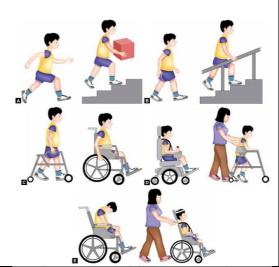


WHAT ARE CHILDREN'S CLINICAL FOOTWEAR INTERVENTIONS AND HOW TO PRESCRIBE THEM? (SECTION 3 ROUND 1)

The third section will consist of your ideas and opinions on clinical protocols and outcomes for the provision of "off the shelf" modular stability clinical footwear interventions for children with mobility impairment.

Section 3



Opinion on prescription and clinical outcomes of "off the shelf" and modular stability footwear clinical interventions for children with mobility impairment.

This section consists of a series of closed-ended and structured open-ended questions concerning clinical protocols for the issuing of stability footwear as a sole assistive aid or in combination with other assistive aids (ankle foot orthoses (AFO*), walking frames) for children with mobility impairment, and the expected clinical outcomes of these footwear.

*Please remember to qualify any abbreviation for mobility aids.

The conditions presented were suggested from the research sourced in the scoping review. However, you will be given the opportunity to suggest further conditions you treat or that you consider from your manufacturing experience may benefit from stability footwear intervention.

For each condition, a range of topics will be considered, and you will be free to suggest additional aspects you view as necessary, and your reasons for these.

- Do you have experience of treating or from a manufacturing perspective recommending footwear for This condition?
- Do you feel that this condition is appropriate for stability footwear intervention?
- Degree of mobility impairment (qualify if the footwear is to be used as a sole aid or in combination with another assistive aid).
- Age of patient, i.e. at what age do you consider appropriate to use this footwear as a mobility intervention.
- Clinical Outcomes: Changes in gait e.g. reduction/increase in velocity/stride length/ side to side movement.

An example of answers to a series of questions in relation to a specific condition that would benefit from the clinical prescription of "off the shelf" and modular stability footwear is presented below.

Cerebral palsy

1) Do you have experience in treating this condition

Answer: (Yes)

2) Do you feel this condition is appropriate for stability footwear intervention

Answer: (Strongly Agree 7)

3) The degree of mobility impairment would be:

Answer: For sole use of footwear: Gross Motor Function Classification Score level 1, mild hemiplegia or diplegia where the child is capable of independent ambulation For combined use with walking frame Level: Gross Motor Function Classification Score level 3 where independent ambulation is extremely limited,

4) Concerning this condition, the age range would be:

Answer: 1-18 years

5) Concerning this condition, the clinical outcomes of "off the shelf" and modular stability footwear intervention would be:

		t velocity, stride length. Reduce side to side sway. Improved articipation in daily life activities such as play, family outings,
	Required Field*	
Name: *	1)	
	Name: *	

From the resea							
		•	has been pro	posed as	a clinical inte	rvention	for
n the question:		•	der the follow	ing in refe	erence to clin	ical prot	ocols for
ssuing "off the				-		•	
Experience t	reating thi	s condition					
Agreement of	_			ear as a tre	eatment for t	his cond	ition
Degree of m	obility imp	airment	•				
The age rang	•	nts					
Clinical outco	omes						
Do you have ex condition	perience ii	n treating t	his condition	? If your a	nswer is no m	nove to t	he next
Q 8). *							
	Yes						
	No						
Do you agree th	nis conditio	n is suitab	lo for stability	footwoo	clinical inter	vontion)
Jo you agree ti	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree)	Disagree		Agree	Ü	Agree
	1	2	3	4	5	6	7
Cerebral							
palsy is suitable for							
stability							
ootwear							
ntervention?							
Please use this	area to pro	ovide us bri	efly with the	reasoning	for your agre	eement	or
disagreement o							
The degree of n	nobility im	pairment t	hat would be	suitable f	or this condit	ion is:	
'DI 1:C	if stability	footwear is	s to be used a	ıs a sole ai	d or in comb	ination v	vith

6)	n years the age range this footwear intervention should be prescribed
clinically for this	condition: e.g. 1-5 years.
7)	
Clinical outcome	us:

Pes Planus							
From the research		y footwear	has been pro	posed as	a clinical inte	rventior	for
children with p In the question	•	lease consid	der the follow	ving in ref	erence to clin	ical prot	ocals for
issuing "off the	•			-		•	
Experience	treating thi	s condition					
	_			ear as a tre	eatment for t	his cond	ition
Degree of n							
The age ran Clinical out		nts					
Cillical out	Joines						
B) Do you have e	vnerience i	n treating t	his condition	2 If your a	nswer is no ~	10VA +0 +	he nevt
condition	xperience ii	i treating t	ilis condition	: II your a	113WEI 13 110 11	iove to t	ile llext
(Q 14). *							
	Yes						
	No						
11							
9) Do you agree t	his condition	on is suitabl	le for stability	, footwear	clinical inter	vention)
Do you agree i	Strongly	Disagree	Somewhat	Neutral	Somewhat		Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Pes planus is							
suitable for							
stability footwear							
intervention?							
	<u> </u>	1		<u> </u>	<u> </u>	I.	<u>I</u>
LO)							
Please use this	•		•	_			or
disagreement	of using sta	bility footw	vear as an int	ervention	for this cond	ition.	
1)							
The degree of	mobility im	pairment t	hat would be	suitable f	or this condit	ion is:	
†Please qualify	, if stability	footwear is	s to be used a	as a sole ai	id or in comb	ination v	vith
	hic avi						
another assisti	ve aiu.						

Please indicate in y	years the age range this footwear intervention should be	prescribed
clinically for this co	ondition: e.g. 1-5 years.	
2)		
Clinical outcomes:		

Toe Walking	<u> </u>						
From the reserchildren with the In the question issuing "off the Experience Agreement Degree of notes and Clinical outs	oe walking ns below, ple shelf" and treating thi on the suit nobility imp ge of patie	ease consider some modular some scondition ability of stairment	der the follow	ving in ref rear as a m	erence to clin	iical prot r childre	cocols for n:
4) Do you have e condition (Q 20). *	xperience ii Yes	n treating t	his condition	? If your a	nswer is no m	nove to t	he next
5)	1.10						
Do you agree t	his condition	n is suitab	le for stability	/ footwear	clinical inter	vention	?
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree 1	2	Disagree	4	Agree		Agree
Toe walking is suitable for stability footwear intervention?			3	4	5	6	7
.6)						1	
Please use this disagreement	•		•	_			or
.7) The degree of †Please qualify another assisti	if stability	•					vith

clinically for this con-	ars the age range this foot	wear intervention should	be prescribed
clinically for this con-	altion: e.g. 1-5 years.		
.9)			
Clinical outcomes:			

Do you have experience in treating this condition? If your answer is no move to the notation (Q 26). * Yes No No Strongly Disagree Somewhat Neutral Somewhat Agree Strongly Disagree Disagree Agree Agree	next
Do you have experience in treating this condition? If your answer is no move to the notation (Q 26). * Yes No No Strongly Disagree Somewhat Disagree Agree Agree Agree	next
Yes No No To you agree this condition is suitable for stability footwear clinical intervention? Strongly Disagree Somewhat Neutral Somewhat Agree Str Disagree Disagree Agree Agree	
1) Do you agree this condition is suitable for stability footwear clinical intervention? Strongly Disagree Somewhat Neutral Somewhat Agree Str Disagree Disagree Agree Agree	
Oo you agree this condition is suitable for stability footwear clinical intervention? Strongly Disagree Somewhat Neutral Somewhat Agree Str Disagree Disagree Agree Agree	
	rongly
Duchenne	7
muscular dystrophy is suitable for stability footwear ntervention?	
2) Please use this area to provide us briefly with the reasoning for your agreement or disagreement of using stability footwear as an intervention for this condition.	

i icase iliaicate ili	years the age range this footwear intervention should be prescribed
clinically for this co	ondition: e.g. 1-5 years.
25)	
Clinical outcomes:	:

Spina Bifida							
From the researchildren with some the question	pina bifida.	•	·				
issuing "off the				_			
Experience Agreement Degree of m The age ran Clinical out	on the suita nobility imp ge of patie	ability of sta		ear as a tre	eatment for t	his cond	ition
<u> </u>							
6) Do you have excondition (Q 31). *	xperience ii	n treating t	his condition	? If your a	nswer is no m	nove to t	he next
	Yes						
7) Do you agree t	Strongly	on is suitabl Disagree	Somewhat	/ footwear Neutral	Somewhat	vention? Agree	Strongly
	Disagree 1	2	Disagree 3	4	Agree 5	6	Agree 7
Spina bifida is suitable for stability footwear intervention?							
8) Please use this	area to nro	ovide us bri	efly with the	reasoning	for your agr	ement (nr
disagreement				_			
9) The degree of †Please qualify another assisti	if stability	•					vith

Please indicate i	n years the age range this fo	ootwear intervention sho	ould be prescribed
clinically for this	condition: e.g. 1-5 years.		
31)			
Clinical outcome	es:		

Down's Syn	drome						
From the rese	arch stabilit	y footwear	has been pro	pposed as	a clinical inte	rvention	for
children with	Down's synd	drome.					
In the questio				_			
issuing "off th	e shelf" and	l modular s	tability footw	ear as a m	obility aid fo	r childre	n:
Experience	treating thi	s condition					
•	_			ear as a tre	eatment for t	his cond	ition
_	nobility imp		,				
_	nge of patie	nts					
Clinical out	comes						
2)							
Do you have e	xperience i	n treating t	his condition	? If your a	nswer is no m	nove to t	he next
condition	•	J		,			
(Q 38). *							
	Yes						
	No						
3)							
Do you agree	this condition	on is suitab	e for stability	/ footwear	clinical inter	vention:	?
. ,	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Down's							
syndrome is suitable for							
stability							
Stability							
footwear							
intervention?							
footwear intervention?			Cl. 1.1 .1			eement (or
intervention? 4) Please use this	•			_			
intervention?	•			_			
intervention? 4) Please use this	•			_			
intervention? 4) Please use this	•			_			
intervention? 4) Please use this disagreement	•			_			
intervention? 4) Please use this	of using sta	bility footw	ear as an int	ervention	for this cond	ition.	

36)	n years the age range this footwear intervention should be prescribed
clinically for this	condition: e.g. 1-5 years.
0=)	
37) Clinical outcome	ç·
emilical datesines	<u>5.</u>

Intoeing							
From the rese	arch stabilit	v footwear	has been pro	posed as	a clinical inte	rvention	n for
children with I		•	•				
In the question				ing in ref	erence to clin	ical prot	ocols for
issuing "off the	e shelf" and	modular st	tability footw	ear as a m	nobility aid fo	r childre	n:
Experience	_					امدماما	ia:
Degree of n			ability rootwe	ear as a tre	eatment for t	nis cona	ition
The age ran							
Clinical out							
8)			hia aawalikiawi) If			
Do you have e condition	xperience ii	i creating ti	nis condition	r if your a	nswer is no m	iove to t	ne next
(Q 44). *							
	Yes						
	No						
	•						
9)							
Do you agree t							
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree 1	2	Disagree	4	Agree	6	Agree
Intoeing is			3	4	5		7
suitable for							
stability							
footwear							
intervention?							
0)			<u></u>		•		
Please use this				_			or
disagreement	or using sta	DIIILY TOOLW	rear as an inc	ervention	TOT LITTS COTTO	ition.	
1)							
The degree of	mobility im	pairment tl	hat would be	suitable f	or this condit	ion is:	
†Please qualify		footwear is	s to be used a	is a sole ai	id or in comb	ination v	vith
	ive aid.						
another assist							
another assist							

42)	
clinically for th	e in years the age range this footwear intervention should be prescribed nis condition: e.g. 1-5 years.
>	
43) Clinical outcor	mes:
Cirrical outcor	1103.

	ional Further Information
	se use the additional area to provide further conditions where you feel "off the shelf"
	ular stability footwear would act as a mobility aid. se try to detail your answer with the following considerations
•	Condition
•	Severity / Grade of the condition if applicable,
•	The age of the patient
•	Clinical Outcomes



END OF SECTION 3 ROUND 1

Thank you for taking time to complete section 3 of round 1. You have now completed all sections of round 1 of this Delphi survey. Your time and participation is greatly appreciated. Please note that the following rounds will be less time consuming and will be sent in the same format as round 1.

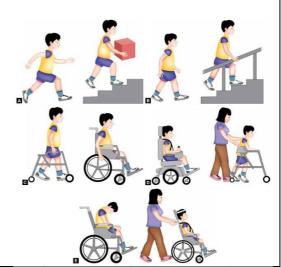
Remember to submit your answers before closing this form.



ROUND 2(S3) WHAT ARE CHILDREN'S CLINICAL FOOTWEAR INTERVENTIONS AND HOW TO PRESCRIBE THEM?

The third section will present the feedback of panellists opinions from Round 1 on clinical protocols and outcomes for the provision of "off the shelf" stability footwear clinical interventions for children with mobility impairment.

Section 3



Opinion on prescription and clinical outcomes of "off the shelf" stability footwear clinical interventions for children with mobility impairment.

This section consists of a series of closed-ended and ranked questions concerning clinical protocols for the issuing of stability footwear as a sole assistive aid or in combination with other assistive aids (ankle foot orthoses AFO†, walking frames) for children with mobility impairment, and the expected clinical outcomes of these footwear interventions.

† Please remember to qualify any abbreviation for mobility aids.

The original information provided in this section sourced from the scoping review are listed alongside modified statements informed from the responses gained from panellists in round 1.

You will be asked to give your preferred option or your level of agreement with these statements (Strongly Disagree to Strongly Agree).

We will provide you with the opportunity to offer your reasoning for your stance or to suggest any further amendments to the statements (You may also leave these areas blank in this round). All answers will be anonymised and will not be identifiable as your responses.

Required Field*

<u>1)</u>

Name: *

Cerebral	Palsy
----------	-------

From the research stability footwear has been proposed as a clinical intervention for children with cerebral palsy.

In the questions below, you will be presented with the collective opinion of panellists from Round 1 in relation to the suitability of stability footwear as a clinical intervention.

13 of the 15 (86%) panellists had clinical experience with this condition and provided the information for this section.

(If you have no clinical experience in treating this condition, please move to the next condition Question 7)

2)

Panellists were asked if cerebral palsy (CP) was a suitable condition for stability footwear intervention in children and their reasoning for this.

The median level of agreement amongst the panellists was "strongly agree" with the majority of responses between "agree" and "strongly agree.

A Consensus was reached with respect to this condition being suitable for stability footwear intervention in Round 1

Panellist feedback suggested the reasons for stability footwear as an assistive aid for CP were: it could be used alongside other assistive devices such as foot orthoses and walking frames to assist in standing and walking. It assists with mediolateral stability and proprioception to reduce falls. Other feedback stated that footwear could be issued to children with CP but should be thoroughly assessed for its suitability with clear, measurable outcomes. One panellist felt ankle foot orthoses (AFO) and foot orthoses (FO) used with regular footwear or other footwear modifications such as "tuned" footwear were more applicable interventions. However, a number of panellists felt that stability footwear would offer greater ankle stability than regular footwear and foot orthoses combinations. Other panellists suggested stability footwear as an interim stability aid in some cases when not using their AFO and could make mobility easier than their AFO for some tasks such as getting up off the floor.

The following statements have been devised form panellist feedback in relation to the suitability of stability footwear for this condition; please rank your agreement.

	· · · · · · · · · · · · · · · · · · ·				, – –		
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Stability							
footwear may							
assist							
mediolateral							
stability and							

proprioception of the foot and ankle in standing and walking in children with CP.							
Stability footwear may be used alongside other assistive aids to assist standing and walking in children with CP.							
Stability footwear should only be issued to children with CP after a critical assessment of the child's mobility needs in respect to other assistive aids or footwear modifications, and with clear intervention outcomes.							
Panellists were a be suitable for so assistive aid. Panellist feedbar and ankle stabilit footwear may all assist stability in issues. May be un	tability foo ck suggeste ty in walkii so be used walking ai	twear both ed Stability ng at GMFC alongside ond standing	as a sole aid footwear ma S-1 with no so other assistive from GMFCS	or in coml y be used ignificant e devices S 1-3 in am	bination with as a sole aid tone issues. (AFO's walkii bulant child	to assist Stability ng frame ren with	foot s) to tonal

The following degree of mo intervention,	bility impa	irment in cl	nildren with C	P suitable			
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	
	Disagree		Disagree		Agree		Agree
Ct. 1 :1::	1	2	3	4	5	6	7
Stability footwear							
may be							
used as a							
sole							
assistive							
intervention							
to assist							
both foot							
and ankle							
walking							
stability in children							
with GMFCS							
1 and no							
significant							
tonal issues.							
Stability							
footwear							
may be							
used							
alongside							
other assistive							
aids to							
assist							
walking and							
standing in							
ambulant							
children							
GMFCS 1-3							
with tonal issues.							
Stability							
footwear							
may be							
used							
alongside							
other							
assistive							

aids to				
assist				
standing				
and transfer				
in non-				
ambulant				
children				
GMFCS 3-4.				

4

Panellists were asked the age range they felt this footwear intervention should be prescribed clinically for in CP

From panellists feedback, a range of ages was stated varying from 1-4 years for initiation and 16 years -adulthood for an endpoint, however from the reasoning; it was decerned even those panellists who indicated an endpoint of 16 years envisioned the potential for ongoing stability footwear intervention into adulthood if required. Some feedback indicated that footwear should only be used in mild cases (GMFCS 1) in the learning to walk stages then should focus on other orthotic aids. In moderate cases (GMFCS 2-3) where surgery was not indicated in teenage years, supportive footwear may be used alongside orthoses. Other panellists felt initiation and endpoints of treatment should be functionally based on the child's abilities and needs rather than specific age ranges such as displaying the potential to stand and endpoint defined as the need for differing assistive aids.

The following options have been suggested by panellist feedback:

1-18 years (with assessed adult transition care)
3-18 years (with assessed adult transition care)
Initiation and end points of treatment indicated by functional ability and
the mobility needs of the child (potential or actual).
N/A I do not feel this condition is suitable for stability footwear
intervention.

5

Panellists were asked what clinical outcomes would be used to evaluate the effectiveness of "Off the Shelf" Stability footwear for children with CP:

From panellist feedback outcomes were grouped into therapeutic goals alongside the World Health Organisation International Classification of Functioning Child and Youth version (WHO ICF-CY). These were goals based on body structures and function and those based on Quality of Life measures (QoL).

Concerning body structure, passive ankle range of motion (ROM) was suggested to monitor any flexural contracture. The majority of outcomes were focused on body function. These included kinematic and spatiotemporal measures. Kinematic outcomes suggested optimising or normalising gait movement patterns using referenced scales such as the

Edinburgh Gait Sominute walk test proficiency measure Oseretsky Test of measure of the chexertion measure QoL outcome measure (ADL) walking (ADL) walking the following out	(6MWT) Til ures were a Motor Pro nild's motol s (BORG) w asures sugg ng to school comes hav	med Up and also suggest ficiency (BC r performa with motor gested inclu al, shops, pl	d Go (TUG), s ted including DT-2), freque nce. Physiolo tasks were al uded pain rat ayparks and	tride leng, motor m ncy of fall gical outc so purpos ing and m interaction	th, and cader ilestones and s was also su omes such as ed. easures of ac n with peers.	nce. Groon Bruinin ggested perceiv	ss motor ks- as a ed of daily
agreement with t	nese. Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree	Disagree	Disagree	Neatrai	Agree	Agree	Agree
	1	2	3	4	5	6	7
Passive Ankle ROM							
Kinematics: Optimising gait movement patterns (Edinburgh Gait Scale)							
Spatiotemporal: Increased walking velocity, 6MWT, TUG, stride length, cadence							
Motor skill proficiency: Number of falls							
Motor skill proficiency: Gross Motor Skills (BOT-2)							
Physiological: Perceived exertion (BORG)							
QoL: Pain							
QoL: ADL (daily mobility and social interaction)							

footwear intervention	tional area if you wish to on in children with CP.	provide any further info	rmation on stability

Pes Planus							
From the resear children with pe In the questions	es planus.						
Round 1 in relat		•			•	-	
15 of the 15 par information for			cal experienc	e with this	condition ar	nd provid	led the
7)							
Panellists were intervention in o					or stability fo	otwear	
The median leve majority of resp	-				somewhat ag	gree" wit	th the
Panellist feedba stability in child foot orthoses al associated with developmental	ren but onl one. This w significant	y in cases t as thought ankle insta	hat required to be where bility (hyperr	more con mobile sy	trol than coul mptomatic p	ld be off es planu	ered by is is
The following st							
suitability of sta	Strongly	Disagree	Somewhat		Somewhat	Agree	Strongly
	Disagree	0	Disagree		Agree	0	Agree
	1	2	3	4	5	6	7
Stability footwear may assist foot and ankle stability in children with symptomatic							
mobile pes							

children							
where foot							
orthoses have	2						
not resolved							
associated							
symptoms							
3)							
Panellists we		_					
that would be	e suitable fo	or stability 1	footwear bot	h as a sole	e aid or in con	nbinatio	n with
another assis	tive aid.						
Panellist feed			•			_	
in severe sym		•				•	
panellists if the							
tibialis function	=	•					e
instability tha				•		with	
development	al conditior	ns that affe	cted gross m	otor deve	lopment.		
_,							_
The fellessine					+ foodback in	rolation	1 +0 +h0
_			n devised fro				
degree of mo	bility impai	rment in ch					
degree of mo	bility impai	rment in ch					
degree of mo	bility impai	rment in ch					
_	bility impai vear interv	rment in chention.	nildren with s	ymptoma	tic pes planus	s suitabl	e for
degree of mo	bility impai vear interv Strongly	rment in chention.	Somewhat	ymptoma	tic pes planus	s suitabl	e for Strongly
degree of mo stability footy	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
degree of mo stability footy Stability	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
degree of mo stability footy Stability Footwear	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
degree of mo stability foots Stability Footwear may be	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
degree of mo stability foots Stability Footwear may be used	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Stability Footwear may be used alongside foot	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Stability Footwear may be used alongside foot orthoses in	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Stability Footwear may be used alongside foot orthoses in children with insufficiency	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability footware stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function.	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function. Stability	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function. Stability Footwear	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function. Stability Footwear may be	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability foots Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function. Stability Footwear may be used	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footward Bands	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function. Stability Footwear may be used alongside foot	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function. Stability Footwear may be used alongside foot orthoses in	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree
Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function. Stability Footwear may be used alongside foot	bility impai vear intervo Strongly Disagree	rment in chention. Disagree	Somewhat Disagree	Neutral	Somewhat Agree	s suitabl Agree	Strongly Agree

significant							
foot and							
ankle							
instability							
associated							
with							
tripping and							
falling.							
Stability						$\vdash \sqcap$	
footwear							
may be used							
alongside foot							
orthoses in							
children							
with							
conditions							
associated							
with motor							
delay							
Panellists wer			•	is footwea	r interventio	n should	be
Panellists wer prescribed cli Panellists feed initiation and	nically for F dback sugg 15-21 year	Pes Planus, ested a ran s for an en	nge of ages w	ere stated ever, like ir	varying fron	n 1-5 yea asoning;	ars for it was
Panellists wer prescribed cli Panellists feed initiation and decerned eve	nically for F dback sugg 15-21 year n those pai	Pes Planus, ested a ran es for an en nellists who	nge of ages w dpoint, how o indicated a	ere stated ever, like ir n endpoint	varying fron CP from rea t of 15 years	n 1-5 yea asoning; envision	ars for it was ied
Panellists wer prescribed cli Panellists feed initiation and decerned even assessment for	nically for F dback sugg 15-21 year n those pal or ongoing	Pes Planus, ested a ran es for an en nellists who support in	nge of ages w dpoint, howe o indicated a adulthood if	ere stated ever, like ir n endpoint required. (varying fron n CP from rea t of 15 years Other panell	n 1-5 yea asoning; envision ists sugg	ers for it was eed ested
Panellists wer prescribed cli Panellists feed initiation and decerned ever assessment for initiation and	nically for F dback sugg 15-21 year n those par or ongoing endpoints	Pes Planus, ested a ran es for an en nellists who support in of treatme	nge of ages w dpoint, howo o indicated a adulthood if ent should be	ere stated ever, like ir n endpoint required. (functional	varying fron n CP from rea t of 15 years Other panell lly based on	n 1-5 yea asoning; envision ists sugg the child	ars for it was ed ested 's abilities
Panellists wer prescribed cli Panellists feed initiation and decerned eve assessment for initiation and and needs rat	nically for F dback sugg 15-21 year n those par or ongoing endpoints ther than a	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag	nge of ages w dpoint, howe o indicated a adulthood if ent should be e range such	ere stated ever, like in n endpoint required. (functional as display	varying from n CP from rea t of 15 years Other panell lly based on ing the potel	n 1-5 yea asoning; envision ists sugg the child ntial to s	ars for it was ed ested 's abilities
Panellists wer prescribed cli Panellists feed initiation and decerned ever assessment for initiation and	nically for F dback sugg 15-21 year n those par or ongoing endpoints ther than a	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag	nge of ages w dpoint, howe o indicated a adulthood if ent should be e range such	ere stated ever, like in n endpoint required. (functional as display	varying from n CP from rea t of 15 years Other panell lly based on ing the potel	n 1-5 yea asoning; envision ists sugg the child ntial to s	ars for it was ed ested 's abilities
Panellists wer prescribed cli Panellists feed initiation and decerned eve assessment for initiation and and needs rat endpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for o	nge of ages w dpoint, howe o indicated a adulthood if ent should be e range such ngoing stabil	ere stated ever, like in n endpoint required. (functional as display ity footwe	varying from CP from rea t of 15 years Other panell lly based on ing the poter ar assistance	n 1-5 yea asoning; envision ists sugg the child ntial to s	ars for it was ed ested 's abilities
Panellists wer prescribed cli Panellists feed initiation and decerned even assessment for initiation and and needs ratendpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the	Pes Planus, ested a range for an en	nge of ages w dpoint, howe o indicated a adulthood if ent should be e range such ngoing stabil	ere stated ever, like in n endpoint required. (functional as display ity footwe	varying from n CP from rea t of 15 years Other panell lly based on ing the potel ar assistance	n 1-5 yea asoning; envision ists sugg the child ntial to s	ars for it was ed ested 's abilities
Panellists wer prescribed cli Panellists feed initiation and decerned even assessment for initiation and and needs ratendpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for on the been su rs (with as	nge of ages w dpoint, howe o indicated a adulthood if ent should be e range such ngoing stabil aggested by p sessed adult	ere stated ever, like ir n endpoint required. (functional as display ity footwes panellist feat	varying from n CP from rea t of 15 years Other panell lly based on ing the poter ar assistance edback: care)	n 1-5 yea asoning; envision ists sugg the child ntial to s	ars for it was ed ested 's abilities
Panellists wer prescribed cli Panellists feed initiation and decerned even assessment for initiation and and needs ratendpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha 1-18 yea 5-18 yea	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for on eve been su ers (with as ers (with as	age of ages we do indicated a adulthood if ent should be range such angoing stabil aggested by passed adult sessed adult	ere stated ever, like in n endpoint required. (functional as display ity footwes panellist fectransition transition	varying from n CP from rea t of 15 years Other panell lly based on ing the poter ar assistance edback: care)	n 1-5 yea asoning; envision ists sugg the child ntial to s	ers for it was led ested 's abilities tand and
Panellists wer prescribed cli Panellists feed initiation and decerned even assessment for initiation and and needs ratendpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha 1-18 yea Initiation mobility	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for on the been su rs (with as rs (with as n and end p needs of the	nge of ages we dpoint, howe of indicated a adulthood if ent should be erange such angoing stabil aggested by passed adult sessed adult points of treather the child (potential)	ere stated ever, like ir n endpoint required. (functional as display ity footwes canellist fer transition transition tment indi	varying from real tof 15 years Other panell lly based on ing the poter ar assistance edback: care) care) icated by functual).	n 1-5 yea asoning; envision ists sugg the child ntial to s	ers for it was ned ested 's abilities tand and
Panellists wer prescribed cli Panellists feed initiation and decerned even assessment for initiation and and needs ratendpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha 1-18 yea Initiation mobility	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for on the been su rs (with as rs (with as n and end p needs of the	nge of ages w dpoint, howe o indicated a adulthood if ent should be e range such ngoing stabil aggested by p sessed adult sessed adult points of trea	ere stated ever, like ir n endpoint required. (functional as display ity footwes canellist fer transition transition tment indi	varying from real tof 15 years Other panell lly based on ing the poter ar assistance edback: care) care) icated by functual).	n 1-5 yea asoning; envision ists sugg the child ntial to s	ers for it was ned ested 's abilities tand and
Panellists wer prescribed cli Panellists feed initiation and decerned even assessment for initiation and and needs ratendpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha 1-18 yea Initiation mobility	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for o eve been su ers (with as n and end p needs of the	nge of ages we dpoint, howe of indicated a adulthood if ent should be erange such angoing stabil aggested by passed adult sessed adult points of treather the child (potential)	ere stated ever, like ir n endpoint required. (functional as display ity footwes canellist fer transition transition tment indi	varying from real tof 15 years Other panell lly based on ing the poter ar assistance edback: care) care) icated by functual).	n 1-5 yea asoning; envision ists sugg the child ntial to s	ers for it was ned ested 's abilities tand and
Panellists wer prescribed cli Panellists feed initiation and decerned eve assessment for initiation and and needs rat endpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha 1-18 yea 5-18 yea Initiatior mobility	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for o eve been su ers (with as n and end p needs of the	nge of ages we dpoint, howe of indicated a adulthood if the range such angoing stabil aggested by passed adult sessed adult points of treather the child (potential)	ere stated ever, like ir n endpoint required. (functional as display ity footwes canellist fer transition transition tment indi	varying from real tof 15 years Other panell lly based on ing the poter ar assistance edback: care) care) icated by functual).	n 1-5 yea asoning; envision ists sugg the child ntial to s	ers for it was ned ested 's abilities tand and
Panellists wer prescribed cli Panellists feed initiation and decerned eve assessment for initiation and and needs rate endpoint defi	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha 1-18 yea 5-18 yea Initiatior mobility	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for o eve been su ers (with as n and end p needs of the	nge of ages we dpoint, howe of indicated a adulthood if the range such angoing stabil aggested by passed adult sessed adult points of treather the child (potential)	ere stated ever, like ir n endpoint required. (functional as display ity footwes canellist fer transition transition tment indi	varying from real tof 15 years Other panell lly based on ing the poter ar assistance edback: care) care) icated by functual).	n 1-5 yea asoning; envision ists sugg the child ntial to s	ers for it was ned ested 's abilities tand and
Panellists wer prescribed cli Panellists feed initiation and decerned eve assessment for initiation and and needs rat	dback sugg 15-21 year n those par or ongoing endpoints ther than a ned as the options ha 1-18 yea 5-18 yea Initiatior mobility N/A I do interven	Pes Planus, ested a ran es for an en nellists who support in of treatme specific ag need for o eve been su ers (with as- ers (with as- en and end p eneeds of the not feel the tion.	age of ages we dpoint, howe of indicated a adulthood if ent should be erange such aggested by passed adult sessed adult points of treathe child (potalis condition	ere stated ever, like ir n endpoint required. (functional as display ity footwer panellist fer transition transition tment indi ential or actions suitable	varying from CP from rea t of 15 years Other panell lly based on ing the poter ar assistance edback: care) care) icated by functual). for stability for	n 1-5 yea asoning; envision ists sugg the child ntial to so	ers for it was ned ested 's abilities tand and

From panellist, feedback outcomes were grouped into therapeutic goals alongside the WHO ICF-CY. These were goals based on body structures and function and those based on QoL measures.

Concerning body structure, monitoring foot posture using the FPI was suggested. Body function outcomes included kinematic and spatiotemporal measures. Kinematic outcomes suggested optimising or normalising gait movement patterns, specifically those of the foot and ankle. Spatiotemporal outcomes included increased walking velocity, 6MWT and TUG. Gross motor proficiency measures were also discussed, Gross motor milestones, BOT-2 and frequency of falls.

QoL measures suggested by the panellists included pain rating and measures of ADL, walking to school, shops, playparks and interaction with peers.

The following outcomes have been suggested from panellist feedback; please rank your agreement with these.

agreement with t	nese.						
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Foot Posture							
FPI-6							
Kinematics:							
Optimising gait							
movement							
patterns							
(Foot and							
ankle)							
Spatiotemporal:							
Increase							
walking							
velocity,							
6MWT, TUG							
Motor skill							
proficiency:							
Number of falls							
Motor skill							
proficiency:							
Gross Motor							
Skills (BOT-2)							
QoL: Pain							
QoL: ADL (daily							
mobility and							
social							
interaction)							

11)

You may use this	•	•	•	de any fur	ther informat	tion on s	tability
footwear interve	ention in ch	ildren with	pes planus.				
Toe Walking							
From the resear	•	footwear h	nas been prop	osed as a	clinical inter	vention	for
In the questions	_	will be pre	sented with t	the collect	ive opinion c	f panelli	sts from
Round 1 in relat	ion to the s	uitability o	f stability foo	twear as a	a clinical inter	rvention	
15 of the 15 pan	ellists 100%	6 had clinic	al experience	with this	condition an	d provid	led the
information for			ar experience	z wien ems	condition an	a provio	ica tire
2)							
Panellists were a	asked if toe	walking w	as a suitable (condition	for stability f	ootwear	
intervention in o		_					
The median leve	-		-		neutral" with	the maj	ority of
responses betwe	een neutra	ii and soi	newnat agre	е.			
Panellist feedba	ck suggeste	d that the	issue with the	e suitabilit	ty for stability	, footwe	ar used as
an intervention							
Some panellist s							_
(ITW) it was not			•				•
Disorder or hype stiffened sole or				•			e a
engagement. If t	_						re issues
stability footwea		_			•	•	
intervention eve	n in ITW.						
T I 6 !! •							
The following sta							
suitability of sta	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree	2.000.00	Disagree		Agree	, , , , , ,	Agree
	1	2	3	4	5	6	7
Stability							
footwear may be a suitable							

	-	1					
treatment if							
used alongside							
other stiffene	d						
components							
(insole, sole)							
for ITW with							
no associated							
hypertonia							
Stability							
footwear may	'						
be used for							
toe walking in							
developmenta	al						
conditions							
with							
hypermobility	*						
and gross							
motor delay							
that would be another assist Panellist feedl restrictive con ITW patients,	suitable fo ive aid. back sugges nponents (i the child m	r stability f sted that st reduced for ust be able	ootwear both ability footw refoot rocker to achieve a	n as a sole ear may bo , carbon fi standing	e used in con bre insole pla plantargrade	nbination nbination ate) in ty position	with with pe 1-2
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following	suitable for ive aid. back suggest apponents (if the child make use for the an AFO.	r stability f sted that st reduced for ust be able his footwe	cootwear both cability footw refoot rocker e to achieve a ar only if the	ear may bo , carbon fi standing p child's ow	aid or in con e used in con bre insole pla plantargrade n footwear c	nbination nbination ate) in ty position ould not relation	n with n with pe 1-2 . Other
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol	suitable for ive aid. back suggest ponents (in the child make use for the an AFO. statements bility impair	r stability f sted that st reduced for ust be able this footwe s have beer rment in ch	cootwear both rability footw refoot rocker to achieve a ar only if the n devised from ildren with to	ear may be carbon fi standing p child's ow m panellist be walking	e used in con bre insole pla plantargrade n footwear c	nbination nbination ate) in ty position ould not relation	n with n with pe 1-2 . Other
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol	suitable for ive aid. back sugges inponents (in the child mand he use for the an AFO. statements bility impair	r stability f sted that st reduced for ust be able this footwe s have beer rment in ch	cootwear both rability footw refoot rocker to achieve a ar only if the n devised from ildren with to	ear may be carbon fi standing p child's ow m panellist be walking	e used in con bre insole pla plantargrade n footwear c	nbination nbination ate) in ty position ould not relation stability	n with n with pe 1-2 . Other to the
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol	suitable for ive aid. back suggest ponents (in the child make use for the an AFO. statements bility impair	r stability f sted that st reduced for ust be able this footwe s have beer ment in ch	cootwear both refoot rocker to achieve a ar only if the devised from ildren with to your level of	ear may be carbon fi standing p child's ow panellist be walking	e used in con bre insole pla plantargrade n footwear of the feedback in suitable for the Somewhat	nbination nbination ate) in ty position ould not relation	with with pe 1-2. Other to the
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol	suitable for ive aid. back suggest apponents (if the child make an AFO. statements oility impair rvention, place and statements are statements and statements are statements and statements are statements and statements are statements.	r stability f sted that st reduced for ust be able this footwe s have beer ment in ch	cootwear both refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat	ear may be carbon fi standing p child's ow panellist be walking	e used in con bre insole pla plantargrade n footwear o	nbination nbination ate) in ty position ould not relation stability	n with n with pe 1-2 . Other to the
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte Stability footwear	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte Stability footwear may be used	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte Stability footwear may be used alongside	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte Stability footwear may be used alongside other	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte Stability footwear may be used alongside other stiffened	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree
that would be another assist Panellist feed! restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte Stability footwear may be used alongside other stiffened components	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with n with pe 1-2 . Other to the Strong Agree
that would be another assist Panellist feedl restrictive con ITW patients, panellist felt t accommodate The following degree of mol footwear inte Stability footwear may be used alongside other stiffened components for ITW Type	suitable for ive aid. back suggest ponents (in the child make an AFO. statements politically impair rvention, politically Disagree	r stability f sted that st reduced for ust be able his footwe s have beer ment in ch ease rank	rability footw refoot rocker to achieve a ar only if the devised from ildren with to your level of Somewhat Disagree	ear may be carbon fi standing child's ow panellist be walking agreement	e used in con bre insole pla plantargrade n footwear of the feedback in g suitable for the Somewhat Agree	nbination nbination ate) in ty position ould not relation stability	with with pe 1-2 Other to the Strong Agree

achieve a							
plantargrade							
position							
4)	1 1.1		C 11 . C				
Panellists were	_		ey felt this fo	otwear in	tervention sr	nould be	
prescribed clinic	cally for in to	be walking					
Panellists feedb	ack suggest	ed a range	of ages were	stated va	rving from 1-	A vears f	for
initiation and 8-		_	-			•	
endpoints of tre	•		•	-	-		
rather than age		ala be falle	cionally base	d on the t	illia 3 abilitic	.s and ne	cus
	5,500,1101						
The following o	otions have	been sugge	ested by pane	ellist feedh	oack		
	1-18 years		, , , , , , , , , , , , , , , , , , , ,				
	4-18 years						
	4-8 years						
=	•	nd end poir	nts of treatme	ent indicat	ed by function	onal abili	tv and th
			child (potenti		•		c, aa
			•		•	wear	
	N/A I do no	t ieei tiiis t	onullion is st	illable ioi	Stability 1001	LVVCai	
	N/A I do not intervention		OHUILIOH IS SU	iitabie ioi	Stability 100t	wcai	
			Ollultion is st			wcai	
			ondition is st		Stability 1000	wcai	
.5)	intervention	1.					iveness
5) Panellists were	intervention asked what	n. clinical out	comes would	l be used 1	to evaluate th		iveness
5) Panellists were	intervention asked what	n. clinical out	comes would	l be used 1	to evaluate th		iveness
5) Panellists were of "Off the Shelf	intervention asked what f" Stability fo	n. clinical out potwear fo	comes would r children wit	l be used t h Toe Wa	to evaluate tl lking:	he effect	
5) Panellists were of "Off the Shelf	asked what "Stability for	clinical out potwear fo tcomes we	comes would r children wit ere grouped in	l be used t h Toe Wa nto therap	to evaluate tl lking: peutic goals a	ne effect longside	the
5) Panellists were of "Off the Shelf	asked what "Stability for	clinical out potwear fo tcomes we	comes would r children wit ere grouped in	l be used t h Toe Wa nto therap	to evaluate tl lking: peutic goals a	ne effect longside	the
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod	asked what f" Stability for feedback our ese were go y structure,	clinical out potwear fo tcomes we pals based of passive an	comes would r children wit ere grouped in on body struc kle ROM was	I be used the Toe Wanto therapetures and	to evaluate the liking: Deutic goals a function and to monitor	he effect longside I those b any flexi	the ased on ural
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bo	asked what "Stability for feedback our ese were go y structure, dy function	clinical out cotwear fo tcomes we pals based of passive an outcomes	comes would r children wit ere grouped in on body struc kle ROM was included kine	be used the to the rapetures and suggested matic, kin	to evaluate the liking: beutic goals a function and to monitor etic and spat	ne effect longside I those b any flexu iotempo	the ased on ural aral
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner	asked what " Stability for feedback our ese were go y structure, dy function of	clinical out cotwear fo tcomes we cals based of passive an outcomes in	comes would r children wit ere grouped in on body struc kle ROM was included kine sted optimisir	I be used the Toe Wanto therapetures and suggested matic, king or norm	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait parts.	he effect longside d those b any flexu iotempo patterns	the ased on ural iral including
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bomeasures. Kinerheel and forefore	asked what f" Stability for feedback ou ese were go y structure, dy function matic outcom	clinical out cotwear fo tcomes we pals based of passive an outcomes in mes sugges ming ankle	comes would r children wit ere grouped in on body struc kle ROM was included kine sted optimisir ROM, Kineti	I be used the to the rapetures and suggested matic, king or normal coutcomes	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per purposed in the licentes of the	he effect longside I those b any flexi iotempo patterns in-shoe p	the ased on ural oral including pressure
From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner heel and foreformeasurements	asked what "Stability for feedback outese were go y structure, dy function matic outcor ot contact tiof heel and to see the se	clinical out cotwear fo tcomes we pals based of passive an outcomes in mes sugges ming ankle forefoot lo	comes would r children wit ere grouped in on body struc kle ROM was included kine sted optimisir ROM, Kineti	I be used the to the rapetures and suggested matic, king or normal coutcomes	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per purposed in the licentes of the	he effect longside I those b any flexi iotempo patterns in-shoe p	the ased on ural oral including pressure
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner heel and foreform measurements walking velocity	asked what " Stability for feedback our ese were go y structure, dy function of matic outcor of contact ti of heel and for of SMWT and	clinical out cotwear fo tcomes we pals based of passive an outcomes in mes sugges ming ankle forefoot lo	comes would r children wit ere grouped in on body struct kle ROM was included kine sted optimisin ROM, Kinetic ading. Spatio	I be used to the Toe Wa nto therapetures and suggested matic, kin ng or norm coutcome temporal	co evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per purposed in outcomes incomes inc	ne effect longside d those b any flexu iotempo patterns in-shoe p cluded in	the rased on ural ral including pressure ocreased
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Both measures. Kiner heel and foreform measurements walking velocity QoL measures s	asked what " Stability for feedback our ese were go y structure, dy function matic outcor of contact ti of heel and to y, 6MWT and uggested by	clinical out cotwear fo tcomes we pals based of passive an outcomes in mes sugges ming ankle forefoot lo	comes would r children wit ere grouped in on body struc- kle ROM was included kine sted optimisir ROM, Kineticading. Spatio	I be used to the rapetures and suggested matic, king or normatic outcome temporal	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per purposed in outcomes incomes and measures.	ne effect longside d those b any flexu iotempo patterns in-shoe p cluded in	the rased on ural ral including pressure ocreased
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Both measures. Kiner heel and foreform measurements walking velocity QoL measures s	asked what " Stability for feedback our ese were go y structure, dy function matic outcor of contact ti of heel and to y, 6MWT and uggested by	clinical out cotwear fo tcomes we pals based of passive an outcomes in mes sugges ming ankle forefoot lo	comes would r children wit ere grouped in on body struc- kle ROM was included kine sted optimisir ROM, Kineticading. Spatio	I be used to the rapetures and suggested matic, king or normatic outcome temporal	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per purposed in outcomes incomes and measures.	ne effect longside d those b any flexu iotempo patterns in-shoe p cluded in	the rased on ural ral including pressure ocreased
Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner heel and foreformeasurements walking velocity QoL measures swalking to school walking to school	asked what "Stability for feedback outese were go y structure, dy function of contact tiof heel and for heel	clinical out cotwear fo tcomes we pals based of passive an outcomes mes sugges ming ankle forefoot lo d TUG. The panell ayparks an	comes would r children wit ere grouped in on body struc- kle ROM was included kine sted optimisin ROM, Kineti- ading. Spation ists included d interaction	I be used the Toe Wanto therapetures and suggested matic, king or normatemporal pain rating with peer	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per posed in outcomes incomes and measures.	ne effect longside I those b any flexu iotempo patterns in-shoe p cluded in	the ased on ural oral including oressure creased
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner heel and foreformeasurements walking velocity QoL measures swalking to school The following or	asked what I'' Stability for feedback our ese were go y structure, dy function matic outcor of contact ti of heel and for gegested by ol, shops, plan utcomes hav	clinical out cotwear fo tcomes we pals based of passive an outcomes mes sugges ming ankle forefoot lo d TUG. The panell ayparks an	comes would r children wit ere grouped in on body struc- kle ROM was included kine sted optimisin ROM, Kineti- ading. Spation ists included d interaction	I be used the Toe Wanto therapetures and suggested matic, king or normatemporal pain rating with peer	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per posed in outcomes incomes and measures.	ne effect longside I those b any flexu iotempo patterns in-shoe p cluded in	the ased on ural oral including oressure creased
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner heel and foreformeasurements walking velocity QoL measures swalking to school The following or	asked what I'' Stability for feedback our ese were go y structure, dy function matic outcome of contact ti of heel and to y, 6MWT and uggested by ol, shops, pla utcomes have these.	clinical out cotwear fo tcomes we pals based of passive an outcomes mes sugges ming ankle forefoot lo d TUG. of the panell ayparks an	comes would r children with the grouped in on body struc- kle ROM was included kine sted optimising ROM, Kineticading, Spation ists included d interaction	I be used the Toe Wanto therapetures and suggested matic, king or normatemporal pain rating with peer panellist the panellist the suggested panellist the pa	to evaluate the lking: Deutic goals a function and to monitor etic and spatialising gait per purposed in outcomes incomes and measures.	he effect longside d those b any flexi iotempo patterns in-shoe p cluded in res of Al	the pased on ural pral including pressure acreased DL your
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner heel and foreformeasurements walking velocity QoL measures swalking to school The following or	asked what I'' Stability for feedback our lese were go y structure, dy function of matic outcome of contact ti of heel and for GMWT and uggested by ol, shops, pla utcomes have these. Strongly	clinical out cotwear fo tcomes we pals based of passive an outcomes mes sugges ming ankle forefoot lo d TUG. The panell ayparks an	comes would r children with the grouped in on body struc- kle ROM was included kine sted optimising ROM, Kineticading. Spation ists included d interaction ggested from	I be used the Toe Wanto therapetures and suggested matic, king or normatemporal pain rating with peer	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per personal incomes incomes incomes incomes incomes. The spurposed is purposed incomes incomes incomes incomes incomes incomes incomes incomes.	ne effect longside I those b any flexu iotempo patterns in-shoe p cluded in	the ased on ural including oressure icreased DL your
5) Panellists were of "Off the Shelf From panellist, to the Shelf WHO ICF-CY. The	asked what I'' Stability for feedback our ese were go y structure, dy function matic outcor of contact ti of heel and to y, 6MWT and uggested by ol, shops, pla utcomes have these. Strongly Disagree	clinical out cotwear fo tcomes we pals based of passive an outcomes mes sugges ming ankle forefoot lo d TUG. of the panell ayparks an we been sug	comes would r children with the grouped in on body struc- kle ROM was included kine sted optimising ROM, Kinetic ading. Spation ists included d interaction ggested from Somewhat Disagree	I be used to the rapetures and suggested matic, king or normatemporal pain ratin with peer panellist to Neutral	co evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait personalising gait personalising gait personalising gand measures. Feedback please Somewhat Agree	longside I those b any flexu iotempo patterns n-shoe p cluded in res of Al	the lased on lural loral including oressure loreased DL your Strongl Agree
5) Panellists were of "Off the Shelf From panellist, the WHO ICF-CY. The QoL measures. Concerning bod contracture. Bot measures. Kiner heel and foreformeasurements walking velocity QoL measures swalking to school The following or	asked what I'' Stability for feedback our lese were go y structure, dy function of matic outcome of contact ti of heel and for GMWT and uggested by ol, shops, pla utcomes have these. Strongly	clinical out cotwear fo tcomes we pals based of passive an outcomes mes sugges ming ankle forefoot lo d TUG. of the panell ayparks an	comes would r children with the grouped in on body struc- kle ROM was included kine sted optimising ROM, Kineticading. Spation ists included d interaction ggested from	I be used the Toe Wanto therapetures and suggested matic, king or normatemporal pain rating with peer panellist the panellist the suggested panellist the pa	to evaluate the liking: Deutic goals a function and to monitor etic and spatialising gait per personal incomes incomes incomes incomes incomes. The spurposed is purposed incomes incomes incomes incomes incomes incomes incomes incomes.	he effect longside d those b any flexi iotempo patterns in-shoe p cluded in res of Al	the ased on ural including pressure icreased DL your

Kinematics:							
Optimising gait							
movement patterns (Heel							
forefoot							
contact timing							
ankle ROM)							
Kinetic: In-shoe							
pressure measurement							
(Heel and							
Forefoot							
loading) Spatiotemporal				 		+ - +	
Increased							
walking							
velocity, 6MWT, TUG							
QoL: Pain							
0-1: 40: / ! !!						_	
QoL: ADL (daily mobility and							
social							
interaction)							
.6) You may use this footwear intervent	ention in ch	ildren who		de any furtl	ner informa	tion on st	ability
You may use this footwear interve	ention in ch	strophy	toe walk.				
You may use this footwear intervented by the footwear intervented by the footward of the footw	ention in che scular Dy ch stability chenne Mu	vstrophy footwear h	as been prop	posed as a co). In the qu	clinical inter	vention f	or ill be
You may use this footwear intervented by the properties of the properties of the presented with the presente	ention in checking in checking the collective collectiv	ystrophy footwear houscular Dyst	as been properophy (DMD	posed as a co). In the qu	clinical inter	vention f	or ill be
You may use this footwear intervented by the footwear intervented by the footward of the footw	ention in checking in checking the collective collectiv	ystrophy footwear houscular Dyst	as been properophy (DMD	posed as a co). In the qu	clinical inter	vention f	or ill be
You may use this footwear intervented by the properties of the properties of the presented with the presente	ch stability chenne Muche collective	rstrophy footwear hascular Dystve opinion clinical interv	as been prop crophy (DMD of panellists ention.	posed as a c). In the qu from Rounc	clinical inter estions bel d 1 in relatio	vention f ow you w on to the s	or ill be suitabilit

(If you have no clinical experience in treating this condition please move to the next condition Question 22)

17)

Panellists were asked if DMD was a suitable condition for stability footwear intervention in children and their reasoning for this.

The median level of agreement amongst the panellists was "somewhat agreel" with the majority of responses between "neutral" and "strongly agree".

Panellist feedback suggested there was a dispersion of responses concerning the suitability of stability footwear for this condition. Some panellist felt there were no significant foot posture issues with DMD and if there were that foot orthoses were a more cost-effective measure. Whereas others felt it could help stabilise rearfoot and ankle motion in early stages and could be used in later stages if there was a loss of ankle range of motion or assist standing balance alongside other assistive aids (AFO). Some felt it may hinder walking in later stages due to muscle weakness and knee extension ability.

The following statements have been devised from panellist feedback in relation to the suitability of stability footwear for this condition, please rank your level of agreement.

					.,	. 46.00	
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Stability							
footwear							
should only be							
issued to							
children with							
DMD after a							
critical							
assessment of							
the child's							
mobility							
needs in							
respect to							
other assistive							
aids							

18)

Panellists were asked the degree of mobility impairment in children with DMD that would be suitable for stability footwear both as a sole aid or in combination with another assistive aid.

Panellist feedback suggested that stability footwear may be used as a sole aid or in combination with foot orthosis for foot and ankle instability in early ambulatory stage DMD (walks with some limitations to velocity and balance, can stair climb). In late

ambulatory	stage DMD	, (Loss of ar	nkle ROM, dif	ficulty wit	:h walking dis	tances a	ınd stair
•	•	•		•	with an AFO a		
frames to as	sist with m	obility. In E	arly non-amb	ulatory D	MD, (Mobilit	y require	es a
wheelchair,	but the chil	d may still	weight-bear f	for a limit	ed time) stab	ility foot	wear
may be used	with AFOs	and standi	ng frames to	assist wit	h standing an	d transf	er tasks.
The Callegation		4 - l · · - l					
	_			•	ist feedback i		
_					able for stabi	iity rooti	wear
milervention	Strongly	Disagree	of agreeme Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree	Disagree	Disagree	ineutial	Agree	Agree	Agree
	1	2	3	4	Agree 5	6	7
Stability							
Footwear							
may be							
used							
alongside							
foot							
orthoses to							
assist foot							
and ankle							
stability in							
early							
ambulatory							
stages.							
Stability							
Footwear							
may be							
used							
alongside							
AFO's and							
walking							
frames to							
assist							
walking in							
late							
ambulatory							
stages.	İ				<u> </u>	<u> </u>	<u> </u>

standing				
standing and transfer in				
early non				
ambulatory				
early non ambulatory stages.				

19)

Panellists were asked the age range they felt this footwear intervention should be prescribed clinically for in DMD

Panellists feedback suggested a range of ages were stated varying from 1-5 for initiation and 9-18 for an endpoint. Other panellists suggested initiation and endpoints of treatment should be functionally based on the child's abilities and needs rather than chronological.

The following options have been suggested by panellist feedback

1	perons have been subpessed by puriemse recubation
	1-18 years
	4-18 years
	4-9 years
	Initiation and end points of treatment indicated by functional ability and the
	mobility needs of the child (potential or actual).
	N/A I do not feel this condition is suitable for stability footwear
	intervention.

20

Panellists were asked what clinical outcomes would be used to evaluate the effectiveness of "Off the Shelf" Stability footwear for children with DMD:

From panellist feedback outcomes were grouped into therapeutic goals alongside the WHO ICF-CY. These were goals based on body structures and function and those based on QoL measures.

Concerning body structure, passive ankle ROM was suggested to monitor any flexural contracture. Body function outcomes included kinematic, kinetic and spatiotemporal measures. Kinematic outcomes suggested optimising or normalising gait patterns including heel and forefoot contact timing and ankle ROM, Kinetic outcomes purposed in-shoe pressure measurements of heel and forefoot loading. Spatiotemporal outcomes included increased walking velocity, 6MWT. Gross motor proficiency measures were suggested such as frequency of falls and the four square step test.

QoL measures suggested by the panellists included pain rating and measures of ADL walking to school, shops, playparks and interaction with peers.

The following outcomes have been suggested from panellist feedback please rank your agreement with these.

Str	ongly Disagree	Strongly	Somewhat	Neutral	Somewhat	Agree	Strongly
Dis	sagree	Disagree	Disagree		Agree		Agree

	1	2	3	4	5	6	7
Passive Ankle ROM							
Kinematics: Optimising gait movement patterns (Heel and forefoot contact timing,							
ankle ROM)							
Kinetic: In-shoe pressure measurement (Heel and Forefoot loading)							
Spatiotemporal Increased walking velocity, 6MWT							
Gross motor proficiency: four square step test							
Gross motor proficiency: Number of falls							
QoL: Pain							
QoL: ADL (daily mobility and social interaction)							
1) You may use this footwear interve				de any furth	ner informa	tion on st	ability

_	•	_		
•	nın	2 4	1110	1
	viii	aв	ifid	a
_				_

From the research stability footwear has been proposed as a clinical intervention for children with spinal bifida.

In the questions below you will be presented with the collective opinion of panellists from Round 1 in relation to the suitability of stability footwear as a clinical intervention.

10 of the 15 panellists 66% had clinical experience with this condition and provided the information for this section.

(If you have no clinical experience in treating this condition please move to the next condition Question 27)

22)

Panellists were asked if spina bifida (SB) was a suitable condition for stability footwear intervention in children and their reasoning for this.

The median level of agreement amongst the panellists was "agree" with the majority of responses between "agree" and "strongly agree.

A Consensus was reached with respect to this condition being suitable for stability footwear intervention in Round 1

Panellist feedback suggested that although stability footwear was suitable for children with SB even with low-level spinal involvement other assistive aids would be required alongside stability footwear. Additionally, stability footwear would have to offer a range of dimensional measures to the last to accommodate foot deformity with underlying sensory neuropathy.

The following statements have been devised from panellist feedback in relation to the suitability of stability footwear for this condition, please rank your level of agreement.

			, i				
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Stability							
footwear							
should only be							
issued to							
children with							
SB after a							
critical							
assessment of							
the child's							
mobility							
needs in							
respect to							

other assistive							
aids.							
3)							
Panellists were	e asked the	degree of	mobility imp	airment in	children wit	h SB that	t would
be suitable for							
assistive aid.	•						
Panellist feedb	ack sugges	sted that st	ability footwe	ear may b	e used with o	ther ass	istive
aids such as Af		_		_	_		
5 dysraphisms	. In mild dy	sraphism a	t lumbar leve	el 5, stabili	ty footwear ເ	used alo	ngside
foot orthoses i	may offer a	idequate m	obility assista	ance.			
The following:				•			
degree of mob					for stability f	ootwear	•
intervention, p					Computat	۸۵۳۵۵	Ctronali
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
}	Disagree 1	2	Disagree 3	4	Agree 5	6	Agree 7
Stability						\Box	
footwear							
may be used							
alongside							
foot							
orthoses to							
assist foot							
and ankle							
stability in							
mild level							
umbar 5							
vertebral							
involvement.							
Stability							
Footwear							
may be used							
alongside							
AFO's and							
walking frames to							
frames to assist							
walking and							
standing in							
lumbar 1-5							
vertebral							
involvement.							
			ı	1	ı	1	
4)							
,							

Optimising gait movement patterns (Hoffer Ambulation scale)

Panellists were as prescribed clinica	-	-	ey felt this foo	otwear int	ervention sh	ould be	
Panellists feedbac	ck suggesti	ed an age ra	ange 1-2 vear	s for initia	ition and 18-2	21 vears	for an
endpoint with ass		_	-				
endpoints of treat			•	_	-		
rather than age-s			,				
The following opt	ions have	heen sugge	sted by pane	llist feedh	ack		
			ed adult tran				
	•		ed adult tran		•		
			ts of treatme			nal abilit	y and the
		•	hild (potentia				•
N	/A I do no	t feel this co	ondition is su	itable for	stability footy	wear	
in	ntervention	າ.					
25)							
Panellists were as						e effecti	veness of
"Off the Shelf" Sta	ability foot	wear in chi	ldren with Sp	ina Bifida:			
From panellist fee	adhack out	comes wer	a grouped int	o therane	مارند ممعاد عاد	nacide t	ha WHO
ICF-CY. These wer					_	_	
measures.	c godis bu	3Ca 011 50a	y structures t	ina rancen	on and those	basea o	II QUL
Concerning body	structure.	passive ank	de range of m	notion (RO	M) was sugg	ested to	monitor
any flexural contr			_				
included kinemat							
suggested optimis							
as the Hoffer Amb							
velocity, 6-minute	e walk test	(6MWT) Ti	med Up and	Go (TUG),	stride length	, and ca	dence.
Gross motor profi	iciency me	asures wer	e also sugges	ted includ	ing, motor m	ilestone	s and
Hoffer Ambulatio	n Scale. Pł	nysiological	outcomes su	ch as perc	eived exertio	n meası	ıres
(BORG) with motor	or tasks we	ere also pur	posed. QoL o	utcome m	neasures sugg	gested in	rcluded
pain rating and m	easures of	factivities c	of daily living	(ADL) walk	king to schoo	l, shops,	
playparks and inte	eraction w	ith peers.					
The following out		e been sug	gested from	panellist f	eedback plea	se rank	your
agreement with t		T 5:				T .	G. 1
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree	2	Disagree	1	Agree	6	Agree
Kinematics:	1	2	3	4	5	6	/

Spatiotemporal:							
Increased walking							
velocity,							
6MWT, TUG Gross motor							
proficiency:			ш				
(Hoffer Ambulation							
Score)							
Physiological: Perceived							
exertion							
(BORG) QoL: Pain							
·							
QoL: ADL (daily mobility and							
social							
interaction) 11) You may use this of footwear interver	•	•	•	e any furth	er informat	cion on sta	ability
11) You may use this	•	•	•	e any furth	er informat	cion on sta	ability
11) You may use this	ition in chi	•	•	e any furth	er informat	cion on sta	ability
11) You may use this of footwear interver	me n stability fun's Syndro	footwear had ome. will be prese	s been prop	osed as a c	linical inter	vention fo	or
Pown's Syndro From the research children with Down the questions by	eme In stability for syndrogelow you in to the su	footwear had ome. will be preso	s been propented with t	osed as a c he collectiv twear as a c	linical inter re opinion c clinical inter	vention for formal servention	or ts from

_	_	١
,	•	١
_	•	

Panellists were asked if Down's Syndrome was a suitable condition for stability footwear intervention in children and their reasoning for this.

The median level of agreement amongst the panellists was "agree" with the majority of responses between "agree" and "strongly agree.

A consensus was reached in Round 1 with respect to this condition being suitable for stability footwear intervention.

Panellist feedback suggested that this footwear could assist the mediolateral stability of the foot and ankle due to low tone and hypermobility. This would aid gross motor skill acquisition and mobility in these children. Other panellist suggested only consider stability footwear if the child's foot dimensions were outside a standard last. There was also the discussion that stability footwear offer modular sizing to accommodate altered foot anthropometrics in these children.

The following statements have been devised from panellist feedback in relation to the suitability of stability footwear for this condition, please rank your level of agreement.

-	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Stability							
footwear may							
assist							
mediolateral							
stability and							
proprioception							
of the foot and							
ankle in							
standing and							
walking in children with							
Down's							
syndrome							
Stability							
footwear							
design should							
consider last							
adaptions to							
accommodate							
the foot							
dimensions of							
children with							
Down's							
syndrome							

Panellists were asked the degree of mobility impairment in children with Down's syndrome that would be suitable for stability footwear both as a sole aid or in combination with another assistive aid.

Panellist feedback suggested that stability footwear may be used as a sole intervention in children with delayed motor skills alongside hypermobility and hypotonia in the prewalking and early walking stages. If associated with ankle instability (tripping, falling) in older children use stability footwear to support foot orthoses interventions. If associated with knee instability stability footwear may be used to support AFO interventions

The following statements have been devised from panellist feedback in relation to the degree of mobility impairment in children with Down's syndrome suitable for stability footwear intervention, please rank your level of agreement.

	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Stability							
footwear							
may be							
used as a							
sole							
assistive							
aid in pre-							
walking							
and							
learning to							
walk stages							
with							
associated							
hypotonia							
and							
delayed							
motor							
milestones.							
Stability Footwear							
may be							
used							
alongside							
foot							
orthoses to							
assist							
walking in							
individuals							
1	1					l	ı

with ankle							
instability							
Stability							
Footwear							
may be							
used							
alongside							
AFO's to							
assist							
walking in							
individuals							
with knee							
instability							
Panellists wer prescribed cli Panellists feed ongoing asses treatment sho specific.	nically for dback sugg ssment for	in Down's s gested an a radult need	syndrome nge range 1-4 d. Other pane	for initiat ellists sugg	ion and 18 fo ested initiation	r an end on and e	point with ndpoints of
The following							
	-	-	ssessed adult		-		
		•	ssessed adult		•		
			points of trea		•	nctional	ability and
		•	of the child	•		<u> </u>	
			his condition	is suitable	for stability	tootwea	r
	interve	ntion.					
30)							
Panellists wer	re asked w	hat clinical	outcomes w	ould be us	sed to evalua	te the ef	fectiveness
of "Off the Sh							rectiveness
From panellis World Health						_	
vvoilu nealtii	Organisat	ion interna	itional Classii	ication of	i unctioning (cillu allu	1 100111

version (WHO ICF-CY). These were goals based on body structures and function and those based on Quality of Life measures (QoL).

Concerning body structure, passive ankle range of motion (ROM) was suggested to monitor any flexural contracture. The majority of outcomes were focused on body function. These included kinematic and spatiotemporal measures. Kinematic outcomes suggested optimising or normalising gait movement patterns using referenced scales such as the Edinburgh Gait Scale. Spatiotemporal outcomes included increased walking velocity, 6minute walk test (6MWT) Timed Up and Go (TUG), stride length, and cadence. Gross motor

RG) with motor suggested incorporate school, shops, proceeds and suggested incorporate school, s	cluded pain ra playparks and ggested from	ting and m interaction	neasures of a on with peers		·
s have been su gly Disagree	ggested from Somewhat Disagree	panellist f	feedback plea Somewhat Agree	ase rank	your Strongly Agree
s have been su gly Disagree	ggested from Somewhat Disagree	panellist f	feedback plea Somewhat Agree	ase rank	your Strongly Agree
gly Disagree ree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
ree	Disagree		Agree		Agree
	_	4	_	6	_
	_	4	_	6	_
—					
	<u> </u>			<u> </u>	
	•		nal area if you wish to provide any furton children with Down's syndrome.		nal area if you wish to provide any further information on son children with Down's syndrome.

Intoeing							
From the researchildren with in	-	footwear l	nas been pro _l	posed as a	clinical inter	vention	for
In the questions	_	ı will be pre	esented with	the collec	tive opinion o	of panelli	ists fr
Round 1 in relat							
12 of the 15 par	nellists 80%	had clinica	al experience	with this	condition and	l provide	ed the
information for			experience		Jonardon und	. p. 0 v iac	
(If you have no	clinical exp	erience in t	reating this c	ondition p	olease move t	o Quest	tion 3
32)							
Panellists were		_		ndition for	stability foot	wear int	erver
in children and	their reasor	ning for thi	S.				
The median lev	el of agreer	nent amon	gst the panel	lists was "	somewhat d	isagree"	with
majority of resp	onses betw	veen "disag	ree" and "ne	utral".			
Feedback form	panellists s	uggested th	nat intoeing v	vas genera	ally a skeletal	rotation	ıal issı
accordated with	typical dov	elonment :					
associated Willi	i typicai uev	Ciopinciic	and Stability i	ootwear h	nas no effect	on the n	atura
progression on		Сюринент	and Stability I	ootwear h	nas no effect	on the n	atura
	this.	•	·				
progression on	this. sted that on	ıly significa	nt cases of m	etatarsus	adductus req	uired fo	otwea
progression on Panellist sugges	this. sted that on	ıly significa	nt cases of m	etatarsus	adductus req	uired fo	otwea
progression on Panellist sugges intervention an	this. sted that on d this was c	nly significations	nt cases of m ootwear (rev	etatarsus erse last a	adductus req nd straight la	uired foost) not s	otwea tabilit
progression on Panellist sugges intervention an footwear. Some panellists	this. sted that on d this was o	nly significations of the that if the	nt cases of mootwear (rev	etatarsus erse last a associated	adductus req nd straight la d with a neur	uired foost) not s	otwea tabilit ar
progression on Panellist sugges intervention an footwear.	this. sted that on d this was c s suggested ipping stabi	aly significal corrective for that if the lity footwe	nt cases of mootwear (revi	etatarsus erse last a associated nsidered.	adductus req nd straight la d with a neur	uired foost) not s	otwea tabilit ar
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri	this. sted that on d this was c s suggested ipping stabi	aly significal corrective for that if the lity footwe	nt cases of mootwear (revi	etatarsus erse last a associated nsidered.	adductus req nd straight la d with a neur	uired foost) not s	otwea tabilit ar
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug	this. sted that on d this was of s suggested ipping stabi ggested leve	aly significa corrective for that if the lity footwe el of mobili	nt cases of mootwear (revoluted) intoeing was ar may be conty impairment.	etatarsus erse last a associated nsidered. t)	adductus req nd straight la d with a neur (These indica	uired foo st) not s omuscul tions we	otwea tabilit ar ere als
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug The following st	this. sted that on d this was c s suggested ipping stabi ggested leve	aly significant corrective for that if the lity footwell alof mobility	nt cases of mootwear (revoluted) intoeing was ar may be conty impairment devised from	etatarsus erse last a associated nsidered. t)	adductus req nd straight la d with a neur (These indica	uired for st) not s omuscul- tions we	otweatabiliter ar ere alser the
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug	this. sted that on d this was c s suggested ipping stabi ggested leve	aly significant corrective for that if the lity footwell alof mobility	nt cases of mootwear (revoluted) intoeing was ar may be conty impairment devised from	etatarsus erse last a associated nsidered. t)	adductus req nd straight la d with a neur (These indica	uired for st) not s omuscul- tions we	otweatabiliter are also the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug The following st	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw	that if the lity footwell of mobilinate been covery	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from a condition, p	etatarsus erse last a associated nsidered. t) panellist f lease ranl	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat	uired foo st) not s omuscul tions we elation to f agreem	otweatabiliter are also the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug The following st	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly	that if the lity footwell of mobilinate been cover for this	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from s condition, p Somewhat Disagree	etatarsus erse last a associated nsidered. t) panellist f lease ranl	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat Agree	uired for st) not s omuscul- tions we elation to f agreem Agree	otweatabiliter are also the nent. Stroid Agreenter and the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug The following st suitability of sta	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly Disagree	that if the lity footwell of mobilinave been dear for this Disagree	nt cases of mootwear (revoluted intoeing was ar may be conty impairment devised from s condition, p	etatarsus erse last a associated nsidered. t) panellist f lease ranl Neutral	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat	uired foo st) not s omuscul tions we elation to f agreem	otweatabiliter ar ere alser the
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug The following st suitability of sta	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly Disagree	that if the lity footwell of mobilinave been dear for this Disagree	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from s condition, p Somewhat Disagree	etatarsus erse last a associated nsidered. t) panellist f lease ranl Neutral	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat Agree	uired for st) not s omuscul- tions we elation to f agreem Agree	otweatabiliter are also the nent. Stroid Agreenter and the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug The following st suitability of sta	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly Disagree	that if the lity footwell of mobilinave been dear for this Disagree	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from s condition, p Somewhat Disagree	etatarsus erse last a associated nsidered. t) panellist f lease ranl Neutral	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat Agree	uired for st) not s omuscul- tions we elation to f agreem Agree	otweatabiliter are also the nent. Stroid Agreenter and the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug. The following st suitability of states. Stability footwear may a suitable	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly Disagree	that if the lity footwell of mobilinave been dear for this Disagree	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from s condition, p Somewhat Disagree	etatarsus erse last a associated nsidered. t) panellist f lease ranl Neutral	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat Agree	uired for st) not s omuscul- tions we elation to f agreem Agree	otweatabiliter are also the nent. Stroid Agreenter and the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug. The following st suitability of statement of the suggestate of the following st suitability of statement of the suggestate of the suggesta	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly Disagree	that if the lity footwell of mobilinave been dear for this Disagree	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from s condition, p Somewhat Disagree	etatarsus erse last a associated nsidered. t) panellist f lease ranl Neutral	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat Agree	uired for st) not s omuscul- tions we elation to f agreem Agree	otweatabiliter are also the nent. Stroid Agreenter and the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug. The following st suitability of state suitability of state suitability of state suitable intervention for intoeing if	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly Disagree	that if the lity footwell of mobilinave been dear for this Disagree	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from s condition, p Somewhat Disagree	etatarsus erse last a associated nsidered. t) panellist f lease ranl Neutral	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat Agree	uired for st) not s omuscul- tions we elation to f agreem Agree	otweatabiliter are also the nent. Stroid Agreenter and the nent.
progression on Panellist sugges intervention an footwear. Some panellists pathology or tri same as the sug. The following st suitability of statement of the suggestate of the following st suitability of statement of the suggestate of the suggesta	this. sted that on d this was o s suggested ipping stabi ggested leve tatements h ability footw Strongly Disagree	that if the lity footwell of mobilinave been dear for this Disagree	nt cases of mootwear (revented intoeing was ar may be conty impairment devised from s condition, p Somewhat Disagree	etatarsus erse last a associated nsidered. t) panellist f lease ranl Neutral	adductus req nd straight la d with a neur (These indica eedback in re c your level o Somewhat Agree	uired for st) not s omuscul- tions we elation to f agreem Agree	otweatabiliter are also the nent. Stroid Agreenter and the nent.

Stability footwear may a suitable intervention for intoeing if associated with an underlying							
neurological condition							
33) Panellists were as	_	_	ey felt this foo	otwear int	ervention sh	ould be	
The age range wa	as only give	n by a limit					
3 years was giver endpoints of trea rather than age-s	tment shou			•			
3 II	years onwa	d end point	ts of treatme		•	nal abilit	y and the
	I/A I do not ntervention		ondition is sui	itable for s	stability foot	wear	
10)							
Panellists were as "Off the Shelf" St					o evaluate th	e effecti	veness of
From panellist fer ICF-CY. These we measures.							
Body function ou outcomes sugges Spatiotemporal of	ted optimis	sing or norr	malising gait ¡	oatterns s	pecifically An	gle of Ga	ait.
proficiency was d by the panellists activities of daily	liscussed in included pa	relation to in rating, p	the frequencerceived com	cy of tripp	ing. QoL mea footwear and	sures su d measu	ggested res of
The following out	tcomes hav	_				·	-
agreement with t	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
	1	2	3	4	5	6	7

Kinematics: Optimising gait movement patterns						
(Angle of Gait) Spatiotemporal: Increased walking velocity, 6MWT, TUG						
Gross motor proficiency: reduction in tripping						
QoL: Pain						
QoL: ADL (daily mobility and						
social interaction) 1) You may use thi footwear interven			e any furth	ner informat	ion on sta	ability
social interaction) 1) You may use thi	ention in ch		e any furth	ner informat	ion on sta	ability
social interaction) 1) You may use thi footwear intervent Additional Co	ention in ch		e any furth	ner informat	ion on sta	ability
social interaction) 1) You may use thi footwear interven	ention in ch	ildren with in		ner informat		ability

Developmental Coordination Disorder Rett's Syndrome Foetal Alcohol syndrome Accessory navicular Chronic lateral ankle instability	Coordination Disorder Rett's Syndrome Foetal Alcohol	Coordination Disorder Rett's Syndrome Foetal Alcohol	Coordination Disorder Rett's Syndrome Foetal Alcohol	Hypermobility (Ehlers Danlos Type)		
Syndrome Foetal Alcohol	Syndrome Foetal Alcohol	Syndrome Foetal Alcohol	Syndrome Foetal Alcohol	Disorder		
syndrome Accessory navicular Chronic lateral ankle	syndrome Accessory navicular Chronic lateral ankle	syndrome Accessory navicular Chronic lateral ankle	syndrome Accessory navicular Chronic lateral ankle	Syndrome		
navicular Chronic lateral	navicular Chronic lateral	navicular Chronic lateral	navicular Chronic lateral	syndrome		
ankle	ankle	ankle	ankle	navicular		
				ankle		



END OF SECTION 3 ROUND 2

Thank you for taking the time to complete section 3 of round 2. You have now completed all sections of round 2 of this Delphi survey. Your time and participation is greatly appreciated.

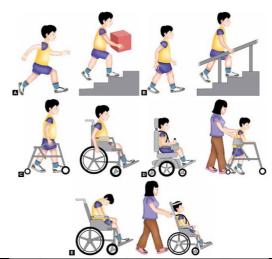
Remember to submit your answers before closing this form.



ROUND 3(S3) WHAT ARE CHILDREN'S CLINICAL FOOTWEAR INTERVENTIONS AND HOW TO PRESCRIBE THEM?

The third section will present yours and the panellists' collective choices and opinions from Round 2 on clinical protocols and outcomes for the provision of "off the shelf" stability footwear clinical interventions for children with mobility impairment.

Section 3



Opinion on prescription and clinical outcomes of "off the shelf" stability footwear clinical interventions for children with mobility impairment.

In this section, you will be presented with the collective preference (Median, relative frequency of response) and opinions of the panellists to the modified and original statements from round 1 and 2 of the survey concerning clinical protocols for the issuing of stability footwear as a sole assistive aid or in combination with other assistive aids (Ankle Foot Orthosis (AFO)*, walking frames) for children with mobility impairment, and the expected clinical outcomes of these footwear interventions.

* Please remember to qualify any abbreviation for mobility aids.

You will again be asked to give your preferential option or your level of agreement or non-agreement with them ("Strongly Disagree" to "Strongly Agree").

You can review the previous information you provided (in the document emailed to you), and considering the information provided by the other panellists, you may maintain your option or level of agreement with your chosen statement or change your opinion.

Full consensus for a statement is reached when a statement gains \geq 75% of panellists with a level of agreement of "agree" or above, or \geq 75% of panellists preferred option.

If you choose a level of agreement below "agree" we would ask that you provide us with the reason for your choice in the optional open-ended section provided.

Required Field*

1)

Name: *			

Cerebral Palsy

In the questions below you will be presented with the collective choices and opinions from Round 2

concerning suggested protocols and measurable outcomes of stability footwear as a clinical intervention for this condition.

(100%) panellists in Round 2 had clinical experience with this condition and provided the information for this section.

2

Panellists were asked to rank their agreement with the following statements concerning the issuing of stability footwear for individuals with Cerebral Palsy (CP) in Round 2.

The median level of agreement and the relative distribution of response is detailed below.

Purpose: Stability footwear may assist mediolateral stability and proprioception of the foot and ankle in standing and walking in children with CP.

Median level of Agreement 6 (Agree)

7% "Somewhat Disagree", 7% "Neutral", 7% "Somewhat Agree", 36% "Agree", 43% "Strongly Agree"

A consensus was reached for this statement.

Stability footwear may be used alongside other assistive aids to assist standing and walking in children with CP.

Median level of Agreement 7 ("Strongly Agree")

14% "Neutral", 29% "Agree", 57% "Strongly Agree"

A consensus was reached for this statement.

Stability footwear should only be issued to children with CP after a critical assessment of the child's mobility needs in respect to other assistive aids or footwear modifications and with clear intervention outcomes.

Median level of Agreement 6 ("Agree")

14% "Neutral", 36% "Agree", 50% "Strongly Agree"

A consensus was reached for this statement.

Panellists feedback suggested there may be potential overlap between stability footwear and oversplint footwear, and that stability footwear was only to be issued to provide further stability and not just to accommodate the adjunct assistive aid such as an Ankle Foot Orthosis (AFO) or Knee Ankle Foot Orthosis (KAFO).

The following statement has been added based on panellist feedback.*

The following se	accinent ne	35 Been ade	aca basca on	parients	iccaback.		
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7

Stability							
footwear is							
only to be							
issued as an							
adjunct to							
AFO's KAFO's							
where							
additional							
medio-lateral							
stability is							
required, and							
not just to							
accommodate							
the orthotic.							
the orthotic.							
3)							
Panellists were a	asked to ra	nk their agi	reement with	the follo	wing stateme	nts con	cerning
the degree of m		_			_		_
footwear both a							-
The median leve							
The median leve	i or agreen	incinc ana ti	ic relative als	cindation	or response i	3 actane	d below.
Stability footwe	ar may he i	ised as a so	ale assistive i	nterventic	nn to assist ho	oth foot	and
ankle stability in	•						
(GMFCS) 1 and r	_			tor runcti	ioning classii	ication	COTE
Median level of	_						
	-		-	owhat Ac	roo" 420/ "A	aroo" 2	00/
7% "Somewhat	_	/% Neutra	11 , 14% 5011	iewnat Ag	gree ,43% A	gree , z	9%
"Strongly Agree							
Chability for the care				المام مالهما			J
Stability footwer		_			s to assist wa	iking and	J
standing in amb				ai issues.			
Median level of	•	. •	•				
14% "Neutral",		_	_	e", 36% "S	trongly Agree	5	
A consensus was	s reached f	or this state	ement.				
6. 1.11. 6 .							
Stability footwe	•	_		sistive aids	s to assist sta	nding ar	nd
transfer in non-a							
Median level of	-		-				
14% "Neutral", 1	14% "Some	what Agree	e", 43% "Agre	ee", 29% "	Strongly Agre	ee"	
Panellists feedb			•				
panellists questi			•	ear was to	be used at o	different	times or
simultaneously	with the ot	her assistiv	e aid.				
The following st	atements h	iave been s	lightly modif	ied based	on panellist	feedbac	k.*
112 12 13 111 13 11	Strongly	Disagre	Somewha	Neutra	Somewha	Agre	Strongl
	Disagre	e	t Disagree		t Agree	e	y Agree
	e		. 5.005100	•			7.10,00

	1	2	3	4	5	6	7
Stability footwear may be used as a sole assistive intervention to assist both foot and ankle							
stability in walking in children with GMFCS 1 and no significant tonal issues.							
Stability footwear may be used simultaneousl y with other assistive aids to assist standing and transfer in non-ambulant children GMFCS 3-4. This footwear must be issued to assist stability and not just to accommodate the associated assistive aid							
Panellists were properties of the relative dist Option 1, Initiati mobility needs coption 2, 1-18 y Option 3, 3-18 y Option 4, N/A I coption 4	wear internation of on and end of the child ears (with a cars (with a	vention for response is d points of t (potential of assessed ac assessed ac	CP in Round se detailed be treatment in or actual).69 dult transitio dult transitio	2. low. dicated by % n care) 15% n care) 8%	functional a	ability an	d the

options. Howe	nellist feedback was given to inform any further modification of these ver, you may consider the distribution of the panel's response to either
change or main	ntain your previous option.
	Option 1, Initiation and end points of treatment indicated by functional ability and the mobility needs of the child (potential or actual).
	Option 2, 1-18 years (with assessed adult transition care)
	Option 3, 3-18 years (with assessed adult transition care)
	Option 4, N/A I do not feel this condition is suitable for stability footwear
	intervention.
5)	
Panellists were clinical outcom Stability footw	e asked to rank their agreement with the following statements concerning the nes that would be used to evaluate the effectiveness of "Off the Shelf" ear for children with CP in Round 2: wel of agreement and the relative distribution of response is detailed below.
	of Agreement 6 ("Agree") t Disagree", 14% "Neutral", 22% "Somewhat Agree", 43% "Agree"
Median level o 21% "Somewh	otimising gait movement patterns (Edinburgh Gait Scale) of Agreement 6 ("Agree") at Agree", 57% "Agree", 22% "Strongly Agree" as reached for this statement
(TUG), stride le Median level o 14% "Somewh	al: Increased walking velocity, 6 Minute Walk Test (6MWT), Timed Up and Go ength, cadence of Agreement 6 ("Agree") at Agree", 50% "Agree", 36% "Strongly Agree" as reached for this statement
Median level o 14% "Neutral",	ficiency: Number of falls of Agreement 6 ("Agree") of, 7% "Somewhat Agree", 57% "Agree", 22% "Strongly Agree" of this statement
Motor skill pro	ficiency:
Gross Motor SI	·
Median level o	of Agreement 6 ("Agree") , 14% "Somewhat Agree", 50% "Agree", 22% "Strongly Agree"
Median level o	Perceived exertion (Borg) of Agreement 5 ("Somewhat Agree") 43% "Somewhat Agree", 36% "Agree", 14% "Strongly Agree"

Quality of Life (Q Median level of <i>F</i> 7% "Neutral", 14	ngreement % "Somewh	nat Agree",	50% "Agree"	, 29% "Str	ongly Agree"		
A consensus was	reactied fo	i tilis statel	ment				
QoL: Activities of Median level of A 21% "Somewhat A consensus was	ngreement (Agree", 509	6 ("Agree") % "Agree",	29% "Strongl		nteraction)		
A consensus was	reactied to	i tilis statel	Henc				
Panellist feedbac			-				
Passive Ankle Rai	-						din
extended. Weigh addition to passiv	_			-		-	
panellist feedbac			_				
not reach conser	_						
either change or			•		·		
DI '	_		п	4			
Please rank your		l	Somewhat	omes.* Neutral	Somewhat	Agroo	Strongly
	Strongly Disagree	Disagree	Disagree	Neutrai	Agree	Agree	Agree
	1	2	3	4	5 Agree	6	7
Passive Ankle						Ť	Ιή
ROM measured							
with knee							
flexed and							
extended							
within child's							
limits							
Ankle ROM							
-							
lunge provided							
lunge provided child can get							
child can get heel to ground							
lunge provided child can get heel to ground Motor skill							
lunge provided child can get heel to ground Motor skill proficiency:							
lunge provided child can get heel to ground Motor skill proficiency: Gross Motor							
lunge provided child can get heel to ground Motor skill proficiency: Gross Motor Skills (BOT-2)							
lunge provided child can get heel to ground Motor skill proficiency: Gross Motor Skills (BOT-2) Physiological:							
lunge provided child can get heel to ground Motor skill proficiency: Gross Motor Skills (BOT-2) Physiological: Perceived							
lunge provided child can get heel to ground Motor skill proficiency: Gross Motor Skills (BOT-2) Physiological: Perceived exertion							
lunge provided child can get heel to ground Motor skill proficiency: Gross Motor Skills (BOT-2)							
lunge provided child can get heel to ground Motor skill proficiency: Gross Motor Skills (BOT-2) Physiological: Perceived exertion (BORG)							

6) If your level of ag	greement was "somewhat agree" or lower for any of the statements in	
relation to stabili	ity footwear intervention in children with CP please use this optional	
area to provide u	us with your reasoning.	

Pes Planus

In the questions below you will be presented with the collective choices and opinions from Round 2

concerning suggested protocols and measurable outcomes of stability footwear as a clinical intervention for this condition.

(100%) panellists in Round 2 had clinical experience with this condition and provided the information for this section.

7

Panellists were asked to rank their agreement with the following statements concerning the issuing of stability footwear for individuals with mobile pes planus in Round 2.

The median level of agreement and the relative distribution of response is detailed below.

Suitability and Purpose

Stability footwear may assist foot and ankle stability in children with symptomatic mobile pes planus

Median level of Agreement 6 ("Agree")

7% "Disagree", 7% "Neutral", 7% "Somewhat Agree", 57% "Agree", 22% "Strongly Agree" A consensus was reached for this statement.

Stability footwear is a suitable secondary line intervention for symptomatic mobile pes planus in children where foot orthoses have not resolved associated symptoms Median level of Agreement 7 ("Strongly Agree")

14% "Neutral", 29% "Agree", 57% "Strongly Agree"

A consensus was reached for this statement.

8

Panellists were asked to rank their agreement with the following statements concerning the grade of mobility impairment in children with pes planus that would be suitable for stability footwear both as a sole aid or in combination with another assistive aid in Round 2.

The median level of agreement and the relative distribution of response is detailed below.

Stability Footwear may be used alongside foot orthoses in children with insufficiency of posterior tibialis function.

Median level of Agreement 6 ("Agree")

14% "Neutral", 14% "Somewhat Agree", 65% "Agree", 7% "Strongly Agree"

Stability Footwear may be used alongside foot orthoses in children with significant foot and ankle instability associated with tripping and falling.

Median level of Agreement 6 ("Agree")

14% "Neutral", 7% "Somewhat Agree", 43% "Agree", 36% "Strongly Agree"

A consensus was reached for this statement.

Stability footwe associated with Median level of 7% "Disagree", 2	motor dela Agreemen	ay t 6 ("Agree	")				ns
There was also p this mean stabil other assistive a	ity footwea			_	•		
The following st			1				1
	Strongly Disagre e	Disagre e	Somewha t Disagree	Neutra I	Somewha t Agree	Agre e	Strongl y Agree
	1	2	3	4	5	6	7
Stability Footwear may be be used simultaneousl y with foot orthoses in children with insufficiency of posterior tibialis function.							
Stability Sootwear may be used simultaneousl with foot orthoses in children with conditions associated with motor delay							
) Panellists were stability footwe The relative dist Option 1, Initiat mobility needs o	ar interven ribution of ion and end	tion for mo response i	bbile pes plan s detailed be treatment in	us in Roullow.	nd 2.		-

Option 2, 1-18 years (with assessed adult transition care) 15%

Option 3, N/A I do not feel this condition is suitable for stability footwear intervention 8% Option 4, 5-18 years (with assessed adult transition care) 0%

A consensus was reached to Option 1,

10)

Panellists were asked to rank their agreement with the following statements in relation to the clinical outcomes that would be used to evaluate the effectiveness of "Off the Shelf" Stability footwear for children with mobile pes planus in Round 2:

The median level of agreement and the relative distribution of response is detailed below.

Foot Posture FPI-6

Median level of Agreement 5 ("Somewhat Agree")

7% "Disagree", 7% "Somewhat Disagree", 22% "Neutral", 14% "Somewhat Agree", 36% "Agree",

14% "Strongly Agree"

Kinematics: Optimising gait movement patterns (Foot and ankle)

Median level of Agreement 6 ("Agree")

23% "Somewhat Agree", 62% "Agree", 15% "Strongly Agree"

A consensus was reached for this statement

Spatiotemporal: Increased walking velocity, 6MWT, TUG, stride length, cadence Median level of Agreement 6 ("Agree")

7% "Neutral", 21% "Somewhat Agree", 36% "Agree", 36% "Strongly Agree"

Motor skill proficiency: Number of falls Median level of Agreement 6 ("Agree")

29% "Somewhat Agree", 57% "Agree", 14% "Strongly Agree"

Motor skill proficiency:

Gross Motor Skills (BOT-2)

Median level of Agreement 6 ("Agree")

36% "Somewhat Agree", 43% "Agree", 21% "Strongly Agree"

QoL: Pain

Median level of Agreement 6 ("Agree")

21% "Somewhat Agree", 58% "Agree", 21% "Strongly Agree"

A consensus was reached for this statement

QoL: ADL (daily mobility and social interaction)

Median level of Agreement 6 ("Agree")

36% "Somewhat Agree", 43% "Agree", 21% "Strongly Agree"

Panellist feedback suggested that the FPI-6 is a semi-quantitative description of foot posture and should not be considered as an outcome measure. Panellist suggested the

following further					_					
knee flexed and extended within the child's limits of knee extension. Weight-bearing lunge may also be used to measure ankle ROM if the child can get their heel to the ground. 10-										
meter walk test as a valid spatiotemporal measure. Physiological Cost Index also to be										
considered. No specific panellist feedback was given to inform further modification of the										
other outcomes that did not reach consensus. However, you may consider the distribution										
of the panel's response to either change or maintain your previous choice.										
of the parter of response to either change of maintain your previous choice.										
Please rank your	agreement	with the fo	llowing outc	omes.						
	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly			
	Disagree		Disagree		Agree		Agree			
	1	2	3	4	5	6	7			
Foot Posture										
FPI-6										
Passive Ankle										
ROM measured										
with knee										
flexed and										
extended										
within child's										
limits										
Ankle ROM										
Weight Bearing										
lunge provided										
child can get										
heel to ground										
Spatiotemporal:										
Increase										
walking										
velocity,										
6MWT, TUG										
10 meter walk										
test Motor skill										
proficiency:										
Number of falls										
Motor skill										
proficiency:										
Gross Motor										
Skills (BOT-2)										
Physiological:										
Physiological Physiological										
Cost Index										
QoL: ADL (daily										
mobility and										
social										
interaction)										
	<u> </u>	<u> </u>	1		I	<u>I</u>	1			

1	1	
1	ı	

If your level of agreement was "somewhat agree" or lower for any of the statements in relation to stability footwear intervention in children with Mobile Pes Planus please use this optional area to provide us with your reasoning.

Toe Walking

In the questions below you will be presented with the collective choices and opinions from Round 2

concerning suggested protocols and measurable outcomes of stability footwear as a clinical intervention for this condition.

(100%) panellists in Round 2 had clinical experience with this condition and provided the information for this section.

12)

Panellists were asked to rank their agreement with the following statements concerning the issuing of stability footwear for individuals with toe walking in Round 2.

The median level of agreement and relative distribution of response is detailed below.

Stability footwear may be a suitable treatment if used alongside other stiffened components (insole, sole) for ITW with no associated hypertonia Median level of Agreement 6 ("Agree")

21% "Neutral", 21% "Somewhat Agree", 37% "Agree", 21% "Strongly Agree"

Stability footwear may be used for toe walking in developmental conditions with hypermobility and gross motor delay

Median level of Agreement 6 ("Agree")

43% "Somewhat Agree", 29% "Agree", 28% "Strongly Agree"

Panellist feedback suggested better alternative assistive aids from their clinical experience with all cases of Idiopathic Toe Walking (ITW); such as Dynamic AFOs that inhibit plantarflexion and stimulate dorsiflexion offering more effective treatment than stiffened footwear, however, no specific feedback was given to inform modification of the statements.

Based on panellist feedback please rank your agreement with the following statements.*

St	trongly Disa	gree Somewh	at Neutral S	omewhat	Agree	Strongly
D	isagree	Disagree	A	gree		Agree

	1	2	3	4	5	6	7
Stability footwear may be a suitable treatment if used simultaneously with other stiffened components (insole, stiffend sole) for ITW with							
no associated							
hypertonia Stability footwear may be used for toe walking in developmental conditions with hypermobility and gross motor delay							
13) Panellists were a	asked to ra	nk their ag	reement with	the follo	wing stateme	ents con	cerning
the grade of mo for stability foot Round 2. The median leve Stability footwer when the child is Median level of	wear, both of agreen ar may be us a able to ac	as a sole and the used alongs the chieve a place	id or in comb ne relative dis side other stif antargrade po	ination w tribution fened cor	of response i	issistive is detaile	aid in ed below.
7% "Disagree", 1 Agree". Panellist feedba hyperextension requires mediola	.4% "Neutr ck suggeste if used in c	al", 43% "S ed stability onjunction	somewhat Ag footwear ma	y cause is	sues with kn	ee	
The following sta	atements h Strongly Disagre e	Disagre e	Slightly modifi Somewha t Disagree	ied based Neutra I	on panellist Somewha t Agree	feedbac Agre e	k.* Strongl y Agree

	1	2	3	4	5	6	7
Stability							
footwear may							
be used to							
provide							
mediolateral							
stability when							
used							
simultaneousl							
y with							
stiffened							
components							
for ITW Type							
1-2, when the							
child is able to							
achieve a							
plantargrade							
position							

14)

Panellists were presented with the following options in relation to the suitable age range for stability footwear intervention for toe walking in Round 2.

The relative distribution of response is detailed below.

Option 1, Initiation and end points of treatment indicated by functional ability and the mobility needs of the child (potential or actual).77%

Option 2, 4-8 years (15%)

Option 3, 4-18 years (8%)

Option 4 1-18 years (0%)

Option 5 N/A I do not feel this condition is suitable for stability footwear intervention (0%)

A Consensus was reached for Option 1

15)

Panellists were asked to rank their agreement with the following statements concerning the clinical outcomes that would be used to evaluate the effectiveness of "Off the Shelf" Stability footwear for children with toe walking in Round 2:

The median level of agreement and the relative distribution of response is detailed below.

Passive Ankle ROM

Median level of Agreement 6 ("Agree")

8% "Neutral", 38% "Somewhat Agree", 46% "Agree"

8% "Strongly Agree"

Kinematics: Optimising gait movement patterns (Foot and Ankle)

Median level of	-		•						
21% "Somewhat	Agree", 36	% "Agree",	43% "Strong	ly Agree"					
Kinetic: In-shoe	oressure m	easuremen	t (Heel and F	orefoot lo	ading)				
Median level of Agreement 5 ("Somewhat Agree")									
7% "Somewhat [_	9% "Neutr	al", 21% "Son	newhat A	gree", 29% " <i>A</i>	\gree"			
14% "Strongly Ag	gree"								
Spatiotemporal:	Increased v	walking ve	locity, 6MWT	, TUG, stri	de length, ca	dence			
Median level of	Agreement	6 ("Agree")						
7% "Neutral", 29	% "Somew	hat Agree,'	' 50% "Agree	", 14% "St	rongly Agree	"			
QoL: Pain									
Median level of	Agreement	6 ("Agree")						
14% "Somewha	_	_		gly Agree"					
A consensus was	reached fo	or this state	ement						
QoL: ADL (daily r	nobility and	d social inte	eraction)						
Median level of	•		-						
36% "Somewhat	Agree", 50	% "Agree",	14% "Strong	ly Agree"					
Panellist feedbac	sk suggosto	d modificat	tions and add	litions to t	ha autcamac				
The weight bear							n		
children who car									
spatiotemporal r		•	•		•				
patterns of the f				-					
modification of t consider the dist							•		
previous choice.	inbation of	the paners	response to	Citifici Citi	inge of main	tani you	ı		
Please rank your									
	Strongly	Disagree	Somewhat Disagree	Neutral	Somewhat	Agree	Strongly		
	Disagree 1	2	3	4	Agree 5	6	Agree 7		
Passive Ankle									
ROM									
measured with									
knee flexed and extended									
within child's									
limits									
Ankle ROM									
Weight Bearing									
lunge provided child can get									
heel to ground									
	<u> </u>	1	<u>I</u>	1		<u>I</u>	1		

Optimising gait movement patterns (Heel forefoot					
contact timing ankle ROM) Kinetic: In-shoe					
pressure measurement (Heel and Forefoot loading)			_		
Spatiotemporal Increased walking velocity, 6MWT, TUG 10-meter walk test					
QoL: ADL (daily mobility and social interaction)					
6) If your level of a relation to stabil optional area to	ity footwea	ar intervent	ion in childre		

(93%) of panellists in Round 2 had clinical experience with this condition and provided the information for this section.

(If you have no clinical experience in treating this condition, please move to the next condition)

17)

Panellists were asked to rank their agreement with the following statements concerning the issuing of stability footwear for individuals with Duchenne Muscular Dystrophy (DMD) in Round 2.

The median level of agreement and the relative distribution of response is detailed below.

Stability footwear should only be issued to children with DMD after a critical assessment of the child's mobility needs in respect to other assistive aids

Median level of Agreement 7 ("Strongly Agree")

8% "Neutral", 31% "Agree", 61% "Strongly Agree"

A consensus was reached for this statement.

18)

Panellists were asked to rank their agreement with the following statements concerning the grade of mobility impairment in children with DMD that would be suitable for stability footwear both as a sole aid or in combination with another assistive aid in Round 2. The median level of agreement and the relative distribution of response is detailed below.

Stability Footwear may be used alongside foot orthoses to assist foot and ankle stability in early ambulatory stages.

Median level of Agreement 6 ("Agree")

8% "Neutral", 23% "Somewhat Agree", 54% "Agree", 15% "Strongly Agree"

Stability Footwear may be used alongside AFO's and walking frames to assist walking in late ambulatory stages.

Median level of agreement 6 ("Agree")

15% "Somewhat Disagree", 23% "Somewhat Agree", 54% "Agree", 8% "Strongly Agree"

Stability Footwear may be used simultaneously with AFO's and standing frames to assist standing and transfer in early non-ambulatory stages.

Median level of Agreement 5 ("Somewhat Agree")

15% "Somewhat Disagree", 8% "Neutral", 31% "Somewhat Agree", 31% "Agree", 15% "Strongly Agree"

Panellist feedback indicated there was potential ambiguity with the term "alongside"; panellists questioned did this mean stability footwear was to be used at different times or simultaneously with the other assistive aid.

The following statements have been slightly modified based on panellist feedback

Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
Disagree		Disagree		Agree		Agree

Stability Footwear may be used	2	3	4	5	6	7
simultaneously with foot orthoses to assist foot and ankle stability						
in early ambulatory stages.						
Stability Footwear may be used simultaneously with AFO's and walking frames to assist walking in late ambulatory stages.						
Stability Footwear may be used simultaneously with AFO's and standing frames to assist standing and transfer in early non ambulatory stages.						

Option 4, 4-18	years 8%				
Option 5, N/A	I do not feel this condition is suitable for stability footwear intervention 8%				
No specific panellist feedback was given to inform any further modification of these					
options. However, you may consider the distribution of the panel's response to either					
change or maintain your previous option.					
	Option1, Initiation and end points of treatment indicated by functional				
	ability and the mobility needs of the child (potential or actual)				
	Option 2, 1-18 years				
	Option 3, 4-9 years				
	Option 4, 4-18 years				
	Option 5, N/A I do not feel this condition is suitable for stability footwear				
	intervention.				

20)

Panellists were asked to rank their agreement with the following statements in relation to the clinical outcomes that would be used to evaluate the effectiveness of "Off the Shelf" Stability footwear for children with DMD in Round 2:

The median level of agreement and the relative distribution of response is detailed below.

Passive Ankle ROM

Median level of Agreement 5 ("Somewhat Agree")

8% "Somewhat Disagree", 8% "Neutral", 61% "Somewhat Agree", 15% "Agree" 8% Strongly Agree

Kinematics: Optimising gait movement patterns (Foot and Ankle)

Median level of Agreement 6 ("Agree")

23% "Somewhat Agree", 54% "Agree", 23% "Strongly Agree"

A consensus was reached for this statement.

Kinetic: In-shoe pressure measurement (Heel and Forefoot loading)

Median level of Agreement 5 ("Somewhat Agree")

8% "Somewhat Disagree", 16% "Neutral", 30% "Somewhat Agree", 30% "Agree" 16% "Strongly Agree"

Spatiotemporal: Increased walking velocity, 6MWT, TUG, stride length, cadence Median level of Agreement 6 ("Agree")

8% "Neutral", 15% "Somewhat Agree", 54% "Agree", 23% "Strongly Agree"

A consensus was reached for this statement

Gross motor proficiency: four square step test

Median level of Agreement 6 ("Agree")

15% "Neutral", 31% "Somewhat Agree", 46% "Agree", 8% "Strongly Agree"

Gross motor proficiency: Number of falls Median level of Agreement 6 ("Agree")

8% "Neutral", 15	% "Somew	hat Agree"	69% "Agree	" 8% "Str	ngly Agree"		
A consensus was		_	_	, 5,0 500	p.1 , 191CC		
QoL: Pain Median level of A 8% "Neutral", 8% A consensus was	6 "Somewh	at Agree",	76% "Agree",	8% "Stroi	ngly Agree"		
QoL: ADL (daily r Median level of A 15% "Somewhat A consensus was	Agreement Agree", 70	6 ("Agree" % "Agree",) 15% "Strong	ly Agree"			
Panellist feedbace Use weight bearing children who can valid spatiotemp conditions and or of the capability was given to inforce consensus. Howe change or maintains	ing lunge to a get their horal measu utcomes, in of the child orm further ever, you m	est to meas neel to the re. A pragr n that they I to perforn modificati nay conside	ure Ankle RO floor. Conside matic point w need to cons m the tasks re on of the other the distribu	M in addier adding as raised ider the sequired. Ner outcome	tion to Passive the 10-meter in relation to tage of the coording specific partes that did n	e ROM in walk tended degener on dition neallist feach of reach	st as a rative in light edback
Please rank your					Carranilant	A = = = =	Chunnalis
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
	1	2	3	4	5	6	7
Passive Ankle ROM							
measured with knee flexed and extended within child's limits							
Ankle ROM Weight Bearing lunge provided child can get heel to ground							
Kinetic: In-shoe pressure							

Spatiotemporal 10-meter walk test							
Gross motor proficiency: four square step test							
Outcomes for a degenerative condition must consider the stage of the condition and the capability of the child to perform the tasks.							
21) If your level of ag relation to stabili area to provide u	ity footwe	ar intervent	ion in childre				
If your level of ag relation to stabili	ity footwe	ar intervent	ion in childre				
If your level of ag relation to stabili	ity footwe	ar intervent	ion in childre				
If your level of ag relation to stabili area to provide u	ity footwea is with you below you ested proto	will be pres	sented with	the collecti	D please us	e this opt	ons
Spina Bifida In the questions from Round 2 concerning sugges	below you ested proto ion for this	will be presocols and mass condition.	sented with	the collecti	ve choices a	and opinic	ons
Spina Bifida In the questions from Round 2 concerning sugge clinical intervent (86%) of panellist	below you ested proto ion for this ts in Round his section	will be presocols and mass condition.	sented with a	the collecti utcomes of	ve choices a stability for	and opinic	ons a ded the

Panellists were asked to rank their agreement with the following statements concerning the issuing of stability footwear children with Spina Bifida (SB) from Round 2.

The median level of agreement and the relative distribution of response is detailed below.

Stability footwear should only be issued to children with SB after a critical assessment of the child's mobility needs in respect to other assistive aids.

Median level of Agreement 6 ("Agree")

8% "Neutral", 42% "Agree", 50% "Strongly Agree"

A consensus was reached for this statement.

23)

Panellists were asked to rank their agreement with the following statements concerning the grade of mobility impairment in children with SB that would be suitable for stability footwear both as a sole aid or in combination with another assistive aid in Round 2.

The median level of agreement and the relative distribution of response is detailed below.

Stability footwear may be used alongside foot orthoses to assist foot and ankle stability in mild level lumbar 5 vertebral involvement.

Median level of Agreement 5 ("Somewhat Agree")

8% "Strongly disagree", 42% "Somewhat Agree", "50% Agree",

Stability Footwear may be used alongside AFO's and walking frames to assist walking and standing in lumbar 1-5 vertebral involvement.

Median level of agreement 6 ("Agree")

8% "Strongly disagree", 8% "Somewhat Disagree", 26% "Somewhat Agree", 50% "Agree", 8% "Strongly Agree"

Panellist feedback suggested the recommendations should consider actual severity of dysraphism as well as spinal level (Occulta, Meningocele, Myelomeningcele) and incorporate assistive aid recommendations from 'Orthoses for Myelomeningocele' in the Atlas of Orthoses and Assistive Devices, 2019. L1-3 level lesions would need Hip Knee Ankle Foot Orthosis (HKAFO) or Knee Ankle Foot Orthoses (KAFO) to be able to stand/walk. Level L4-5 lesions would walk with AFOs and S1 walk without AFO.

There was potential ambiguity with the term "alongside"; panellists questioned did this mean stability footwear was to be used at different times or simultaneously with the other assistive aid.

The following statements have been modified and developed based on panellist feedback

	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Stability footwear may be used simultaneously with foot orthoses							

sacral level 1 (Meningocel								
Stability Foo may be used simultaneou AFO's and w frames to as walking and standing in level 4-5 (Meningocel Myelomening	I sly with alking sist umbar							
Stability Foo may be used simultaneou HKAFO or KA walking fram assist walkin standing in level 1-3	sly with AFO and nes to g and umbar							
Panellists we	gocele).			-	ncerning tl	ne suitable a	age range	for
Myelomenin 24) Panellists we stability foot The relative Option 1, Ini needs of the Option 2, 1-2 Option 3, 4-2 Option 4, N/	ere present twear inter distribution tiation and child (pot 18 years (w A I do not	vention for n of respond d end poin ential or a with assess with assess feel this o	or SB in Rou onse is deta its of treatn actual). (73% sed adult tr sed adult tr ondition is	ind 2. iled below. nent indicate 6) ansition care ansition care suitable for s	ed by funct e) (18%) e) (9%) stability fo	ional ability otwear inter	and the r	mobili 0%)
Panellists we stability foot The relative Option 1, Ini needs of the Option 2, 1-2 Option 3, 4-2	ere present twear inter distribution tiation and child (pot 18 years (w 18 years (w A I do not canellist feat ou may con	d end poin ential or a with assess with assess feel this contact was edback was sider the	or SB in Rou onse is deta its of treatn actual). (73% sed adult tr ondition is as given to distribution	ind 2. iled below. nent indicate 6) ansition care ansition care suitable for s nform any fu	ed by funct e) (18%) e) (9%) stability fo urther mod l's respons	cional ability otwear inter dification of se to either o	and the revention (these opto	mobil 0%) tions.
Panellists we stability foot The relative Option 1, Ini needs of the Option 2, 1-2 Option 3, 4-2 Option 4, N/ No specific property of the pr	ere present wear interdistribution tiation and child (pot 18 years (w 18 years (w A I do not panellist feat ou may con ur previous Option and the	d end poin ential or a with assess that assess the deack was sider the soption. 1 Initiation mobility	or SB in Rou onse is deta its of treath actual). (73% sed adult tr ondition is as given to distribution on and end needs of th	ind 2. iled below. nent indicate 6) ansition care ansition care suitable for s	ed by funct e) (18%) e) (9%) stability for urther mod l's respons atment ind	cional ability otwear inter dification of se to either of dicated by fu	and the revention (these opto	mobil 0%) tions.

Panellists were asked to rank their agreement with the following statements concerning the clinical outcomes that would be used to evaluate the effectiveness of "Off the Shelf" Stability footwear for children with SB in Round 2:

The median level of agreement and the relative distribution of response is detailed below.

Kinematics: Optimising gait movement patterns (Hoffer Ambulation Scale)

Median level of Agreement 6 ("Agree")

18% "Neutral" 9% "Somewhat Agree", 64% "Agree", 9% "Strongly Agree"

Spatiotemporal: Increased walking velocity, 6MWT, TUG,

Median level of Agreement 6 ("Agree")

9% "Somewhat Agree", 82% "Agree", 9% "Strongly Agree"

A consensus was reached for this statement

Motor skill proficiency: Hoffer Ambulation Score

Median level of Agreement 6 ("Agree")

9% "Neutral", 9% "Somewhat Agree", 73% "Agree", 9% "Strongly Agree"

A consensus was reached for this statement

Physiological Perceived exertion (BORG)

Median level of Agreement 6 ("Agree")

9% "Neutral", 82% "Agree", 9% "Strongly Agree"

A consensus was reached for this statement

QoL: Pain

Median level of Agreement 6 ("Agree")

9% "Somewhat Agree", 82% "Agree", 9% "Strongly Agree"

A consensus was reached for this statement

QoL: ADL (daily mobility and social interaction)

Median level of Agreement 6 ("Agree")

18% "Somewhat Agree", 73% "Agree", 9% "Strongly Agree"

A consensus was reached for this statement

No specific panellist feedback was given to inform any further modification of the outcomes for SB. However, you may consider the distribution of the panel's response to either change or maintain your previous level of agreement with the following outcome.

	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Kinematics:							
Optimising gait							
movement							
patterns							
(Hoffer							
Ambulation							
scale)							

11)

If your level of agreement was "somewhat agree" or lower for any of the statements in relation to stability footwear intervention in children with SB please use this optional area to provide us with your reasoning.

Down's Syndrome

In the questions below you will be presented with the collective choices and opinions from Round 2

concerning suggested protocols and measurable outcomes of stability footwear as a clinical intervention for this condition.

(93%) of panellists in Round 2 had clinical experience with this condition and provided the information for this section.

(If you have no clinical experience in treating this condition, please move to the next condition)

27)

Panellists were asked to rank their agreement with the following statements concerning the issuing of stability footwear children with Down's Syndrome from Round 2.

The median level of agreement and the relative distribution of response is detailed below.

Stability footwear may assist mediolateral stability and proprioception of the foot and ankle in standing and walking in children with Down's syndrome

Median level of Agreement 6 ("Agree")

15% "Somewhat Agree", 62% "Agree", 23% "Strongly Agree"

A consensus was reached for this statement.

Stability footwear design should consider last adaptions to accommodate the foot dimensions of children with Down's syndrome

Median level of Agreement 6 (Agree)

8% "Neutral", 42% "Agree", 50% "Strongly Agree"

A consensus was reached for this statement.

28)

Panellists were asked to rank their agreement with the following statements concerning the grade of mobility impairment in children with Down's Syndrome that would be suitable for stability footwear both as a sole aid or in combination with another assistive aid in Round 2. The median level of agreement and relative distribution of response is detailed below.

Stability footwear may be used as a sole assistive aid in pre-walking and learning to walk stages with associated hypotonia and delayed motor milestones.

Median level of Agreement 6 (Agree)

8% "Strongly disagree", 42% "Somewhat Agree", 50% "Agree",

Stability Footwear may be used alongside foot orthoses to assist walking in individuals with ankle instability

Median level of agreement 6 (Agree)

8% "Somewhat Agree", 69% "Agree", 23% "Strongly Agree"

A consensus was reached for this statement

Stability Footwear may be used alongside foot orthoses to assist walking in individuals with knee instability

Median level of agreement 6 (Agree)

8% "Strongly disagree", 15% "Somewhat Agree", 54% "Agree", 23% "Strongly Agree" A consensus was reached for this statement

Although consensus was reached in respect to knee instability and the use of stability footwear a potential adverse event was elaborated from panellist feedback in that associated knee hyperextension would contraindicate stiffened sole therapy in combination with AFO, as this would increase hyperextension in midstance,

The following statements have been modified and developed based on panellist feedback

	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree		Disagree		Agree		Agree
	1	2	3	4	5	6	7
Stability							
footwear may							
be used as a							
sole assistive							
aid in pre-							
walking and							
learning to walk							
stages with							
associated							
hypotonia and							
delayed motor							
milestones.							
Stability							
Footwear may							
be used							
alongside foot							

assist walking in individuals with ankle instability Stability Footwear with a stiffened sole is		
ankle instability Stability Footwear with a stiffened sole is		
Stability		
Footwear with a stiffened sole is		
a stiffened sole is		
is		
contraindicated		
with		
simultaneous		
AFO use in		
individuals with		
knee		
hyperextension.		
Option 2, 1-18 years (with assessed adult transition care) (15%) Option 3, 4-18 years (with assessed adult transition care) (8%) Option 4, N/A I do not feel this condition is suitable for stability footw	ear intervention	(0%)
A consensus was reached for Option 1		
30)		
,	ments in relation	1 to
30) Panellists were asked to rank their agreement with the following state the clinical outcomes that would be used to evaluate the effectiveness		
Panellists were asked to rank their agreement with the following state the clinical outcomes that would be used to evaluate the effectiveness	s of "Off the Shel	
Panellists were asked to rank their agreement with the following state the clinical outcomes that would be used to evaluate the effectiveness Stability footwear for children with Down's Syndrome in Round 2:	s of "Off the Shel	
Panellists were asked to rank their agreement with the following state the clinical outcomes that would be used to evaluate the effectiveness Stability footwear for children with Down's Syndrome in Round 2: The median level of agreement and relative distribution of response is Foot Posture FPI-6	s of "Off the Shel	
Panellists were asked to rank their agreement with the following states the clinical outcomes that would be used to evaluate the effectiveness. Stability footwear for children with Down's Syndrome in Round 2: The median level of agreement and relative distribution of response is Foot Posture FPI-6 Median level of Agreement 5 (Somewhat Agree) 8% "Disagree", 15% "Somewhat Disagree", 15% "Neutral", 23% "Neutr	s of "Off the Shel	f"
Panellists were asked to rank their agreement with the following states the clinical outcomes that would be used to evaluate the effectiveness. Stability footwear for children with Down's Syndrome in Round 2: The median level of agreement and relative distribution of response is Foot Posture FPI-6 Median level of Agreement 5 (Somewhat Agree) 8% "Disagree", 15% "Somewhat Disagree", 15% "Neutral", 23% "Some "Agree",	s of "Off the Shel	f"
Panellists were asked to rank their agreement with the following states the clinical outcomes that would be used to evaluate the effectiveness. Stability footwear for children with Down's Syndrome in Round 2: The median level of agreement and relative distribution of response is Foot Posture FPI-6 Median level of Agreement 5 (Somewhat Agree) 8% "Disagree", 15% "Somewhat Disagree", 15% "Neutral", 23% "Somewhat Disagree", 25% "Neutral", 25%	s of "Off the Shel	f"
Panellists were asked to rank their agreement with the following states the clinical outcomes that would be used to evaluate the effectiveness. Stability footwear for children with Down's Syndrome in Round 2: The median level of agreement and relative distribution of response is Foot Posture FPI-6 Median level of Agreement 5 (Somewhat Agree) 8% "Disagree", 15% "Somewhat Disagree", 15% "Neutral", 23% "Some "Agree",	s of "Off the Shel	f"

Spatiotemporal:	Increased v	walking vel	locity, 6MWT	,			
Median level of	_						
8% "Neutral", 15		_	_	", 23% "St	rongly Agree'	'	
A consensus was	reached fo	or this state	ment.				
Gross Motor skil	l proficienc	y: Number	of falls				
Median level of	-						
8% "Neutral", 8%		_	_	23% "Stro	ongly Agree"		
A consensus was	reached fo	or this state	ment				
Motor skill profi	ciency:						
Gross Motor Skil	ls (BOT-2)						
Median level of	Agreement	6 (Agree)					
31% "Somewhat	t Agree", 61	L% "Agree"	, 8% "Strongl	y Agree"			
QoL: Pain							
Median level of	Agreement	6 (Agree)					
8% "Somewhat A	•		23% "Strongly	Agree"			
A consensus was	reached fo	or this state	ement				
QoL: Comfort wi	th Footwea	r					
Median level of							
23% "Somewhat	_		23% "Strong	lv Agree"			
A consensus was	•	•	-	.,			
QoL: ADL (daily r	nobility and	d social inte	eraction)				
Median level of	Agreement	6 (Agree)					
15% "Somewhat	Agree", 62	% "Agree",	23% "Strong	ly Agree"			
A consensus was	reached w	ith this sta	tement.				
Panellist feedbad	ck suggeste	d that the I	FPI-6 is a sem	i-quantita	tive descripti	on of fo	ot posture
and should not b				•	•		•
walk test as a va						_	
inform further m	odification	of the other	er outcomes	that did n	ot reach cons	ensus. F	łowever,
you may conside	r the distril	oution of th	ne panel's res	ponse to	either change	or mair	ntain your
previous choice.							
Please rank your	agreement	t with the f	ollowing out	comes.			
. , , , , , , ,	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
	Disagree	3	Disagree		Agree		Agree
	1	2	3	4	5	6	7
Foot posture							
FPI-6	_ _	_ _			_ _		
Kinematics:							
Optimising gait							
movement							
patterns							

(foot and							
ankle)							
Spatiotemporal							
10-meter walk							
test						$+$ $\overline{}$	
Gross motor proficiency:							
number of falls							
Motor skill							
proficiency:							
Gross Motor							
Skills (BOT-2)							
14)							
31)			"		C . I		
If your level of ago			•		•		
relation to stabilit				en with Dov	wn's Syndro	me pleas	e use this
optional area to p	provide us	with your r	easoning.				
Intoeing							
Intoeing							
In the questions b	pelow you	will be pres	sented with t	the collecti	ve choices a	and opinio	ons from
In the questions b	·	·				·	
In the questions b Round 2 concerning sugge	sted proto	ocols and m				·	
In the questions b	sted proto	ocols and m				·	
In the questions be Round 2 concerning sugge intervention for the	sted proto	ocols and m	easurable ou	utcomes of	stability foo	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist	sted proto his condit s in Round	ocols and m ion. d 2 had clini	easurable ou	utcomes of	stability foo	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the	sted proto his condit s in Round	ocols and m ion. d 2 had clini	easurable ou	utcomes of	stability foo	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the	sted proto his condit s in Round his section	ocols and m ion. d 2 had clini	easurable ou cal experien	utcomes of ce with this	stability foo	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no cli	sted proto his condit s in Round his section	ocols and m ion. d 2 had clini	easurable ou cal experien	utcomes of ce with this	stability foo	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the	sted proto his condit s in Round his section	ocols and m ion. d 2 had clini	easurable ou cal experien	utcomes of ce with this	stability foo	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no clicondition)	sted proto his condit s in Round his section	ocols and m ion. d 2 had clini	easurable ou cal experien	utcomes of ce with this	stability foo	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no clicondition)	sted proto his conditi s in Round his section inical expe	ocols and m ion. d 2 had clini erience in tr	easurable ou cal experien eating this co	utcomes of ce with this ondition, p	stability for s condition	otwear as	a clinical ded the xt
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no clicondition)	sted proto his condition in Round his section inical expe	ocols and mion. d 2 had clini erience in tr	easurable ou cal experient eating this co	utcomes of ce with this ondition, potential the follow	stability for s condition lease move	otwear as	a clinical
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no clicondition) 32) Panellists were as issuing of stability	sted proto his conditions in Round his section inical expensions ked to rai	ocols and mion. d 2 had clini . erience in tr nk their agre	easurable ou cal experient eating this content eement with ith Intoeing	ce with this ondition, plant the follow from Round	stability for s condition lease move ing statemed 2.	and provi	a clinical ded the xt erning the
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no clicondition)	sted proto his conditions in Round his section inical expensions ked to rai	ocols and mion. d 2 had clini . erience in tr nk their agre	easurable ou cal experient eating this content eement with ith Intoeing	ce with this ondition, plant the follow from Round	stability for s condition lease move ing statemed 2.	and provi	a clinical ded the xt erning the
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no clicondition) 32) Panellists were as issuing of stability The median level	sted proto his conditions in Round his section inical expensions sked to rail of agreen	ocols and mion. d 2 had clini derience in trank their agreement and the	easurable ou cal experient eating this co eement with ith Intoeing e relative dis	the follow	stability for s condition lease move ing statemed d 2. f response i	and provi	a clinical ded the xt erning the
In the questions be Round 2 concerning sugge intervention for the (86%) of panellist information for the (If you have no clicondition) 32) Panellists were as issuing of stability	sted proto his conditions in Round his section inical expensions ked to rail of agreem	ocols and mion. d 2 had clini erience in tr nk their agre r children w nent and the	easurable ou cal experient eating this contempt the cement with ith Intoeing e relative distervention for the contempt to the	the follow	stability for s condition lease move ing statemed d 2. f response i	and provi	a clinical ded the xt erning the

footwear may a suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition	.7% "Disagree Agree",	", 17% "So	omewhat D	isagree", 41%	6 "Neutral	", 8% "Some	what Ag	ree", 17%
No specific panellist feedback was given to inform any further modification of the statements. However, you may consider the distribution of the panel's response to either change or maintain your previous level of agreement with the following statements. Strongly Disagree Somewhat Neutral Somewhat Agree Agree Agree 1 2 3 4 5 6 7	inderlying net Median level o 8% "Disagree"	urological of Agreeme	condition ent 4 (Neut	ral)				
statements. However, you may consider the distribution of the panel's response to either change or maintain your previous level of agreement with the following statements. Strongly Disagree Disagree Disagree Agree Agr	_	gree"						
Strongly Disagree Disagree Disagree Disagree Disagree Agree Agree Agree 1 2 3 4 5 6 7 Stability footwear may a suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition	tatements. Ho	owever, yo	ou may con	isider the dist	tribution c	of the panel's	respons	se to either
Disagree Disagree Agree Agree 1 2 3 4 5 6 7 Stability footwear may a suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition Disagree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree Agree					1		Ŧ	
Stability footwear may a suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with associated with an underlying neurological condition		0.	Disagree		Neutral		Agree	_ ,
Stability footwear may a suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition	_		-		_			
footwear may a suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition			2	3	4	5	6	7
suitable intervention for intoeing if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition	ootwear							
for intoeing if associated with tripping Stability	•							
if associated with tripping Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition	ntervention							
with tripping Stability	_							
Stability footwear may a suitable intervention for intoeing if associated with an underlying neurological condition	vith							
footwear may a suitable intervention for intoeing if associated with an underlying neurological condition								
may a suitable intervention for intoeing if associated with an underlying neurological condition	,							
suitable intervention for intoeing if associated with an underlying neurological condition								
intervention for intoeing if associated with an underlying neurological condition 3)								
if associated with an underlying neurological condition 3)								
associated with an underlying neurological condition	or intoeing							
with an underlying neurological condition 3)	f							
underlying neurological condition 3)								
neurological condition 3)								
condition	, -							
3)	_							
	ondition						<u> </u>	
·	Į.							
Panellists were presented with the following options concerning the suitable age range f	anellists were	presente	d with the	following opt	tions conc	erning the su	itable a	ge range for
stability footwear intervention for intoeing in Round 2. The relative distribution of response is detailed below.	tability footw	ear interv	ention for i	ntoeing in R	ound 2.			
Option 1, Initiation and end points of treatment indicated by functional ability and the mobility needs of the child (potential or actual). (73%)						by functiona	l ability	and the

Option 2, N/A I do not feel this condition is suitable for stability footwear intervention (27%)
Option 3, 3 years onwards (0%)

No specific panellist feedback was given to inform any further modification of these options. However, you may consider the distribution of the panel's response to either change or maintain your previous option.

Option 1 Initiation and end points of treatment indicated by functional ability and the mobility needs of the child (potential or actual).

Option 2 N/A I do not feel this condition is suitable for stability footwear intervention.

10)

Panellists were asked to rank their agreement with the following statements concerning the clinical outcomes that would be used to evaluate the effectiveness of "Off the Shelf" Stability footwear for children with intoeing in Round 2:

The median level of agreement and the relative distribution of response is detailed below.

Kinematics: Optimising gait movement patterns (Angle of Gait)

Median level of Agreement 5 (Somewhat Agree)

18% "Neutral", 37% "Somewhat Agree", 37% Agree, 8% Strongly Agree

Spatiotemporal: Increased walking velocity, 6MWT, TUG2

Median level of Agreement 5 (Somewhat Agree)

46% "Neutral", 18% "Somewhat Agree", 27% "Agree", 9% "Strongly Agree"

Gross Motor skill proficiency: Number of falls

Median level of Agreement 6 (Agree)

36% "Somewhat Agree", 46% "Agree", 18% "Strongly Agree"

QoL: Pain

Median level of Agreement 6 (Somewhat Agree)

27% "Neutral" 27% "Somewhat Agree", 46% "Agree"

QoL: ADL (daily mobility and social interaction)

Median level of Agreement 6 (Agree)

46% "Somewhat Agree", 46% "Agree", 8% "Strongly Agree"

There was minimal feedback in relation to modifying the outcomes, other than the suggestion that standing Foot Progression Angle (Fick Angle) may be compared with foot progression angle in gait. No specific panellist feedback was given to inform further modification of the other outcomes. However, you may consider the distribution of the panel's response to either change or maintain your previous choice.

Please rank your agreement with the following outcomes

Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
Disagree		Disagree		Agree		Agree
1	2	3	4	5	6	7

Kinematics:							
Optimising gait							_
movement							
patterns							
(Angle of Gait).							
Comparison of							
standing foot progression							
angle with							
walking foot							
progression							
angle .							
Spatiotemporal:							
Increased							
walking							
velocity, 6MWT, TUG							
Gross motor							
proficiency:			_				
reduction in							
tripping							
QoL: Pain							Ш
QoL: ADL (daily							
mobility and							
social							
interaction)							
L 1)							
If your level of agr			_		•		ts in
relation to stabilit				n with Into	eing please	use this	
optional area to p	roviae us v	with your re	easoning.				
Additional Con	ditions:						
A number of ad		conditions	s were nre	sented to	the pane	llists in R	ound
2 based on sugg							Juliu
- Dusca on sugg							Mear
Panellists were	SCKEU IT	tnev agred	-() (()/////////////////////////////////				

The relative distribution of responses are detailed below,

(Panellists who had no clinical experience of the condition were discounted from the frequency calculation)

Charcot Marie Tooth, Hereditary Motor Sensory Neuropathy Agree 92%, Neutral 0%, Disagree 8% A consensus was reached for this statement

Hypermobility (Ehlers Danlos Type)
Agree 92%, Neutral 8%, Disagree 0%
A consensus was reached for this statement

Developmental Coordination Disorder Agree 100%, Neutral 0%, Disagree 0% A consensus was reached for this statement

Rett's Syndrome Agree 80%, Neutral 0%, Disagree 20% A consensus was reached for this statement

Foetal Alcohol Syndrome Agree 50%, Neutral 0%, Disagree 50%

Accessory navicular Agree 31%, Neutral 46%, Disagree 23%

Chronic lateral ankle instability
Agree 77%, Neutral 15%, Disagree 8%
A consensus was reached for this statement

Concerning the conditions below concerning their suitability for stability footwear clinical intervention.

36)

	I have no clinical experience with this condition	Disagree	Neutral	Agree
Foetal Alcohol syndrome				

Accessory		
navicular		



END OF SECTION 3 ROUND 3

Thank you for taking the time to complete section 3 of round 2. You have now completed all sections of round 2 of this Delphi survey. Your time and participation is greatly appreciated.

Remember to submit your answers before closing this form.