Supplementary Fig. 1 Survey questions on surgeon demographics.

**Demographics**

1) How many years have you been in practice (after completion of fellowship training)?

2) In what area is your primary residency training?
   1. Orthopaedic Surgery (Or Orthopedic)
   2. Plastic Surgery
   3. General Surgery

3) Which of the following best describes your practice setting?
   1. Academic only
   2. Private with Academic affiliation - “Privademics”
   3. Private practice only
   4. Hospital employed
   5. Retired
   6. Other: ______

Supplementary Fig. 2 Survey questions on preferred methods of operative fixation of unstable distal radius fractures.

**Operative Methods**

4) What is your preferred method of fixation for distal radius fractures requiring operative fixation (unstable fracture pattern and/or significant intra-articular step-off)? See image below

5) What is your preferred method for treatment of typical unstable distal radius fractures in the elderly population (>65 years of age)? See image below

6) In elderly patients with unstable fractures treated with non-operative immobilization, how long do you typically keep patients in rigid immobilization (sling or cast)?

   1. Non-operative - immobilization
   2. Volar fixed angle plate
   3. Dorsal plate (non-spanning)
   4. Fragment specific fixation
   5. External fixation
   6. Spanning internal fixation plate
   7. Percutaneous pinning
   8. Other: ______
Supplementary Fig. 3 Survey questions on preferences for immobilization and range of motion therapy after operative fixation of unstable distal radius fractures.

7) What type of immobilization do you place patients in after operative fixation of an unstable fracture treated with a volar fixed-angle plate?
   1. Long arm cast/splint
   2. Short arm cast/splint
   3. Short arm removable splint
   4. Combination long arm and short arm cast/splint
   5. No immobilization
   6. N/A - Do not use volar fixed-angle plates
   7. Other: ________

8) How long do you place patients in rigid immobilization (splint or cast) for unstable distal radius fractures treated by operative fixation with volar fixed-angle plate?
   1. Less than 1 week
   2. 1 to 2 weeks
   3. Greater than 2 but less than 4 weeks
   4. 4 to 6 weeks
   5. Greater than 6 weeks
   6. No immobilization
   7. N/A - Do not use volar fixed-angle plates

9) How long do you place patients in rigid immobilization (splint or cast) for unstable distal radius fractures treated by operative fixation with volar fixed-angle plate compared to other non-spanning methods of fixation (i.e. dorsal plate, fragment specific fixation)?
   1. A longer period of time
   2. A shorter period of time
   3. The same period of time
   4. N/A - only use one particular type of fixation
   5. N/A - do not use volar fixed-angle plates

10) When do you allow patients to begin wrist range of motion (ROM) therapy after operative fixation of an unstable distal radius fracture with a volar fixed-angle plate?
    1. Immediately post-operatively
    2. At 1 week
    3. Greater than 1 but less than 4 weeks
    4. 4 to 6 weeks
    5. Greater than 6 weeks
    6. N/A - do not use volar fixed-angle plates

11) When do you allow patients to begin wrist range of motion (ROM) therapy after operative fixation of an unstable distal radius fracture with a volar fixed-angle plate compared to other non-spanning methods of fixation (i.e. dorsal plate, fragment specific fixation)?
    1. Sooner than other methods of fixation
    2. Later than other methods of fixation
    3. Do not treat differently
    4. N/A - only use one particular type of fixation
    5. N/A - do not use volar fixed-angle plates

12) How long do you immobilize elderly patients (>65 years old) post-operatively who require operative fixation of an unstable fracture compared to younger patients?
    1. For a longer period of time
    2. For a shorter period of time
    3. Do not treat differently
    4. N/A - prefer non-operative treatment in this patient population

13) When do you allow elderly patients (>65 years old) to begin wrist ROM therapy after operative fixation of an unstable distal radius fracture compared to younger patients?
    1. Sooner than younger patients
    2. Later than younger patients
    3. Do not treat differently
    4. N/A - prefer non-operative treatment in this patient population

Please leave any additional comments regarding survey questions below as needed (optional)