Question	Prompt
Can you start with explaining a little about your role and setting in which you work?	What position do you hold at your workplace? Do you work full time or part time (? Hours/week) What % of clients do you see that are children? Describe the work setting eg public/private, inpatient/outpatient, community/rehab? Do you work in a multidisciplinary team? Is the team a paediatric team? If you work in multiple locations or have multiple work settings what is the split of time? What level/grade do you hold in your current position?
How long have you been practicing as a physical therapist/physiotherapist?	Do you have any post graduate qualifications relevant to paediatric practice?
In a typical week (or month), how many children would you see who are ITW? What percentage of your case load are ITW? (this means you have excluded CP, ASD, DMD) How do these children come to see you as a therapist?	Are they referred by medical or other allied health with the diagnosis of idiopathic toe walking? Are they referred from colleague from the same discipline? Are you often the first point of contact for these children?

What overall treatment approach or intervention strategies do you utilize for the treatment of idiopathic toe walking?	In your workplace is there a standard protocol or care pathway that you follow for children that have been diagnosed with idiopathic toe walking? Do you have clinical guidelines for the treatment of ITW?
What's your understanding of the evidence supporting this type your selected intervention strategies?	On a scale from zero to 10, zero being no evidence to 10 being strong evidence. How would you scale the evidence for the interventions you have suggested you may use?
What does success look like to you when treating children with idiopathic toe walking?	On a scale from zero to 10, zero being not effective at all to 10 being strongly effective. How would you scale your effectiveness for treating children with idiopathic toe walking
As you responded to this research that you use Motor Control interventions, we will now be asking questions regarding motor control intervention specifically. A recent international survey of health professionals who routinely treat children with idiopathic toe walking responded that motor control interventions were the preferred treatment option. Motor intervention strategies were particularly favoured by physiotherapists located within Australia and the USA. Can you please define what you believe are motor control interventions?	
What methods/activities or strategies do you employ when selecting motor control interventions as a choice of treatment for children with idiopathic toe walking.	Do favour motor control strategies over other treatment options? If so why? What are the challenges with implementing motor control intervention as a treatment strategy? Specifically regarding motor control interventions, do you believe there is evidence for this type of intervention? On a scale from zero to 10, zero being no

	evidence to 10 being strong evidence. How would you scale the evidence for motor control interventions? On a scale from zero to 10, zero being not effective at all to 10 being strongly effective. How would you scale your effectiveness for treating children with idiopathic toe walking with motor control interventions
Do you routinely utilize outcome measures to demonstrate the effect of your motor control intervention strategies?	How do you measure any treatment effects? How frequently do you repeat measurements? Is this a standard timeframe or is it a case by case situation?
We will now go through three simple scenarios. Can you please outline: a) If you would include motor control interventions into your treatment plan. b) At what stage would you decide to include motor control interventions c) What type of motor control intervention strategies would you use? Scenario 1 A child with mild ITW without equinus Scenario 2 A child with mild ITW with equinus (+5to-5) Scenario 3 A child with significant equinus who can not get his heels to the ground.	And might it change with older children?
FINISH Any other comments you wish to make regarding motor control intervention in the treatment of idiopathic toe walking that has not been covered in the previous questions?	

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