Additional file 2.

Table 2a. Associations of DCD as reported by podiatrists familiar with the condition.

|  |  |
| --- | --- |
| What do podiatrists consider as common presentations or symptoms of DCD? | N = 247 |
| Related signs and symptoms Low toneTrippingTiring easilyMusculoskeletal painPes planus foot postureLigamentous laxityToe walkingDelay in gross motor skillsDelay in fine motor skillsPoor motor planningDecreased proprioceptionUnrelated signs and symptoms Tibial torsionMetatarsus adductusSkin changesUnaware of symptoms related this diagnosisNo response given | 164 (66%)175 (71%)144 (58%)57 (23%)76 (31%)107 (43%)79 (32%)168 (68%)165 (67%)125 (51%)143 (59%)22 (9%)23 (9%)8 (3%)28 (11%)11 (4%) |
| Knowledge of gender distributionCorrect response: More boys than girlsIncorrect/unknown responses: More girls than boysEqual boys and girlsUnaware of gender distribution No response given | N = 247 62 (25%)10 (4%)13 (5%)150 (61%)12 (5%) |

Table 2b. Reported assessment practices for podiatrists familiar and unfamiliar with DCD

|  |  |  |
| --- | --- | --- |
| Assessment practice | Familiar with DCDN = 247, n (%) | Unfamiliar with DCDN = 110\*, n (%) |
| Application of standardised assessment tools (MABC-2, BOT-2 etc.) | 48 (19%) | 24 (22%) |
| Referral to other health professionals | 148 (60%) | 40 (37%) |
| Non-specific or non-standardised assessment and referral  | 18 (7%) | 30 (27%) |
| N/A or Do not assess | 15 (6%) |  |
| No role in assessment |  | 2 (2%) |
| No response given | 18 (7%) | 13 (12%) |

\*8 responses were excluded due to a skip logic function resulting in non-completion of assessment and management questioning