



Supplementary Material

Supplementary search i. Search strategy for Ovid MEDLINE(R) ALL <1946 to February 01, 2022>

- 1 exp ankle/ (11001)
- 2 exp ankle fractures/ (2003)
- 3 exp ankle joint/ (17755)
- 4 exp ankle injuries/ (10477)
- 5 exp fractures, bone/ (197545)
- 6 or/1-5 (225353)
- 7 exp fibula/ (9331)
- 8 or/6-7 (230449)
- 9 qualitative research/ (71329)
- 10 qualitative stud*.mp. (56115)
- 11 ethno*.mp. (201662)
- 12 grounded theory.mp. (13571)
- 13 qualitative synthes*.mp. (2406)
- 14 thematic.mp. (46030)
- 15 phenomenology.mp. (10439)
- 16 interview/ (30125)
- 17 focus groups/ (33797)
- 18 or/9-17 (384914)
- 19 8 and 18 (955)
- 20 limit 19 to (English language and "all adult (19 plus years)") (694)

Supplementary table ii. Review of full texts for eligibility.

Author	Reason for FT review	Outcome
Budny 2012	Involves interview component on recovery following an intervention Plan to see what they discuss/anything on recovering from fracture	Exclude No clearly reported qualitative findings, just % of people reporting outcomes (good, bad, no pain etc)
Dangor 2012	Examining pre-operative physiotherapy in ankle fracture Check to see if there is material on the experience of injury and recovery	Exclude Participants were healthcare professionals, focused on the benefits of physiotherapy and future rehabilitation
Gorst 2016	Stroke patients with foot/ankle impairments Check to see if there is specific interview material with patients discussing ankle fractures	Exclude Qualitative paper but no specific reference or reporting relating to fractures – captures wide range of ankle impairments
Henningsen 2018	Qualitative study of patient experiences in ankle fracture regarding peripheral nerve block	Exclude Focused on experiences and expectations of peripheral nerve blocks in ankle fracture surgery
Holtkamp 2016	Exploring orthosis, may relate to ankle fracture May involve responses that discuss experience/recovery from fracture in relation to orthosis	Exclude Does not include ankle fracture patients, predominantly stroke survivors (Cerebral Vascular Accident)
Jensen 2021	Qualitative study on patient perspectives of treatment and early rehabilitation following an ankle fracture (content analysis)	Include
Keene 2016	Contains a relevant qualitative sub-study, interviews with patients following ankle fracture (phenomenology)	Include
Kristensen 1985	Follow up following closed treatment of ankle fracture May include some relevant qualitative findings	Exclude No clearly reported qualitative findings, surmised statements about symptoms after treatment e.g., 5 complained of moderate pain after exertion.
Lewis 2013	Long-term function and QoL after Pilon fracture Includes telephone interviews which could have relevant findings	Exclude Telephone interviews part of administering a questionnaire, no clearly reported findings about ankle fracture experiences or recovery
McKeown 2020	Contains relevant qualitative findings examining recovery following ankle fracture, semi-structured interviews (thematic analysis)	Include
McPhail 2012	Interviews of patient and clinician experiences – life impact of ankle fractures Interviews with patients and professionals (thematic analysis)	Include
Rajeev 2011	Functional outcomes following an intervention, includes telephone interviews which could have relevant information	Exclude Telephone interviews to administer questionnaire only, no reporting

Tong 2012	Intervention for complex Pilon fracture, includes patient interviews so may have relevant information	Exclude No reporting of interview data
Viberg 2016	Evaluation complications and outcomes following intervention, involves interviews with patients with potentially relevant data	Exclude No reporting of interview data
Willet 2014	AIM trial with qualitative sub-study	Exclude Design paper of AIM trial (Keene, 2016)

Supplementary table iii. Critical Appraisal Skills Programme (CASP) assessment of methodological quality.

CASP item1	Jensen 2021	McKeown 2020	Keene 2016	McPhail 2012
1. Was there a clear statement of the aims of the research?	Y	Y	Y	Y
2. Is qualitative methodology appropriate?	Y	Y	Y	Y
3. Was the research design appropriate to address the aims of the research?	Y	Y	Y	Y
4. Was the recruitment strategy appropriate to the aims of the research?	Y	Y	Y	Y
5. Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y
6. Has the relationship between researcher and participants been adequately considered?	U	Y	U	Y
7. Have ethical issues been taken into consideration?	Y	Y	Y	Y
8. Was the data analysis sufficiently rigorous?	Y	U	Y	Y
9. Is there a clear statement of findings?	Y	Y	Y	Y
10. How valuable is the research? (<i>researcher discusses contribution</i>)	Y	Y	Y	Y

¹Four possible responses: Y = yes; N = no; U = unclear; N/A = not applicable.

Supplementary table iv. GRADE-CERQual assessment of confidence in evidence (per finding).

Review finding (surmised)	References for studies adding to the finding	Methodological limitations	Coherence	Adequacy	Relevance	Confidence judgement	Justification
Being proactive							
<i>Being persistent:</i> Keeping going, despite any challenges, worries or concerns.	6-8	No or very minor concerns	Minor concerns – persistence not as ‘strong’ in one paper but is present	Minor concern: only 3 studies contributing to findings	No or very minor concerns	Moderate confidence	Minor concerns about coherence and adequacy
<i>Finding ways to do things:</i> Adapting approaches to activities and tasks to enable them to be completed.	5-7	No or very minor concerns	No or very minor concerns	Minor concern: only 3 studies contributing to findings	No or very minor concerns	Moderate confidence	Minor concerns about adequacy
<i>Finding ways to keep busy:</i> Changing activities to remain active during the non-weight bearing phase.	7	No or very minor concerns	No or very minor concerns	Moderate concerns: One rich study contributing to this finding, but little corroboration from other studies	No or very minor concerns	Low confidence	Moderate concerns about adequacy
Living with change							
<i>Living with symptoms:</i> The difficulties of living with the symptoms of an ankle fracture.	5-8	No or very minor concerns	No or very minor concerns	No or very minor concerns	No or very minor concerns	High confidence	Similar findings across studies – high consistency
<i>Living differently:</i> Changed ways of living to accommodate the impact of living with an ankle fracture.	5-8	No or very minor concerns	No or very minor concerns	No or very minor concerns	No or very minor concerns	High confidence	Similar findings across studies – high consistency
Striving for normality							

<p><i>Challenges of adaption and recovery:</i> The challenges of adapting to having an ankle fracture and the process of recovery.</p>	<p>5-8</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>High confidence</p>	<p>Similar findings across studies, good representation</p>
<p><i>Worry for now and the future:</i> Concerns about living with, and the future implications of having an ankle fracture.</p>	<p>5-8</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>High confidence</p>	<p>Similar findings across studies covering a wide timeframe – high consistency</p>