

## Physiotherapist Questionnaire



- When completing this questionnaire, please try to be as honest as you can throughout. There are no 'correct' or 'incorrect' answers.
- We are interested in your clinical opinion about the management of **back pain during pregnancy**.
- Most questions can be answered by putting a cross in the box like this
- If you have any questions about this questionnaire or the study in general, you can telephone **Melanie Holden** on **01782 734863** during office hours.
- Please return this questionnaire in the pre-paid envelope provided. **You do not need a stamp.**

**Thank you for your help with this research study**

For this study we are seeking the views of physiotherapists who treat **pregnancy-related back pain**.

Have you **ever** treated a pregnant woman with back pain?

Yes

No

\* If no, please do not fill in any further questions and return the questionnaire to us in the envelope provided. Your response is valuable to us even if you do not treat pregnant women with back pain. Thank you.

\* If yes, please continue with the questions below.

**Section One – about you**

1.1 Please state the year in which you qualified as a physiotherapist.....

1.2 Are you Female  Male

1.3 Do you work..... (Please cross one box)

- .....Exclusively in the National Health Service (NHS)
- .....Exclusively in non-NHS settings (e.g. private practice / hospital, education/research, military, sports club)
- .....In a combination of NHS and non-NHS settings

1.4 What is your current agenda for change banding? (Please cross one box only)

- .....Band 5
- .....Band 6
- .....Band 7
- .....Band 8a
- .....Band 8b or above
- .....Not applicable

1.5 How frequently do you see pregnant women with back pain? (Please cross one box only)

- .....Infrequently; at most 1 in the last 6 months
- .....Somewhat frequently; between 2 to 5 in the last 6 months
- .....Frequently; at least 1 per month
- .....Very frequently; at least 1 per week

1.6 Under what circumstances do you typically see pregnant women with back pain?  
(Please cross all boxes that apply)

- .....They are referred from their midwife to me
- .....They are referred from their GP to me
- .....They are referred from the obstetrician to me
- .....They are referred from other physiotherapy colleagues to me
- .....They self refer, directly to me
- .....Other, please specify.....

1.7 Do you have a clinical speciality/special interest?

- Yes  No

If yes, please state the **main one**.....

1.8 Are you a member of any Clinical Interest Groups / Professional Networks?

- Yes  No

If yes, please state which ones

.....  
.....  
.....  
.....  
.....

1.9 Have you received any **specific postgraduate training** in the field of **women's health**?

- Yes  No

If yes, which of the following describes your training in the field of women's health?  
(Please cross all boxes that apply)

- .....Day or weekend courses with no formal assessment
- .....Courses or modules with formal assessments (exams, marked assignments etc.)
- .....MSc or equivalent
- .....Other, please specify.....

Please provide any further details below

**1.10** Have you received any **specific postgraduate training** in the management of **back pain**, in general?

Yes

No

If yes, which of the following describes your training in the field of back pain?  
(Please cross all boxes that apply)

.....Day or weekend courses with no formal assessment

.....Courses or modules with formal assessments (exam, marked assignments etc.)

.....MSc or equivalent

.....Other, please specify.....

Please provide any further details below

**1.11** Have you received any **specific postgraduate training** in the management of **back pain in pregnancy**?

Yes

No

If yes, which of the following describes your training in the field of back pain?  
(Please cross all boxes that apply)

.....Day or weekend courses with no formal assessment

.....Courses or modules with formal assessments (exam, marked assignments etc.)

.....MSc or equivalent

.....Other, please specify.....

Please provide any further details below

**1.12** Have you received any **specific postgraduate training** in the field of **acupuncture**?

Yes

No

If yes, please specify

**1.13** Do you use acupuncture in the management of musculoskeletal problems, including back pain in general?

Yes

No

**If yes**, please continue to complete the remaining questions in this section.

**If no**, please go straight to Section 2 on page 8.

**1.14** Do you use acupuncture in the management of pregnant women with back pain?

Yes

No

If no, please briefly state the main reason why

.....  
.....  
.....  
.....

**1.15** Please cross the one box that best describes the predominant style of acupuncture that you use.

- .....TCM / Traditional acupuncture
- .....Western / Medical acupuncture
- .....Auricular acupuncture
- .....Trigger point / Myofascial acupuncture
- .....Other, please specify.....

**1.16** Which of the following best describes your acupuncture training? (Please cross one box only)

- .....Up to and including 80 hours of training
- .....More than 80 hours, but less than 200 hours of training
- .....Degree / Diploma or equivalent training

**1.17** For how many years have you been using acupuncture in your practice?  
(Please provide one number)

years

**Section Two – Clinical scenario of a pregnant woman with back pain**

Presented below is a clinical scenario of a **pregnant woman with back pain**. All questions that follow relate to the care you would give this particular patient. Please think about the patient's **first** consultation with you.

A 34 year old woman has been referred to you with symptoms of intermittent sharp pain in her lumbar region and reports that the symptoms began a few weeks ago. She is 24 weeks pregnant with her first child. She is in good general health, of normal weight for her height and has never had back pain before.

Her back pain presents as occasional sharp sensations in the lumbar region of her spine. She also has some dull pain in the lower back region which is more persistent but of lesser intensity than the sharp pain she occasionally experiences. Her symptoms are worse if she maintains a sitting or standing posture for prolonged periods. This is making it difficult at work as she has an office based job. She is reluctant to use any analgesic medication due to her pregnancy.

Upon examination there is no exacerbation with movement, nor any directional preferences. She has normal range of movement and is moderately tender on the paraspinal muscles of her lower back. The SLR and Slump tests are negative.

**2.1** Would it be part of your role to treat this patient? (Please cross one box only)

Yes

No

**If yes**, please **miss question 2.2** and go straight to **question 2.3** below.

**If no**, please complete **question 2.2** below and then go to section 3 on page 13

**2.2** What would typically happen for this patient next? (Please cross one box only)

- .....Onward referral to a women's health physiotherapist
- .....Onward referral to another physiotherapist
- .....Onward referral to a pain specialist
- .....Onward referral to a midwife
- .....Onward referral to a GP
- .....Onward referral to an obstetrician
- .....Other, please specify.....

**2.3** Which one of the following best describes the pattern of care you would offer this patient? (Please cross one box only)

- .....The patient would normally be seen in individual, face to face appointments
- .....The patient would normally be seen as part of a group
- .....The patient would normally be seen individually for an initial assessment and then offered care as part of a group
- .....The patient would initially be seen as part of a group but would be able to access individual, one to one appointments if needed
- .....Other (please specify).....

**2.4** What advice would you offer this patient?

(Please cross all boxes that reflect the advice that you would typically offer this patient)

.....Advice about the temporary / self-limiting nature of the pain

.....Oral advice on self-management

.....Written advice on self-management

*If written advice on self management is ticked, it would be very helpful to see a copy by enclosing it with your completed questionnaire, or alternatively by providing a website address.*

.....

.....Advice about pacing between activities and rest

.....Advice about postural stresses occurring during pregnancy

.....Advice about adaptations in posture to help the pain

.....Advice about adaptation in lifting techniques

.....Advice about continuing with everyday activities

.....Advice about the use of pelvic belts

.....Advice about the use of pillows

.....Advice about rest as a form of treatment for the pain

.....Advice about work

.....Advice about a home exercise programme

*If advice about a home exercise programme is ticked, it would be very helpful to see a copy by enclosing it with your completed questionnaire, or alternatively by providing a website address.*

.....

.....Advice about safe pharmacological options

.....Advice about home massage

.....Advice about walking aids

.....Other, please specify.....

.....

.....

.....

.....

**2.5** From the list of advice in question 2.4, please rank up to 3 types of advice that you **would use most often** with pregnant women with low back pain.

1. ....

2. ....

3. ....



**2.6** What treatment would you offer this patient?  
(Please cross all boxes that reflect the treatment you would typically offer this patient)

- .....Exercises to try at home / a home exercise programme
- .....Exercises supervised by a physiotherapist
- .....Strengthening exercises
- .....Postural control exercises / stabilising exercises
- .....Repeated directional exercises
- .....Pelvic floor exercises
- .....Exercise in water
- .....Relaxation techniques
- .....Prescribed periods of bed rest
- .....Supportive belts
- .....Supportive pillows
- .....Heat therapy
- .....Cold therapy
- .....Manual therapy
- .....Acupuncture
- .....Massage
- .....TENS
- .....Other electrotherapy, please specify.....
- .....Other, please specify.....

**2.7** From the list of treatments in question 2.6, please rank up to 3 types of treatment that you **would use most often** with pregnant women with low back pain.

- 1. ....
- 2. ....
- 3. ....

**2.8** How many times would you typically see this patient including both assessment and treatment?  
(Please cross one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> .....Once        | <input type="checkbox"/> .....7 - 8 times        |
| <input type="checkbox"/> .....Twice       | <input type="checkbox"/> .....9 - 10 times       |
| <input type="checkbox"/> .....3 – 4 times | <input type="checkbox"/> .....More than 10 times |
| <input type="checkbox"/> .....5 – 6 times |  |

**2.9** Over how long (in weeks) would you typically see this patient? (Please cross one box only)

.....1 - 2 weeks

.....7 – 8 weeks

.....3 – 4 weeks

.....9 – 10 weeks

.....5 – 6 weeks

.....More than 10 weeks

**2.10** What would be the typical length (in minutes) of your physiotherapy sessions for this patient? (Please state one number)

Minutes

**2.11** What would be your typical 'episode' of care for this patient? (Please cross one box only)

.....It would usually stop following treatment and a re-referral would be required for further treatment

.....It would usually be left 'open' for the duration of the pregnancy

.....It would be left 'open' for a defined period after the end of the treatment (e.g. 4 weeks)

.....Other, please specify.....

If acupuncture **is** a treatment that you would offer this patient, please continue to complete the remaining questions below.

If acupuncture **is not** a treatment that you would offer this patient, please go straight to **section 3** on **page 13**.

**2.12** Please state which acupuncture points you would use 'normally' for the vignette patient.

Local acupuncture points – Please state which points

Distal acupuncture points – Please state which points

**2.13** On average, how many points would you needle in a treatment session? (Please state number)

points

**2.14** Which of the following would best describe the depth of needling you would use?  
(Please cross one box only)

- .....Shallow / Intra-dermal
- .....Intramuscular
- .....Other, please specify.....

**2.15** Would you usually aim to achieve a needling sensation / De Qi? (Please cross one box only)

- Yes  No

**2.16** What type of needle manipulation would you normally use? (Please cross one box only)

- .....None
- .....Rotation
- .....Lift and Thrust
- .....Other, please specify.....

**2.17** How long would you leave the needles in situ (in total) in minutes?

Please state the closest full number  Minutes

**2.18** Would you also use any of the following? (Please indicate by crossing Yes or No)

- Electrical stimulation of needles / electro- acupuncture.....  Yes  No
- Moxibustion.....  Yes  No
- Cupping.....  Yes  No

**2.19** In your practice, have you ever observed any adverse effects of acupuncture treatment with pregnant women? (Please cross one box only)

- Yes  No

If yes, providing some detail about this would be really helpful for our research

**Section Three – Open Questions.** We are interested in your experiences of treating women who have back pain during pregnancy. Please use the following boxes to tell us any additional things which you think might be relevant.

- 3.1 Do you have any further comments about any aspect of treatment for back pain in pregnancy?  
(Please cross one box only)

Yes

No

If yes, please use this space for those comments

- 3.2 Do you have any concerns about the use of acupuncture for back pain in pregnancy?  
(Please cross one box only)

Yes

No

If yes, please note your concerns here

**3.3** Would any aspect of your management change if the patient described in the vignette ALSO had pubic symphysis pain/dysfunction? (Please cross one box only)

Yes

No

If yes, please provide details

**This is the end of the EASE BACK questionnaire, but please complete this consent form before returning everything in the pre-paid envelope provided.  
Thank you.**

Study number:  
(office use only)

**Consent Form**

We would like to keep you informed about the results of this study and in addition we may want to contact you again. Giving us permission to contact you again does not mean you have to take part further.

Would you be willing to be contacted again? *(Please cross one of the boxes below).*

• **YES**, I am happy to be contacted again

Contact telephone number.....

Please print your name, address (at which you are happy to be contacted) and e-mail address:

Title:.....

Forename(s):.....

Surname:.....

Address:.....

.....

.....

.....

Postcode: .....

e-mail address:.....

Your Signature:

Today's Date:

.....

• **NO**, I do not want to be contacted again

**Please note:** If you do not want to be contacted again, we **do not** require your contact details or signature

Please return the questionnaire in the **pre-paid** envelope provided.  
If you have any questions about this questionnaire or the study in general, you can telephone **Melanie Holden** on **01782 734863** during office hours.