**Supplementary Table 1** The CT elbow scoring system based on the International Elbow Working Group\(^2\) and trochlear notch sclerosis ratio\(^2\).

<table>
<thead>
<tr>
<th>Patient assessment</th>
<th>CT elbow (sub-score)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CT coronoid disease</strong></td>
<td>0</td>
<td>Normal coronoid on CT</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Altered attenuation</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Fissured coronoid</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Fragmented coronoid</td>
</tr>
<tr>
<td><strong>CT osteophyte score</strong></td>
<td>0</td>
<td>No osteophytes</td>
</tr>
<tr>
<td>(size of the largest osteophyte on any reconstructed view)</td>
<td>1</td>
<td>Largest osteophyte &lt; 2 mm</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Largest osteophyte 2 to 5 mm</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Largest osteophyte 5mm</td>
</tr>
<tr>
<td><strong>Congruity (step between radius and ulna on sagittal view)</strong></td>
<td>0</td>
<td>Congruent</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Step &lt; 3mm</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Step 3–5 mm</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Step &gt;5 mm</td>
</tr>
<tr>
<td><strong>TNS ratio</strong> (measured at the mid medial coronoid process on the sagittal view)</td>
<td>0</td>
<td>No sclerosis</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>TNS ratio &lt; 0.3 mm</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>TNS ratio 0.3–0.5 mm</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>TNS ratio &gt; 0.5 mm</td>
</tr>
<tr>
<td><strong>Total CT elbow score</strong></td>
<td>n/12</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: CT, computed tomography; TNS, trochlear notch sclerosis.
LOAD questionnaire

Please answer all the questions and only tick one box per question unless otherwise stated

1. Owner’s name: ________________________________________________________________

2. Today’s date: ________________________________________________________________

3. Pet’s name: _________________________________________________________________

4. Breed of pet: ________________________________________________________________

5. Pet’s age: _________________________________________________________________

6. Sex: Male □ Female □

Background

7. How long has your pet been suffering with his/her mobility problem?
   
   Up to 6 months □ 24–36 months □
   6–12 months □ more than 36 months □
   12–24 months □

8. Has your dog been diagnosed as suffering from any other problems in addition to their orthopaedic disease?
   
   No □ Yes □ —please list these if you can
   1. ................................................................................................................
   2. ................................................................................................................
   3. ................................................................................................................

9. If you can, please list any medications that your pet is currently receiving, stating when they received the last dose of each.
   
   1. ................................................................................................................
   2. ................................................................................................................
   3. ................................................................................................................

10. Is your pet still alive? Yes □ No □
Lifestyle

11. In the last week on average, how far did your dog exercise each day?

- [ ] 0–1 mile
- [ ] 1–2 miles
- [x] 2–3 miles
- [ ] 3–4 miles
- [ ] more than 4 miles

12. In the last week, on average, how many walks did your dog have each day?

- [ ] 0
- [ ] 1
- [x] 2
- [x] 3
- [ ] 4
- [ ] more than 4

13. What type of exercise was this?

- [ ] Always on lead
- [ ] Mostly on lead
- [ ] Mostly off lead
- [ ] Always off lead
- [ ] Working

14. Are there particular days of the week upon which your dog has significantly more exercise? (Tick more than one box if necessary).

- [ ] Mon
- [ ] Tues
- [ ] Wed
- [ ] Thurs
- [ ] Fri
- [ ] Sat
- [ ] Sun

15. Over what sort of terrain does your dog most often exercise?

- [ ] On level grass
- [ ] In woodland
- [ ] On street
- [ ] Over rough hill ground

16. At exercise does your dog?

- [ ] Walk on lead
- [ ] Walk off lead
- [x] Trot
- [ ] Run freely

17. Who limits the extent to which your dog exercises?

- [ ] You
- [x] Your dog

Mobility

18. How is your dog mobility him/herself?

- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Very poor

19. How disabled is your dog by his/her lameness?

- [ ] Not all disabled
- [x] Slightly disabled
- [ ] Moderately disabled
- [ ] Severely disabled
- [ ] Extremely disabled
20. How active is your dog by his/her lameness?

- Extremely active □
- Slightly active □
- Very active □
- Not at all active □
- Moderately active □

21. What is the effect of cold, damp weather on your dog’s lameness?

- No effect □
- Severe effect □
- Mild effect □
- Extreme effect □
- Moderate effect □

22. To what degree does your dog show stiffness in the affected leg after a ‘lie down’?

- No stiffness □
- Severe stiffness □
- Mild stiffness □
- Extreme stiffness □
- Moderate stiffness □

23. At exercise how active is your dog?

- Extremely active □
- Not very active □
- Very active □
- Not at all active □
- Fairly active □

24. How keen to exercise is your dog?

- Extremely keen □
- Not very keen □
- Very keen □
- Not at all keen □
- Fairly keen □

25. How would you rate your dog’s ability to exercise?

- Very good □
- Poor □
- Good □
- Very poor □
- Fair □

26. What overall effect does exercise have on your dog’s lameness?

- No effect □
- Severe effect □
- Mild effect □
- Extreme effect □
- Moderate effect □

27. How often does your dog rest (stop/sit down) during exercise?

- Never □
- Frequently □
- Hardly ever □
- Very frequently □
- Occasionally □
28. What is the effect of cold, damp weather on your pet’s ability to exercise?

No effect □  Severe effect □
Mild effect □  Extreme effect □
Moderate effect □

29. To what degree does your dog show stiffness in the affected leg after a ‘lie down’ following exercise?

No stiffness □  Severe stiffness □
Mild stiffness □  Extreme stiffness □
Moderate stiffness □

30. What is the effect of your dog’s lameness on his/her ability to exercise?

No effect □  Severe effect □
Mild effect □  Extreme effect □
Moderate effect □
Canine Brief Pain Inventory

Description of pain:
Rate your dog’s pain:

1. Fill in the oval next to the one number that best describes the pain at its worst in the last 7 days.

0 1 2 3 4 5 6 7 8 9 10

No pain
Extreme pain

2. Fill in the oval next to the one number that best describes the pain at its least in the last 7 days.

0 1 2 3 4 5 6 7 8 9 10

No pain
Extreme pain

3. Fill in the oval next to the one number that best describes the pain at its average in the last 7 days.

0 1 2 3 4 5 6 7 8 9 10

No pain
Extreme pain

4. Fill in the oval next to the one number that best describes the pain as it is right now.

0 1 2 3 4 5 6 7 8 9 10

No pain
Extreme pain

Description of function:
Fill in the oval next to the one number that best describes how during the last 7 days pain has interfered with your dog’s:

5. General activity

0 1 2 3 4 5 6 7 8 9 10

Does not interfere
Completely interferes

6. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

Does not interfere
Completely interferes

7. Ability to rise to standing from lying down

0 1 2 3 4 5 6 7 8 9 10

Does not interfere
Completely interferes
**Brief Pain Inventory, con't**

8. **Ability to walk**

   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
---|---|---|---|---|---|---|---|---|---|---|----|
Does not interfere |  |  |  |  |  |  |  |  |  |  | Completely interferes |

9. **Ability to run**

   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
---|---|---|---|---|---|---|---|---|---|---|----|
Does not interfere |  |  |  |  |  |  |  |  |  |  | Completely interferes |

10. **Ability to climb stairs, curbs, doorsteps etc.**

    | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
---|---|---|---|---|---|---|---|---|---|---|----|
Does not interfere |  |  |  |  |  |  |  |  |  |  | Completely interferes |

**Overall impression:**

11. Fill in the oval next to the one number that best describes your dog's overall quality of life over the last 7 days.

    | Poor | Fair | Good | Very Good | Excellent |
---|------|------|------|-----------|-----------|
Does not interfere |  |  |  |  |  | Completely interferes |