Patient's centre ID:		Trial centre:			
Re	search physiotherapist nam	ie:			
Pa	tient details				
Name:			Hospital number:		
Date of birth:			Sex:		
Home address:		Other address (e.g. student):			
Patient contact number(s):		H:			
		W:			
		Mob:			
		E-mail:			
GP	name and surgery details:				
Eli	gibility checklist				
١.	Patient aged 16 years or ove	r			
2.	Patient non-weight bearing/o	or weight bearing with a	aid 🗖		
3.	One week or less since injur	у			
4. No contraindications to any of the four arms of the			trial 📮		
5.	No fracture or other signification	ant injuries present			
6.	6. Written informed consent gained				
				Trial Number	
			(Given by Randomisation Centre	е)	

Telephone 0800 000 000 or 0800 000 000 for randomisation onto the CAST trial