administration of bisphonate medication and bone density and does this affect bones for operation. (p) GENERAL QUESTIONS
288 B	Hip replacement in the under 20's what is the outcome what is best type of prosthesis
293 A	What is the cause of it for my individual child ? Not it could be a number of things!
	Childhood obesity and inactivity. We see children wrecking their musculoskeletal systems in every clinic, yet seem unable to help. Though not within the Orthopaedic
	remit, we must allocate research resources to working collaboratively with other researchers and organisations who can demonstrate clearly the scale of the problem
181 C	and begin to turn the tide.
106 D	Cost effectiveness of the Advanced Physiotherapy Practitioner in Paediatric Orthopaedic settings.
356 B	Are the close communication between the operating centre and the local team who is to provide after care?
135 B	which conditions
323 /	what are the side effects of this surgery? (if any)
367 / 368 B	Early diastolic and improved MRI scans Research of new and developing adaptions / techniques
336 /	Will my treatment work? (having tight leg muscles)
33 C	What is the likelihood of a hip replacement being required in the future?
79 B	Why, if interventions are research driven, is there such a variation on practice in different areas
	Is it possible to be fully briefed about the more practical, day to day issues that occur post surgery, prior to being sent home from hospital following surgery. I.e. How
acz (do you clean the cast if there is a toilet accident, how do you wash your child, how do you prevent sores and blisters and what to do if they develop, what's the best
357 /	way for your child to sleep etc. This info exists on Steps Charity but should surely be given out routinely so that every parent feels more knowledgeable and supported. What causes lower limb orthopaedic conditions in the first place?
319 A 85 /	Early markers or screening programme
87 /	Cuty indicates of effective program in the set of the s
333 A	What are the prospect of the surgery significantly improving my child's condition?
333 B	What, if any, are the alternatives to surgery?
334 /	Why does the process from GP referral take so long?
319 B	Why are both lower limbs not detected during pregnancy to prepare parents for possible problems?
370 D	What difference do mineral supplements make eg Epsom salts in bath?
195 A	Why can't Stem cell research be used for pediatric cases in the uk
88 /	N/a
101 /	Nothing specific. See later As a CPU don't recall seeing any kide recently regarding any issues requiring planned expertings. It's prehably tee specialist an area for moto have upanywared
108 /	As a GP I don't recall seeing any kids recently regarding any issues requiring planned operations. It's probably too specialist an area for me to have unanswered research questions. Sorry
108 /	I don't really have any questions in this area
174 /	none come to mind
193 B	Are there any patients of Dr Dmitry Popkov?

196 B	nil
203 D	Length of time in hospital before surgery? Did you acquire an infection? Length of time in hospital post surgery and if discharged at the expected timeframe, if not do you recall why not?
203 D	you recail why not:
203 E	Was there or is there anything about your treatment that could have been done differently that could be improved? Is there anything else you would like to tell us?
258 A	Did you experience any unnecessary discomfort as a result of your operation
258 B	Did morphine cause any anxiety or adverse affects?
258 C	How was your experience with the staff?
381 D 256 D	Meeting nurses + doctors that will be assisting in your care Can you express answers in a manner that makes the medical professional approachable?
258 D	Can you chink that your condition could have been identified and prevented without the need for surgery?
310 A	Why do I have to go to London orthotics and pay £3000 because my orthotist cant get it right.
310 B	I am really confused about Elaine Owens design for my daughter's orthotics. They have rocker bottom, I have paid so much I don't know what to do?
310 C	Which is the best orthotics centre, just fed up with orthotics that hurt.
310 D	Who do I believe about how long my daughter should be wearing orthotics during the day?
310 E	Just thought you might like to know out of interest, this is always a hot subject. I have bed. Through 3 orthotic centres and Elaine Owen before finding Drew!
311 /	How can we build muscle and strength wearing orthotics.
242 C	What are the spurs I have heard about?
18 A	Range of operations available
18 B	Hospital Sites where named operations are performed
18 C	Follow up and support structures for families accessing these Services
240.4	The surgery involves multiple stage : 1) immediate care after surgery 2) stay after recovery is completed. Which care should be taken to achieve maximum results for
348 A 330 B	surgery? How effective are the surgeries?
354 A	What are the most Effective operations ?
383 A	Are procedures more effective when done on younger children or is it best to wait till older?
123 A	Should we operate on children?
123 B	What are the effects in the future?
123 C	Will various operations be needed?
157 /	which types of treatment patients appreciate, mobility levels, time back to school, time back to sport, complications.
	I'm a GP, its a specialist area , so I need (and have) good 'refhelp ' NHS Lothian (Edinburgh, Scotland) guidelines about which conditions needs reassurance in general
135 A	practice and which conditions need referred in. more research to help improve these guidelines would be my suggestion for interface with primary care.
72 B	How can we communicate better between teams who are not on site or share IT systems to improve outcomes for children
266 /	Is general anaesthetic the best course of action for operations?
94 C	Are there any lasting side effects to giving general anesthetic to a child?
	What is the research that confirms that local anaesthetic is the same for babies undergoing tenotomy under general. I understand the risks of general, and saw the
	discomfort of my baby (aged 4 weeks) after that, so how do you CONCLUSIVELY know that with local, it's less painful/better than general? How do you know that the
244 /	baby is crying because it's foot is being held and not because it feels the scalpel going through their Achilles' tendon? My worst nightmare was averted by my
344 / 268 A	consultant saying he preferred general. Research into the effect of pain killers and anesthetic used (anxiety, etc) and how it could improve recovery?
12 D	Best Pain management strategies in lower limb paediatric surgery
38 A	What the neurological ramifications are of prolonged anesthesia, multiple times. Especially in regards to recovery long term.
268 C	Could operations be more effective in recovery exercise/ physio better co-ordinated?
200 C	Will I need to take pain relief long term
381 C	What pain relief you will have
105.1	Is it neccessary for all children to have the same post operative pain management prescription? Research how much is this about defining an individual child's pain
186 A 330 B	threshold and how much about ward management? How effective are the surgeries?
341 B	Can all children have easy access to gait analysis regardless of area they live in? (p)
	PERTHES
	Why are some children affected. I had Perthes my 2 siblings did not. Out of my 3 children, my youngest has tbe fisease and yet we are told it isnt hereditary, yet it is
58 B	quite rare?
60 /	Causes and best treatment for Perthes
59 D 209 C	How to help support a child emotionally with perthes disease What is the cast of surgery for Parthes us higher therapy2
209 C	What is the cost of surgery for Perthes vs hippo-therapy?
	My son had a shelf procedure for perthes and is now playing sports etc and is well but he still won't put his foot down properly and I keep being told it's a habit but u
91 /	am worried of damage to his spin and posture no help has been given. He has 1 cm leg difference and they signed him off is Physio because he is back playing sport
50 A	Perthes
	we saw our daughters consultant today and he's said her hip is completely healed which is fantastic news. She's still complaining of regular pain in her left leg.
391 B	consultant didn't seem concerned and has discharged her. Is this common and does it eventually disappear or will she always have pain?
392 C 395 F	lots of questions about urinary incontinence and whether it's related to Perthes, not just for little ones but through to age 14 Will Cannabis oil help with pain the latest craze it seems
400 K	how do I know what stage my child's Perthes is at
402 M	Does Perthes cause scoliosis
	SUFE
11 C	Is the incidence of SUFE increasing in the UK?
4 C	Medial epicondyle fracture - op vs. non-op
7 B 9 D	Should I treat 2B supra condylar fractures? Should children with wrist or forearm fracture attend the operating theatre at all?
9 D 132 C	Evidence for Physiotherapy following upper limb surgery eg wrist ORIF, elbow ORIf
152 C	Would the use of a plastic detachable cast be relevant for a child recovering from a slow healing fracture rather than a permanent fixed cast? To prevent skin
314 B	breakdown.
153 C	Does early constraint therapy help improve function in children with hemiplegia (os)
	Education
5 C	How can we better education GPs/ the public about normal varients?
12 B 12 C	Educational needs of children undergoing lower limb surgery What technology to use in educating children e.g. apps
341 A	How can parents access more easily services to assess suitability for lower limb surgery?
2-1 A	

5 B	Can Artificial Intelligence replace fracture clinics in kids orthopaedics?
198 A	Can we improve understanding of lower limb biomechanics through development, validation and implementation of new and improved (computer) models?
69 A	Expectations healing time and rehabilitation
366 C	Are there any psychological downsides?
366 D	I have no idea what the operation would involve to correct my son's condition bt I assume considerable scarring. Is this likely?
335 C	How could nursing support post surgery be improved, especially ref CYP who have communication difficulties and use signing or VOCA?
	Psych
12 E	WhAt concerns children have undergoing lower limb orthopaedic surgery
146 B	How best should expectations of the patient and their family be managed pre-surgery?
32 C	Can we use X-Box gaming software to improve participation in physio programmes and rehabilitation?
180 /	Psychological impact of surgery on children and how best to manage the negative effects.
	Would pre operative psychology in paediatric patients under going orthopaedic surgery prevent pain complications post operatively and prevent the development of
81 B	chronic pain conditions.
	Could peer to peer support be utilised as a more effective way for parents to prepare for surgery and have the neccessary support in place for a swifter discharge from
186 B	the ward?
326 B	How can schools be better supported to provide care and optimal social support for the child during leg lengthening?
340 B	What sort of care is available for a child patiet to help with mental difficulty and questions that arise from a child needing surgery?
	SPINE
117 B	Value of hip reconstruction in spina bifida particularly in unilateral cases
	Do adolescents who undergo spinal fusion have differences in level of independence, sport participation etc? What is the benefits of wearing a corset/ brace following
125 A	spinal fusion surgery?
125 B	What are the rates of complications following scoliosis surgery? number of recurrent surgery?
261 A	What sort of bone issues could arise in the future with a child born with Spina Bifida, or could any at all?
261 B	Is there future back/ spinal pain associated with Spina Bifida?
261 C	Is there anything we can do to minimise future problems related to Spina Bifida? Such as back pain
261 D	Can any problems occur or can the condition change after the spinal operation and throughout life?
264 B	Spina Bifida and growth spurts, will he have leg length discrepancies and could dragging limbs be temporary or permanent?
264 C	Spina Bifida growth spurts. Do they lead to nerve damage and might it get worse?
264 B	Role of physiotherapist post adolescent idiopathic scoliosis posterior spinal fusion
375 /	Cap we do more to help prevent scalingic in CP2 (p)

375 / Can we do more to help prevent scoliosis in CP? (p)