APPENDIX

1. Have you treated patients with spinal back pain in the last 6 months?

   ☐ Yes   ☐ No

  ∗ If no, then please do not fill out any further questions and return the questionnaire to us in the envelope given.

  ∗ If yes, then please proceed to the following questions below.

2. If the preceding question was answered yes, what percentage of patients (in the past 6 months) did you treat with low back pain?

☐ 0-25%

☐ 25-50%

☐ 50-75%

☐ 75-100%

3. Do you use a classification system to assist with diagnosis and management of low back pain?

☐ Yes   ☐ No

4. If yes, which classification system? Please specify.

_____

5. How did you learn about the classification system? Check all that apply

☐ Physical Therapy School

☐ Post graduate training / Residency /Fellowship/

☐ Continuing education / Course / Seminar

☐ Reading the literature / Research on your own

☐ Other (Please Specify) _____

6. Do you ever perform spinal thrust manipulations on patients with low back pain? (If no, please proceed to question 11)

☐ Yes   ☐ No

7. If the preceding question was answered yes, what percentage of patients with low back pain (in the past 6 months) did you treat with spinal thrust manipulation?

- ☐ 0-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

8. If yes to question 6, do you use a clinical prediction rule to identify appropriate candidates for lumbar thrust manipulation?

☐ Yes ☐ No

9. If yes, which clinical prediction rule do you use? Please Specify.

_____

10. How did you learn about the clinical prediction rule? Check all that apply

☐ Physical Therapy School

☐ Post graduate training / Fellowship/ Residency

☐ Continuing education / Course / Seminar

☐ Reading the literature / Research on your own

☐ Other (Please Specify) _____

11. If you answered no to question 6, please identify the primary reason(s) why you do not use spinal thrust manipulations on patients with low back pain.

12. How would you rate your overall knowledge is of the NY Physical Therapy Practice Act?

☐ No knowledge

☐ Minimal understanding

☐ Moderate understanding

☐ High level of understanding

☐ Complete understanding

13. Which of the following best describes the NY State Practice Act relative to PT performance of spinal manipulation?

☐ Only licensed PT's with at least 3 years of clinical experience can perform manipulations

☐ Only licensed PT's with a DPT are qualified to perform manipulations

☐ All licensed PT's are qualified to perform manipulations

☐ The NY Practice Act is unclear and lacks sufficient guidance on manipulation to justify a PT's qualification to perform manipulation

The next series of questions will assist with data analysis.

How many years have you been practicing Physical Therapy?

_____

Gender

☐ Male   ☐ Female

What degree(s) in Physical Therapy do you currently hold? (please check all that apply)

☐ Bachelors

☐ Masters

☐ T-DPT

☐ DPT

☐ PhD

☐ Other _____

Do you currently hold a specialist orthopedic certification?

☐ Yes   ☐ No

If yes, which certification(s) do you hold? (please check all that apply)

☐ MDT

☐ NAIOMT

☐ OCS

☐ Paris

☐ Other _____

Have you ever received continuing education in the area of low back pain?

☐ Yes   ☐ No

If yes, please check all of the following that apply:

McKenzie   A   B   C   D

Evidence based lumbar spine

Maitland   MT2   MT3   Other _____

NAIOMT   Level 1   Level 2   Level 3   Other _____

Paris   S1   S2   S3   S4   Other _____

Other classes: _____

Have you completed an orthopedic physical therapy residency program?

☐ Yes   ☐ No

If yes, please specify _____

Have you completed an orthopedic manual physical therapy fellowship program?

☐ Yes   ☐ No

If yes, please specify _____

What type of facility do you work in? Please check one

☐ Private Practice

☐ Hospital-Based outpatient facility

☐ Other (please specify) _____