

Fig. E-1

Normalized torque to failure was an excellent predictor of radiographic healing (area under receiver operating characteristic [ROC] curve = 0.97, 95% confidence interval [CI] = 0.76 to 0.99), with a predicted threshold of 0.94 for radiographic healing.

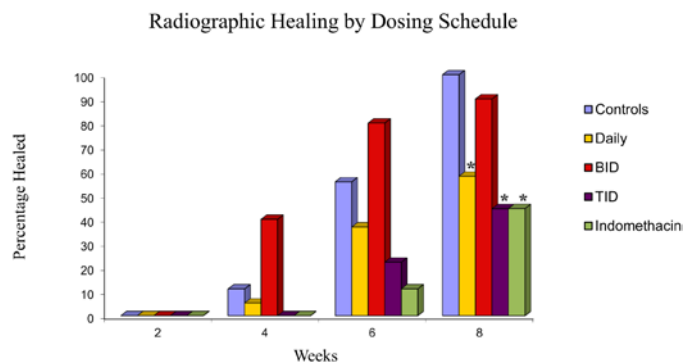


Fig. E-2

The percentage of animals in each group (with the aspirin groups divided by dosing schedule) that achieved radiographic union as defined by grade-4 findings at two, four, six, and eight weeks. At eight weeks, the daily and three-times-a-day (TID) aspirin groups as well as the indomethacin group were less likely than the control animals to have achieved radiographic union (\* $p = 0.03$  for all three groups). There was no significant difference in radiographic union between the aspirin dosing schedules. BID = two-times-a-day aspirin group.

TABLE E-1 Radiographic Grading Scale

Grade	Description
0	No change from immediate postoperative appearance
1	Periosteal reaction, no radiodensity within bridging fracture
2	Radiodensity within fracture gap, no complete cortical bridging
3	Bridging of one cortex with material of nonuniform radiodensity
4*	Bridging of at least two cortices, cut ends remain visible
5	Same as grade 4 with at least one cortex obscured by bone
6	Defect bridged by bone, cut ends of all cortices no longer visible

\*Grade 4 defined as radiographic union.