

Thank you for taking your time and participating in this survey. This survey is completely anonymous and should take no more than five to seven minutes of your time.

1. What species is your pet?  
☐ Dog  
☐ Cat  
☐ Other \_\_\_\_\_
2. How old was your pet at the initial application of the orthotic device?  
\_\_\_\_ years
3. How old is your pet now?  
☐ years  
☐ Pet is deceased  
☐ Age at time of death
4. Which limb(s) does your pet wear the orthotic/prosthetic device(s)? Check all that apply to your pet  
☐ Right forelimb  
☐ Right hindlimb  
☐ Left forelimb  
☐ Left hindlimb
5. Which of the devices below does your pet wear?  
☐ Knee brace for CCL (ACL) injury  
☐ Ankle (tarsal) brace for an Achilles tendon injury  
☐ Ankle (tarsal) brace for other reason  
☐ Wrist (carpal) brace for carpal hyperextension  
☐ Wrist (carpal) brace for other reasons  
☐ Elbow brace  
☐ Prosthesis for congenital deformity  
☐ Prosthesis for elective amputation  
☐ Prosthesis for unknown trauma  
☐ Other (please describe \_\_\_\_\_)  
*(Author's note: Prostheses were included as a device option in the event that the patient progressed from orthosis to prosthesis following amputation or was treated with a prosthetic device in addition to the orthosis.)*
6. Was the device used to the full extent of the veterinarian's recommendation?  
☐ Yes  
☐ No  
☐ If no, please explain the change in timeline and reason for that change:
7. On average, how many hours each day does your pet spend wearing the orthotic/prosthetic device?  
\_\_\_\_ hours
8. How much did your pet weigh the time of device prescription?  
\_\_\_\_ lbs

9. How much does your pet weigh now?  
\_\_\_ lbs
10. Did your pet have any complications due to the use of the orthotic device? Please check all that apply:  
\_\_\_ Skin sores  
\_\_\_ Swelling  
\_\_\_ Pain/sensitivity  
\_\_\_ Other, Please describe:
11. Did the complications resolve?  
\_\_\_ Yes  
\_\_\_ No, please explain: \_\_\_\_\_
12. Please rate your pet's level of tolerance while wearing the orthotic device.  
\_\_\_ Did not accept device  
\_\_\_ Accepted device but would chew/lick/remove device  
\_\_\_ Accepted device while being supervised  
\_\_\_ Accepted device with no attempt to chew/lick/remove device  
\_\_\_ Other, Please describe:
13. Please select which explanation best matches your pet's ability to ambulate (move around) while wearing the orthotic device:  
\_\_\_ My pet was not able to ambulate while wearing the device  
\_\_\_ My pet was able to walk further while wearing device than without the device  
\_\_\_ My pet was able to ambulate normally with device, including run  
\_\_\_ The device resulted in no change in my pets ability to ambulate  
\_\_\_ Other, Please describe:
14. Has rehabilitation or physical therapy been part of your pet's veterinary care?  
\_\_\_ Yes  
\_\_\_ No
15. How has your pet's quality or duration of life been impacted by the orthotic device.  
\_\_\_ very positive impact  
\_\_\_ somewhat positive impact  
\_\_\_ no impact  
\_\_\_ somewhat negative impact  
\_\_\_ very negative impact

16. Which of the following statements best describes how the orthotic device for your pet has impacted *your* quality of life. Please select any statement that resonates with you.
- a. My pet wearing the device has not changed my quality of life - no impact
  - b. The device has allowed my pet to return to more normal function, improving my quality of life - positive
  - c. Getting the device to fit correctly has been a challenge for my quality of life - negative
  - d. The device wear schedule has been detrimental to my quality of life - negative
  - e. The device wear schedule has had no impact on my quality of life - no impact
17. How likely would you to choose to have your pet use an orthotic device and/or recommend an orthotic device to a friend for their pet?
- ☐ extremely unlikely
- ☐ unlikely
- ☐ neutral
- ☐ likely
- ☐ extremely likely
18. What has been the total cost of your pet's orthotic device? This price should include the initial examination, any procedures completed to prepare for the application of the device, to final fitting of the device.
- \$
19. How old were you at the time of the decision to pursue an orthotic device for your pet?
- years
20. What was the average annual income of your household at the time of the decision to pursue an orthotic device for your pet?
- \$

Please provide any additional comments here:

Thank you for taking the time to complete this survey.