

## SURVEY QUESTIONNAIRE

Version 4.0

### Part A – Registration

#### **Welcome!**

##### I. Why is this survey important?

According to our estimates, there are over 1,000 professional osteopathic practitioners working in Switzerland holding an intercantonal diploma in osteopathy. In June 2016, the Swiss Parliament adopted the Healthcare Occupations Act (GesBG/LPSan) which recognises osteopathy as a primary care health profession. However, little is known about the services that osteopaths offer and the contribution they make to public health. The osteopath community expressed a willingness to support a study that would help raise awareness of their work and the profession in general. The Foundation for the Promotion of Education and Research in Osteopathy therefore commissioned the School of Health Sciences Fribourg (HEdS-FR) to carry out an evaluation of osteopathic services in Switzerland.

The aim of the survey is to gain a better understanding of the role of osteopaths in the Swiss health care system. To this end, it will endeavour to pinpoint the types and scope of osteopathic practice in Switzerland, and to profile patients seeking osteopathic treatment. The data you provide will make it possible to describe the profession more clearly and will help to formulate teaching goals, plan professional development courses, identify research priorities, and provide statistics and information that can be used in stakeholder negotiations. Your data will also make it possible to perform international comparisons and will help define national priorities for inclusion in a global strategy for the profession worldwide. Nationally, the survey should equip osteopaths to better explain their work to other health professions and the public, which in turn should lead to greater recognition of the valuable contribution they make to the Swiss primary health care system.

##### II. Who can take part?

Participants must be either a trained osteopath with a GDK-CDS diploma or an osteopathic assistant who is currently working for an osteopath who holds a GDK-CDS diploma.

##### III. How is the survey organised?

The survey is divided into three parts: A, B and C. You are currently reading Part A, which explains the purpose of the survey and how the data you provide will be used.

Part B applies to both practising and non-practising osteopaths. It contains a series of 29 short questions about you and your clinical practice. This section should take no longer than 10-15 minutes to complete and requires no additional material.

Part C applies only to osteopaths who were in clinical practice in 2016. The questions deal with the type of patients who received treatment in 2016 and the nature of the services delivered. Ideally, participants should provide anonymised information on a total of four randomly selected patients.

Entering data for each patient should take 5-20 minutes depending on the complexity of the given case. Part C is designed in such a way that respondents can complete a portion of it and return later to finish the rest. To ensure that the research team cannot link the respondent to the information provided, all anonymised data provided in Part C will be saved separately from the data provided in Part B.

#### IV. Why should I take part?

Your participation will make a valuable contribution to the profession. Reporting information about your work will not only raise awareness of what you do, but it will also allow to devise professional development plans that are better tailored to your needs.

Participation in the survey is voluntary. However, should you prefer not to take part, we would be very grateful if you could let us know the reasons why.

The survey will only be useful if it reflects what we osteopaths actually do. This is why it is important that answers are as accurate as possible. If you are unable to answer certain question, simply tick the box 'don't know/can't tell from the records'.

#### V. Do I need to obtain my patients' consent to use their records for the purposes of this survey?

No, since this study is an audit of anonymised non-personal data. The Data Protection and Information Commissioners have confirmed that under this condition you are not obliged to seek the consent of your patients to use their records for the purposes of completing this questionnaire. Nonetheless, in the interests of raising patient awareness of our research aimed at improving the quality of osteopathic care, we encourage you to download and print the following flyer to inform your patients. Once again, we would like to remind you that you are under no obligation to do so.

 OsteoSurvey



[bit.ly/2njxyMy](http://bit.ly/2njxyMy)

## VI. Where will my data go, who will use it, and how?

The data you enter will be encrypted and sent over the internet using RedCap, a dedicated service developed by the University of Vanderbilt for non-profit institutions to run highly secure surveys and studies containing potentially sensitive data. This system will transfer your data to a certified data centre sited on the server of the University of Applied Sciences of Western Switzerland (HES-SO); all information will be processed and hosted in accordance with data protection regulations. Answers will be anonymised and IP addresses will not be disclosed to the research team. The system automatically manages your survey status, which means that research staff will not be able to identify you from the responses you have provided. Only HEdS-FR research personnel will have access to the complete, anonymised dataset. The data will remain the property of the HEdS-FR, which will use it to advance existing knowledge, identify areas for future research, and formulate policy and service-related recommendations. However, the final research report will be made public, and the Foundation for the Promotion of Education and Research in Osteopathy will have the right to use and disseminate the findings as they see fit.

## VII. What do I gain from taking part?

By taking part, you are helping to guarantee the quality of the survey. Your involvement will be important not only for you personally but also for the profession as a whole and your future patients. Survey participation also counts as 6 hours of ongoing training. Upon request, we will issue you with a HEdS-FR certificate of ongoing training, recognised by the SVO-FSO under category C.

## VIII. What if I have queries about the survey?

The above information is also available on our website.



[bit.ly/2nPkFen](http://bit.ly/2nPkFen)

If you have any questions, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at [roy.macdonald@hefr.ch](mailto:roy.macdonald@hefr.ch).

## IX. My Consent

By accepting to participate, you agree that you have read and understood the above information. Your participation is voluntary and you are free to withdraw your participation at any time.

The Survey has been optimised for smartphones. We recommend you answer the questions with a touch screen phone.

### **A1 Do you agree to participate?**

- Yes (go to A5)
- No

X. Would you mind telling us why?

**A2 Why have you decided not to take part in the survey?**

(tick all applicable boxes)

- I don't meet the criteria for participating (i.e Swiss GDK-CDS osteopath or osteopath assistant)
- I don't have enough time
- I'm not interested in research
- I was given insufficient information
- I don't think this survey is useful to the profession
- I don't want information about my work to be used to describe the osteopath profession
- Other (please specify): \_\_\_\_\_

**A3 Do you have an assistant working for you?**

(By assistant, we mean any dependant osteopath working under your supervision completing their assistantship.)

- Yes
- No (go to A4)

**A3b How many assistants work under your supervision?**

Enter number: \_\_

**A3c Assistant(s) contact details**

Please enter the email address(es) of your assistant(s). Since your response won't be linked to any of your other answers, there is no way for us to identify you.

_____	_____
_____	_____
_____	_____

**A4 Do you agree to be contacted...**

(tick all applicable boxes)

- to receive the newsletter during the survey period?
- to receive a copy of the final survey report?
- to be informed by the University of Applied Sciences about future surveys of my profession that I could potentially contribute to?
- I do not wish to be contacted (go to XI)

*If you agree to be contacted:*

Please provide us with your email address so that we can contact you. Your email address won't be linked to the other questions you have answered in any way (excluding A4). You can unsubscribe from the list at any time by writing to [paul.vaucher@hes-so.ch](mailto:paul.vaucher@hes-so.ch).

**A4b Please enter a valid email address:** \_\_\_\_\_

**XI. Thank you!**

Thank you for taking your time to read and complete Part A of the survey.

If you have any questions or problems, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at [roy.macdonald@hefr.ch](mailto:roy.macdonald@hefr.ch).

**END OF THE SURVEY**

XII. Welcome!

Thank you for agreeing to take part in this survey. Your contribution will help to improve the understanding of how osteopaths contribute towards public health in Switzerland.

The following section is for you to help us recruit osteopathic assistants.

**A5 Do you have an assistant working for you?**

(By assistant, we mean any dependant osteopath working under your supervision completing their assistantship.)

- Yes
- No (go to A6)

**A5b How many of your assistants fulfil the entry conditions for the second GDK-CDS exam once their assistantship has ended?**

(By this we mean any osteopaths completing their two year assistantship in the intention of obtaining their full GDK-CDS degree, that will be eligible to sit the second GDK-CDS exam as soon as they have completed. If you do not know whether your assistant will be able to apply to the second exam, enter the number of assistants working with you.)

*Enter number: \_ \_*

**A5c Assistant(s) contact detail**

Please enter the email address(es) of your assistant(s). Since your response won't be linked to any of your other answers, there is no way for us to identify you.

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<hr/>	<hr/>
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### XIII. Registration

**A6 Authorisation for us to contact you.**

(tick all applicable boxes)

- I would like to receive the newsletter during the survey period.
- I would like to receive a copy of the final survey report.
- I agree that the University of Applied Sciences can contact me with information on future surveys of my profession that I could potentially contribute to.
- I do not wish to be contacted. (go to Part B – About you and your practice)

**A6b Please provide us with your email address so that we can contact you.**

Your email address won't be linked to the other questions you have answered in any way (excluding A6). You can unsubscribe from the list at any time by writing to [paul.vaucher@hes-so.ch](mailto:paul.vaucher@hes-so.ch).

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Thank you for taking your time to read and complete Part A of the survey. Please continue with Part B.

If you have any questions or problems, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at [roy.macdonald@hefr.ch](mailto:roy.macdonald@hefr.ch).



## Part B – About you and your practice

Please answer all questions as best you can. You must answer each question before you can move on to the next.

### Section 1 – Who are you?

**B1 What sex are you?**

- Male  Female

**B2 Your age in years:**

- 20 – 29  
 30 – 39  
 40 – 49  
 50 – 59  
 60 – 64  
 65 – 69  
 70 – 79  
 80 or older

**B3 Language fluency:**

	Fluent	Good	Some/limited	None
German	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romansh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 2 – Your osteopathic training

**B4** In what year have you completed your osteopathic training?

Year: \_ \_ \_ \_

**B5** In which country did you receive your qualifications as an osteopath?

Country: \_\_\_\_\_

**B6** Academic qualifications  
(tick all applicable boxes)

	Diploma	Bachelor	Master	PhD	CAS	DAS	MAS
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health care profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humanities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B7** What type of GDK-CDS exam have you passed?  
(tick all applicable boxes)

- Exam organised for osteopaths who were in practice prior to the GDK-CDS regulations (up to 2012)
- 1st GDK-CDS exam (basic knowledge)
- 2nd GDK-CDS exam (clinical)
- Applying for recognition of international statutory registration - equivalence to 1st exam

**B8** What year did you pass your most recent GDK-CDS exam or register for statutory recognition of your qualifications?

Year: \_ \_ \_ \_

**B9** Have you worked as an osteopathic practitioner in 2016?

- Yes (go to Section 4 – Your professional activities as a practicing osteopathic practitioner)
- No (go to Section 3 – Your professional activities as a non-practicing osteopath)

## Section 3 – Your professional activities as a non-practicing osteopath

**B10** What year did you stop practising osteopathy?

Year: \_ \_ \_ \_ \_

**B11** Why?

(tick all applicable boxes)

- For a parental leave
- To study
- Retirement
- Health problems
- Other clinical work
- Teaching/research
- Work in an unrelated field
- Other (please specify): \_\_\_\_\_

(go to B29)

## Section 4 – Your professional activities as a practicing osteopathic practitioner

**B12 How many weeks did you work as an osteopathic practitioner in 2016?**

(Tip: to know how many weeks you worked, deduct the weeks of holidays you had from 52.)

Weeks: \_\_

**B13 In a typical working week in 2016, how many hours per week did you spend with the following activities?**

	hours
Osteopathic clinical practice	--
Supervision of other osteopaths	--
Practice management/administrative duties	--

**B14 What was your employment status in 2016?**

(tick all applicable boxes)

- Self-employed osteopath
- Employee–assistant in an osteopathic practice
- Employee–associate in an osteopathic practice
- Voluntary osteopathic work
- Other (please specify): \_\_\_\_\_

**B15** What proportion of a standard working week (42h), did you spend practising in these places?

(Please round up to the closest 10%)

	Never	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Dedicated individual private practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group private practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dedicated room in your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared domestic/clinical room at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients' homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social care centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B16** In which linguistic region did you regularly practice osteopathy in 2016?

(tick all applicable boxes)

- French-speaking Switzerland
- German-speaking Switzerland
- Italian-speaking Switzerland
- Romansh-speaking Switzerland

**B17** In which type of area did you regularly practice osteopathy in 2016?

(tick all applicable boxes)

- Urban (agglomerations with 20'000 or more inhabitants.)
- Rural

**B18 Do you have any co-workers with whom you can discuss anonymised patient cases?**

(in or outside your place(s) of work)

- Yes  
 No (go to B19)

**B18b Who do you discuss these with?**

(tick all applicable boxes)

	<u>At your working places(s)</u>	<u>Outside of your working place(s)</u>
Osteopath assistant(s)	<input type="checkbox"/>	<input type="checkbox"/>
Osteopath supervisor(s)	<input type="checkbox"/>	<input type="checkbox"/>
Osteopath colleague(s)	<input type="checkbox"/>	<input type="checkbox"/>
General practitioner(s)	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecologist/obstetrician(s)	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrician(s)	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatologist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Sports medicine specialist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Dentist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other medical specialist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractor(s)	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Psychomotor therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Midwife(ves)	<input type="checkbox"/>	<input type="checkbox"/>
Other allied health professionals	<input type="checkbox"/>	<input type="checkbox"/>

Acupuncturist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Homeopath(s) / Naturopath(s)	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiologist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Bioenergy therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other complementary therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>

**B19 On which registry were you listed for patient reimbursements from private insurance providers in 2016?**

(tick all applicable boxes)

- EMR/RME
- ASCA
- EGK/SNE
- NVS
- Visana Group
- Helsana Group
- SVO-FSO ongoing training list
- None of the above

**B20 In 2016, how many patients did you see as an osteopathic practitioner?**

	Amount
In a typical week (Mon-Fri)	_ _ _ _
On a typical weekend (Sat+Sun)	_ _

**B21 How many new patients would you estimate have you had in a typical week of 2016?**

Amount: \_ \_ \_ \_



**B22 In your daily schedule, how much time do you allocate to the following appointment types and how much do you usually charge?**

(Enter 0 if you do not provide the type of appointment)

New patient	__ min	CHF ___
Returning patient with a new episode or complaint	__ min	CHF ___
Returning patient during the same episode (follow-up)	__ min	CHF ___
Short emergency consultation	__ min	CHF ___
Home visit	__ min	CHF ___

**B23 In 2016, did you offer any patients a reduced treatment fee if you knew that they were in financial difficulty?**

<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Never</b>	<b>N/A</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B24 For your osteopathic clinical practice during 2016, please estimate the percentage of your patients with whom you used each of the following techniques and treatments:**

	0%	1-10%	11-50%	51-90%	91-100%
Soft tissue techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulatory techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HVLA thrust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cranial techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strain/counterstrain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General osteopathic treatment (GOT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visceral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myofascial release (MFR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhibition techniques (e.g. trigger points)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biodynamic approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No hands-on treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise – strengthening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise – stretching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise – proprioception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise – mindfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain neuroscience education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietary advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-medication advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry needling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applied or clinical kinesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bio-resonance therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electro-therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription of medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please name): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B25 In your estimation, what proportion of your patients has complementary insurance cover that includes osteopathic care?**

(Please round to the closest 10%)

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B26 What percentage of your time in osteopathic practice in an average week in 2016 did you spend treating the following groups?**

(Please round up to the closest 10%. Given we are rounding up, it might be normal that your total is more than 100%).

	None	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<b>Infants</b> (<1 year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Children</b> (1–12 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Adolescents</b> (13-17 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Pregnant women</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Sportsmen /women</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Performing artists</b> (e.g. dancers, musicians)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Older people</b> (65 + years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other adults</b> (18-64 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Animals</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B27 In 2016, did you carry out any of the following intimate examinations?**

	Yes	No
Genital examinations	<input type="radio"/>	<input type="radio"/>
Rectal examinations	<input type="radio"/>	<input type="radio"/>
Breast examinations	<input type="radio"/>	<input type="radio"/>
Oral cavity examinations	<input type="radio"/>	<input type="radio"/>
Ear canal examinations	<input type="radio"/>	<input type="radio"/>

(If you answered 'no' to all five questions, go to B28)

**B27b How do you usually obtain specific consent before performing any of the following intimate examinations?**

	Implied Consent	Verbal	Written	Written and verbal	No consent taken	N/A
Genital examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral cavity examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear canal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B27c How often did you ask the patient if they would prefer to be accompanied by a chaperone?**

	Always	Usually	Sometimes	Never	N/A
Genital examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral cavity examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear canal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B28 Did you usually discuss or communicate any of the following with patients?**

	Yes	No
Cancellation policy	<input type="radio"/>	<input type="radio"/>
Data handling policy	<input type="radio"/>	<input type="radio"/>
Confidentiality policy	<input type="radio"/>	<input type="radio"/>
The presenting complaint (Agreement on which complaint is to be addressed in priority.)	<input type="radio"/>	<input type="radio"/>
Treatment options for the complaint	<input type="radio"/>	<input type="radio"/>
Possible risks and side effects of treatment	<input type="radio"/>	<input type="radio"/>
Anticipated response to treatment	<input type="radio"/>	<input type="radio"/>
Anticipated number of treatments	<input type="radio"/>	<input type="radio"/>
Ways to avoid recurrences in the future	<input type="radio"/>	<input type="radio"/>

**B29 Which of the following professional osteopathic organisations were you a member of in 2016?**

(tick all applicable boxes)

- Swiss Federation of Osteopaths SVO-FSO (incl. cantonal sections)
- SwissOsteo
- SAGOM/SAMM
- Other (please specify): \_\_\_\_\_

**B30 In 2016, did you perform any other professional activity alongside your osteopathic practice?**

(tick all applicable boxes)

- None
- Provision of other non-osteopathic health services (please specify):  
\_\_\_\_\_
- Teaching student osteopaths
- Teaching other health care students
- Research
- Studying as a registered student
- Working in an unrelated field
- Other (please specify): \_\_\_\_\_

**B31 How many hours of professional development in the following topics have you approximately completed in 2016?**

(Please enter "0" if you have not attended any CPD in the field)

Structured osteopathic training courses	__ hours
Structured non-osteopathic courses	__ hours
Lectures	__ hours
Group or practice meetings	__ hours
Higher education	__ hours
Teaching/mentoring/tutorials	__ hours
Publishing	__ hours
Distance learning	__ hours
Reviewing and reading scientific articles	__ hours
Congress / conference	__ hours
Internet research	__ hours
Other (please specify): _____	__ hours

Thank you for taking your time to read and complete Part B of the survey. Please continue with Part C.

If you have any questions or problems, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at [roy.macdonald@hefr.ch](mailto:roy.macdonald@hefr.ch).

## Part C: Anonymous patient information

### Section 1 – Selecting your \_\_\_\_ patient (1<sup>st</sup> – 4<sup>th</sup>)

The data you are entering in this section is not linked to your identity and is registered separately from the data you entered in Part B.

Using the date which will be provided to you below, look in your work calendar and identify the first patient you saw in the following 24-hours. The patient must be a new patient, or an existing patient with a new episode (i.e. returning with a new complaint or with a recurrent complaint, but symptom-free for at least six weeks since their previous appointment).

**Please get a random date and time by scanning the QR-code with your smartphone. If you do not have a QR-reader installed, just go to your AppStore and download a free QR-code reader. Alternatively, you can enter the address in to your browser.**



[bit.ly/2n5Fcub](http://bit.ly/2n5Fcub)

**C1\_1 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_2 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
  - No
-

Please refresh the page to be provided with a new date.

**C1\_3 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_4 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_5 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_6 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
  - No
-



Please refresh the page to be provided with a new date.

**C1\_7 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_8 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_9 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_10 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
  - No
-

Please refresh the page to be provided with a new date.

**C1\_11 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

Please refresh the page to be provided with a new date.

**C1\_12 Did you see a new patient or a returning patient with a new episode in the 24-hours following the given date and time?**

- Yes (go to C2)
- No

---

*It seems like you are having difficulties finding a timeframe where you saw a patient.*

*Please contact Paul Vaucher by writing an email to [paul.vaucher@hes-so.ch](mailto:paul.vaucher@hes-so.ch) to be provided with a customised timeframe that suits you better.*

---

**C2 In which month did this patient appointment take place?**

\_\_\_\_\_

**C3 On which day of the week did this patient appointment take place?**

\_\_\_\_\_

**C4 At what time did the patient appointment start?**

- Before 8 AM
- Between 8 AM and 9:59 AM
- Between 10 AM and 3:59 PM
- Between 4 PM and 5:59 PM
- 6 PM or later

(continue with Section 2 – General patient information)

## Section 2 – General patient information

We recommend you to make a note in the patient's record, that you have used this patient's record for the SwissOsteoSurvey. This will allow you to inform the patient, should they ask you in the future.

Please answer the following questions based on the information in your patient's records.

**C5 Patient sex**

(if sex is ambiguous, refer to the sex the patient identifies to)

- Male  Female

**C6 Is your patient above 2 years of age?**

- Yes (go to C6b)  
 No (go to C6c)

**C6b Patient age in years: --**  
(go to C7)

**C6c Patient age in months: --**

**C7 Residential region:**

- Lake Geneva Region (GE, VD, VS)
- Espace midlands (BE, FR, JU, NE, SO)
- Northwestern Switzerland and Zurich (AG, BS, BL, ZH)
- Eastern Switzerland (AI, AR, GL, SG, SH, TG)
- Central Switzerland (LU, NW, OW, SZ, UR, ZG)
- Graubünden and Ticino (GR, TI)

**C8 How would you describe the patient's current work status?**

(tick all applicable boxes)

- Pupil/student
  - Pre-school
  - Primary school
  - Secondary school
  - Tertiary education/higher education/university
- Self-employed
  - At what percentage? (42h/w = 100%): \_\_\_\_\_
  - Don't know/can't tell from the records
- Employed
  - At what percentage? (42h/w = 100%): \_\_\_\_\_
  - Don't know/can't tell from the records
- Housewife/househusband
- Not currently working/studying
  - Unemployed for health reasons
  - Retired
  - Infant/child
  - Other (please specify): \_\_\_\_\_
- Don't know/can't tell from the records

**C9 Has the patient ever had any osteopathic treatment before?**

(tick all applicable boxes)

- Yes, with me for a previous episode of the same complaint
- Yes, with me for a different complaint
- Yes, with another osteopath
- No
- Don't know/can't tell from the records

**C10 Was the patient referred to you by someone?**

- Yes
- No (go to C11)
- Don't know/can't tell from the records (go to C11)

**C10b Who referred the patient to you?**

- General practitioner
- Dentist
- Pharmacist
- Chiropractor
- Another medical specialist, please specify \_\_\_\_\_
- Another osteopath  
(including an assistant)
- Midwife
- Physiotherapist
- Occupational therapist
- Nutritionist
- Nurse practitioner
- Another allied health professional, please specify \_\_\_\_\_
- Complementary therapist

**C11 How long did the patient have to wait to see you?**

- 1 Day or less
- 2–3 days
- 4–7 days
- 8 days or more
- Don't know/can't tell from the records

## Section 3 – Information about the patient’s complaint at the first appointment

**C12** How would you describe the main presenting complaint?

(tick all applicable boxes)

- Musculoskeletal pain or dysfunction
- Infancy-related complaints
- Dentistry/orthodontics
- Ear-nose-throat
- Neurological
- Rheumatological
- Gastrointestinal
- Obstetrical
- Gynaecological
- Psychological
- Endocrinological
- Respiratory
- Cardiovascular
- Urogenital
- Dermatological
- Ophthalmological
- General/non-specific
- Prevention
- Other (please specify): \_\_\_\_\_

**C13 For how long has the patient had this problem for, including prior episodes?**

- 24h or less
- 1–2 days
- 2–7 days
- 1–4 weeks
- 1–6 months
- 6–12 months
- 1–2 years
- 2–5 years
- 5–10 years
- More than 10 years
- Don't know/can't tell from the records

**C14 Before this first appointment, how long had the patient been off work/school with this problem?**

- Hasn't been off work/school
- 24h or less
- 1–2 days
- 2–7 days
- 1–4 weeks
- 1–6 months
- 6–24 months
- More than 24 months
- Don't know/can't tell from the records

**C15 Has the patient had previous treatment or undergone investigations for this episode?**

- Yes
- No (go to C16)
- Don't know/can't tell from the records (go to C16)

**C15b Who had the patient previously seen for this episode?**

(tick all applicable boxes)

- General practitioner
- Pharmacist
- Physiotherapist
- Other osteopath
- Other assistant osteopath
- Complementary therapist
- Medical specialist (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**C15c What type of investigations had already been performed for this condition and have you seen the report or the actual exam results?**

(tick all applicable boxes)

	Done	Seen	
		Report	Exam Results
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other types of imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C15d What type of treatments had the patient already received for this episode?**

(tick all applicable boxes)

- Self-medication
- Prescribed medication
- Manual therapy
- Surgery
- Complementary medicine
- Other (please specify): \_\_\_\_\_



**C16 Please describe the onset of symptoms:**

- Traumatic onset
- Acute/sudden onset (non traumatic)
- Slow/insidious onset
- Don't know/can't tell from the records

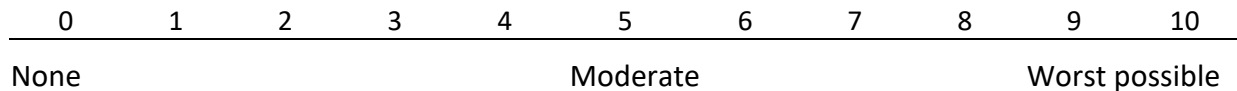
**C17 Which episode of symptoms was it?**

- First episode
- Second episode
- Third episode
- Fourth or more episodes
- Don't know/can't tell from the records

**C18 Did you record the severity of the main symptoms at the first appointment?**

- Yes
- No (go to C18c)

**C18b Please indicate the recorded severity:**



(go to C19)

**C18c Please estimate the severity of main symptoms:**

- None
- Mild
- Moderate
- Severe
- Worst imaginable
- Don't know/can't tell from the records

**C19** Please enter up to four predominate symptom areas in order of priority for the given patient:

Area	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Head/facial area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporo-mandibular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper-arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forearm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic cage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumbar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacroiliac/pelvis/groin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluteal region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thigh/upper leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C20 What current co-existing conditions, diagnosed by a medical practitioner, does the patient have?**

(tick all applicable boxes)

- Don't know/can't tell from the records
- None

*Cardiovascular diseases (CVD)*

- Hypertension
- Angina
- CHF (congestive heart failure)
- MI (myocardial infarct)
- Stroke/TIA (transient ischaemic attack)
- Peripheral vascular disease
- Other CVD disease

*Mental disorders*

- Anxiety
- Depression
- Dementia
- Other mental disorder

*Rheumatological disorders*

- Arthritis
- Osteoporosis
- Other rheumatological disorder

*Sensorial and neurological disorders*

- Migraine
- Hearing impairment
- Visual impairment
- Neurological disease
- Other neurological disorder

*Respiratory disorders*

- Asthma
- COPD (chronic obstructive pulmonary disease)
- Other respiratory disorder

*Kidney/liver disorders*

- Kidney disease
- Liver disease
- Other kidney/liver diseases

*Digestive disorders*

- Upper gastrointestinal disease
- Chronic inflammatory disease (Crohn's disease / ulcerative colitis)
- Irritable bowel syndrome (IBS)
- Other diagnosed digestive disorders

*General disorders/conditions*

- Pregnancy
- Anaemia
- Diabetes
- Cancer
- Other general disorder condition

*Other (please specify):* \_\_\_\_\_

## Section 4 – Treatment and Management

### **C21 Which of the following examination procedures did you use during the first visit?**

(tick all applicable boxes)

- Don't know/can't tell from the records (go to C22)
- None (go to C22)
- Observation
- Palpation of position/structures
- Palpation of tenderness
- Joint range of motion
- Palpation of joint movement quality
- Visceral mobility
- Cranial mobility
- Fascial testing
- Neurolymphatic reflex tests (eg. Chapman and Jarricot Reflex)
- Nerve stretch tests
- Muscle function
- Orthopaedic tests
- Percussion and auscultation
- Neurological examination
- Patient questionnaires (e.g. Oswestry Disability Index)
- Otoscopy (ear/nose/throat)
- Ophthalmoscopy (eyes)
- Diagnostic imaging (e.g. X-ray, MRI)
- Blood analysis
- Urine analysis
- Other (please specify): \_\_\_\_\_

**C21b How was consent gained for examination?**

(please note that you cannot be identified from the responses you give)

- Implied consent
- Verbal
- Written
- Written and verbal
- Other (please specify): \_\_\_\_\_
- Don't know/can't tell from the records
- No consent taken

**C22 What treatment plan was agreed with the patient?**

(tick all applicable boxes)

- Osteopathic management
- Single consultation only
- Patient was referred on
- No treatment plan agreement
- Don't know/can't tell from the records

**C23 What types of treatment approaches were used with the patient?**

(tick all applicable boxes)

- Don't know/can't tell from the records (go to C24)
- None (go to C24)
- Soft tissue techniques
- Articulatory techniques
- HVLA thrust
- Cranial techniques
- Muscle energy
- Strain/counterstrain
- Functional technique
- General osteopathic treatment (GOT)
- Visceral
- Myofascial release (MFR)
- Inhibition techniques (e.g. trigger points)
- Biodynamic approach
- No hands-on treatment

- Exercise – strengthening
- Exercise – stretching
- Exercise – proprioception
- Exercise – mindfulness
- Relaxation
- Self-management
- Lifestyle advice
- Pain neuroscience education (PNE)
- Dietary advice
- Self-medication advice
- Nutrition therapy
- Orthotics
- Psychological treatment
- Hypnosis
- Acupuncture
- Dry needling
- Homeopathy
- Herbal medicine
- Applied or clinical kinesiology
- Bio-resonance therapy
- Electro-therapy
- Prescription of medication
- Injections
- Other (please specify): \_\_\_\_\_

**C23b How was consent gained for treatment?**

(please note that you cannot be identified from the responses you give)

- Implied consent
- Verbal
- Written
- Written and verbal
- Other (please specify): \_\_\_\_\_
- Don't know/can't tell from the records
- No consent

**C24 Were any of the following procedures conducted and were you able to obtain specific consent?**

(specific consent is only valid if patients were explicitly given the option to refuse the proposed procedure)

Procedure	Conducted		Specific consent	
	Yes	No	Yes	No
Rectal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-ear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical HVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic HVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumbar HVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C25 Did you discuss any of the following with the patient?**

	Yes	No	Can't tell
Treatment options for the presenting complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible risks and side effects of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticipated response to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticipated number of treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ways to avoid recurrences in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An explanation of the presenting complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C26 What self-management strategies, if any, did you recommend to the patient?**

(tick all applicable boxes)

- Don't know/can't tell from the records
- None
- Application of heat
- Application of cold
- Contrast bathing
- RICE protocol (rest ice compression elevation)
- Rest



- Strengthening exercise
- Stretching exercise
- Proprioceptive exercise
- Mindfulness exercise
- General physical activity
- Relaxation advice
- Advice concerning physical activity
- Vitamins or other nutritional supplements
- Natural remedies
- Naturopathic neuromuscular techniques (kinesiology)
- Other (please specify): \_\_\_\_\_

**C27 Who paid for most of the treatment?**

- The patient
- Patient's private insurance company
- Employer's accident insurance company
- Private accident insurance company
- Invalidity insurance
- Patient's employer
- Other (please specify): \_\_\_\_\_
- Don't know/can't tell from the records

**C28 Is an insurance case or litigation claim pending in relation to the presenting complaint?**

- Yes
- No
- Don't know/can't tell from the records

**C29 How much time did you spend on this first appointment?**

- Don't know/can't tell from the records (go to C30)

\_\_\_\_\_ minutes

**C29b What proportion of this time did you (approximately) spend on the following?**

(Enter "999" if you don't know/can't tell from the records)

Case history	__ min
Examination	__ min
Discussion of treatment	__ min
Discussion of consent	__ min
Treatment	__ min
Advice and guidance (including psychological support)	__ min
Administration	__ min
Other (please specify:_____)	__ min

**C30 Did the patient return for a second appointment?**

- Yes (go to C31)
- No

**C30b Why not?**

(tick all applicable boxes)

- The patient was referred to another health care practitioner
- The patient was discharged
- The patient declined to book another appointment
- The patient didn't attend the scheduled appointment
- The patient cancelled the appointment
- Don't know/can't tell from the records

(go to C43)

## Section 5 – The second appointment

**C31 Did the patient report any complications as a result of the first treatment?**

(tick all applicable boxes)

- No
- Don't know/can't tell from the records
- Increased pain
- Increased stiffness
- Dizziness
- Nausea
- Headache
- Fatigue
- Serious adverse event  
(If known, please give details): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**C32 What was the patient's overall outcome after the first appointment?**

- Worst ever
- Much worse
- Worse
- No change
- Improved
- Much improved
- Best ever
- Don't know/can't tell from the records

**C33 What types of treatment approaches were used with the patient at the second appointment?**

(tick all applicable boxes)

- Don't know/can't tell from the records (go to C34)
- None (go to C34)
- Soft tissue techniques
- Articulatory techniques
- HVLA thrust
- Cranial techniques

- Muscle energy
- Strain/counterstrain
- Functional technique
- General osteopathic treatment (GOT)
- Visceral
- Myofascial release (MFR)
- Inhibition techniques (e.g. trigger points)
- Biodynamic approach
- No hands-on treatment
- Exercise – strengthening
- Exercise – stretching
- Exercise – proprioception
- Exercise – mindfulness
- Relaxation
- Self-management
- Lifestyle advice
- Pain neuroscience education (PNE)
- Dietary advice
- Self-medication advice
- Nutrition therapy
- Orthotics
- Psychological treatment
- Hypnosis
- Acupuncture
- Dry needling
- Homeopathy
- Herbal medicine
- Applied or clinical kinesiology
- Bio-resonance therapy
- Electro-therapy
- Prescription of medication
- Injections
- Other (please name): \_\_\_\_\_

**C34 What self-management strategies, if any, did you recommend to the patient?**

(tick all applicable boxes)

- Don't know/can't tell from the records
- None
- Application of heat
- Application of cold
- Contrast bathing
- RICE protocol (rest ice compression elevation)
- Rest
- Strengthening exercise
- Stretching exercise
- Proprioceptive exercise
- Mindfulness exercise
- General physical activity
- Relaxation advice
- Advice concerning physical activity
- Vitamins or other nutritional supplements
- Natural remedies
- Naturopathic neuromuscular techniques (kinesiology)
- Other (please state) \_\_\_\_\_

**C35 Please enter the time spent for the second appointment:**

- Don't know/can't tell from the records (go to C36)

\_\_\_\_\_ *minutes*

**C36 Did the patient return for a third appointment?**

- Yes (go to C37)
- No (go to C40)

## Section 6 – Last appointment of initial course of treatment for this episode

**C37** Please enter the total number of treatments for this episode (up to and including the most recent appointment)

- Don't know/can't tell from the records (go to C40)

Amount: \_\_

**C38** Is the patient continuing to report any complications as a result of the treatment? (tick all applicable boxes)

- No
- Don't know/can't tell from the records
- Increased pain
- Increased stiffness
- Dizziness
- Nausea
- Headache
- Fatigue
- Serious adverse event (If known, please give details): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**C39** What was the patient's overall outcome at their most recent appointment?

- Worst ever
- Much worse
- Worse
- No change
- Improved
- Much improved
- Best ever
- Don't know/can't tell from the records

**C40 Duration of treatment period for this episode:**

(first to most recent appointment)

*Use most relevant scale*

Weeks \_\_ Months \_\_

**C41 Has the patient completed the initial course of treatment for this episode?**

- Yes
- No, treatment is ongoing
- Patient did not return (reason unknown)
- Treatment terminated due to illness
- Treatment terminated for financial reasons
- Treatment terminated for other reasons (please specify): \_\_\_\_\_

**C42 Did you record the severity of the main symptoms at the last appointment?**

- Yes
- No (go to C42c)

**C42b Please indicate the recorded severity:**

0    1    2    3    4    5    6    7    8    9    10

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None

Moderate

Worst possible

(go to C43)

**C42c Please estimate the severity of the main symptoms at the last appointment**

- None
- Mild
- Moderate
- Severe
- Worst imaginable
- Don't know/can't tell from the records

**C43 Were the set treatment goals achieved?**

- Don't know/can't tell from the records

<b>Not at all</b>	<b>Somewhat</b>	<b>Mostly</b>	<b>Totally</b>	<b>N/A</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C44 Did the patient take time off work/school since the first appointment, due to the episode under treatment?**

- Yes
- No (go to C45)
- Don't know/can't tell from the records (go to C45)

**C44b Was the patient able to return to work/school?**

- Yes
- No (go to C45)
- Don't know/can't tell from the records (go to C45)

**C44c How long after the appointment was the patient able to return to work/school?**

- Same day
- Following day
- 2–7 days
- 1–4 weeks
- 1–6 months
- 6–12 months
- More than 12 months
- Don't know/can't tell from the records

**C45 Did you contact the patient's general practitioner during this course of treatment?**

- Yes
- No (go to C46)
- Don't know/can't tell from the records (go to C46)



**C45b Why did you contact the patient's general practitioner?**

(tick all applicable boxes)

- Patient was referred by the general practitioner
- To request further information or investigations
- General practitioner had requested information
- To discuss referral for other treatment
- Other (please specify): \_\_\_\_\_
- Don't know/can't tell from the records

**C46 What future course of care was agreed upon at the last appointment?**

- Don't know/can't tell from the records
- None planned
- Patient was discharged
- Patient opted to return for episodic care
- Patient awaiting results of investigations
- Patient was referred on for investigations/treatment
- Still continuing initial course of treatment
- Patient planning to return for further treatment if necessary
- Other (please specify): \_\_\_\_\_

**C47 Since the first appointment, was the patient seen by anyone else for the main condition they have seen you for?**

- Yes
- No (go to the end of this section)
- Don't know/can't tell from the records (go to the end of this section)

**C47b Who were they seen by?**

(tick all applicable boxes)

- Accident and emergency ward
- Their general practitioner
- Other osteopath
- Dentist/orthodontist
- Other medical consultant (please specify): \_\_\_\_\_
- Complementary therapist (please specify): \_\_\_\_\_
- Psychologist
- Other healthcare provider (please specify): \_\_\_\_\_
- Don't know/can't tell from the records

**C47c Please specify to whom you referred the patient to:**

(tick all applicable boxes)

- I didn't refer the patient
- Accident and emergency ward
- Their general practitioner
- Other osteopath
- Dentist/orthodontist
- Other medical consultant (please specify): \_\_\_\_\_
- Complementary therapist (please specify): \_\_\_\_\_
- Psychologist
- Other healthcare provider (please specify): \_\_\_\_\_
- Don't know/can't tell from the records

## Completion of data entry

Thank you for entering your patient's data. If you have any questions, or problems, copying the data into the system, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at [roy.macdonald@hefr.ch](mailto:roy.macdonald@hefr.ch).

**END OF SURVEY QUESTIONNAIRE**