

**The following content was supplied by the authors as supporting material and has not been copy-edited or verified by JBJS.**

## **Appendix**

Taken together, our data suggest some treatment algorithms for medial epicondyle clinical care and research protocols. From a clinical perspective, clinicians rarely changed their treatment recommendation from operative using AP films to non-operative based on the CT. Thus, if operative management can be definitively established using the AP view, a CT may not be necessary to inform the treatment decision. However, when using the AP view clinicians often changed their treatment recommendation from non-operative to operative based on the CT scan evaluation. Thus, if a treatment recommendation for non-operative treatment is being considered based on the AP view, consideration should be given to obtaining a CT scan before the final treatment recommendation is established. From a research standpoint, displacement measured by experienced surgeons using the largest corresponding point methodology on AP, axial, and EO views is quite reproducible. However, while these measurements are reliable, they can vary by up to 5 mm compared to the displacement measured on CT. Thus, when characterizing fractures for study purposes or deciding on inclusion criteria, a CT scan may provide greater assurance that similar fracture patterns are compared across treatment arms. However, until more detailed studies with uniform clinical evaluations are performed, both the existing published literature and clinicians personal experience are unlikely to provide meaningful information about the relationship between displacement and the ability to achieve a satisfactory result with one treatment over another.