

Physiotherapist questionnaires

Demographic and training details:

- Age _____
- Sex _____
- years qualified _____
- years working mainly in musculoskeletal area _____
- practice setting (e.g. public, primary care) _____
- postgrad qualifications/year obtained _____

Specific CFT training

- Number of workshop days attended as participant (watching CFT tutor-POS, WD, KJF, KOS) _____
- Number of live patients you have seen others assess/treat (with CFT tutor) _____
- Number of live patients you have personally assessed/treated with CFT tutor present _____
- Number of live patients you have seen with colleague in training without CFT tutor _____
- Number of CFT patient videos you have seen without CFT tutor _____
- Number of CFT patient videos you have seen with colleague in training without CFT tutor _____

Personal health details:

The following are some common health problems and complaints. Please **circle one** number from 0 to 3 to report what extent you have been affected by each problem **during the last month**.

	Not at all	A Little	Some	Severe
Palpitations/extra heartbeats	0	1	2	3
Chest pain	0	1	2	3
Breathing difficulties	0	1	2	3
Heartburn	0	1	2	3
Stomach discomfort	0	1	2	3
Diarrhoea	0	1	2	3
Constipation	0	1	2	3
Eczema	0	1	2	3
Tiredness	0	1	2	3
Dizziness	0	1	2	3
Anxiety	0	1	2	3
Sadness / depression	0	1	2	3
Sleep problems	0	1	2	3

Have you ever experienced pain in your lower back? Yes No

Have you experienced pain in your lower back in the last year? Yes No

If you have experienced low back pain in the last year, has your back pain caused you to?

- Reduce your activity levels (functional activity and hobbies) Yes No
- Reduce your work Yes No
- Receive treatment (e.g. GP, physio, chiropractic) Yes No
- Take medication Yes No

Clinical questionnaires:

HC-PAIRS

	Strongly disagree	Largely disagree	Somewhat disagree	Neutral	Somewhat agree	Largely agree	Strongly agree
1. Chronic back pain patients can still be expected to fulfil work and family responsibilities despite pain							
2. An increase in pain is an indicator that a chronic back pain patient should stop what he is doing until the pain decreases							
3. Chronic back pain patients cannot go about normal life activities when they are in pain							
4. If their pain would go away, chronic back pain patients' would be every bit as active as they used to be							
5. Chronic back pain patients should have the same benefits as the handicapped because of their chronic pain problem							
6. Chronic back pain patients owe it to themselves and those around them to perform their usual activities even when their pain is bad							
7. Most people expect too much of chronic back pain patients, given their pain							
8. Chronic back pain patients have to be careful not to do anything that might make their pain worse							
9. As long as they are in pain, chronic back pain patients will never be able to live as well as they did before							
10. Chronic back pain patients have to accept that they are disabled persons, due to their chronic pain							
11. There is no way that chronic back pain patients can return to doing the things they used to do unless they first find a cure for their pain							
12. Even though their pain is always there, chronic back pain patients often don't notice it at all when they are keeping themselves busy							
13. All of chronic back pain patients' problems would be solved if their pain would go away							

PABS-PT (19-item version)

1=Totally disagree, 2=Largely disagree, 3=Disagree to some extent, 4=Agree to some extent, 5=Largely agree, 6= Totally agree

The severity of tissue damage determines the level of pain	1	2	3	4	5	6
Increased pain indicates new tissue damage or the spread of existing damage	1	2	3	4	5	6
Pain is a nociceptive stimulus, indicating tissue damage	1	2	3	4	5	6
If back pain increases in severity, I immediately adjust the intensity of my treatment accordingly	1	2	3	4	5	6
If patients complain of pain during exercise, I worry that damage is being caused	1	2	3	4	5	6
Patients with back pain should preferably practice only pain free movements	1	2	3	4	5	6
Pain reduction is a precondition for the restoration of normal functioning	1	2	3	4	5	6
If therapy does not result in a reduction in back pain, there is a high risk of severe restrictions in the long term	1	2	3	4	5	6
Back pain indicates the presence of organic injury	1	2	3	4	5	6
In the long run, patients with back pain have a higher risk of developing spinal impairments	1	2	3	4	5	6
Learning to cope with stress promotes recovery from back pain	1	2	3	4	5	6
A patient suffering from severe back pain will benefit from physical exercise	1	2	3	4	5	6
Even if the pain has worsened, the intensity of the next treatment can be increased	1	2	3	4	5	6
Exercises that may be back straining should not be avoided during the treatment	1	2	3	4	5	6
Therapy may have been successful even if pain remains	1	2	3	4	5	6
The cause of back pain is unknown	1	2	3	4	5	6
Functional limitations associated with back pain are the result of psychosocial factors	1	2	3	4	5	6
There is no effective treatment to eliminate back pain	1	2	3	4	5	6
Mental stress can cause back pain even in the absence of tissue damage	1	2	3	4	5	6

Practitioner Confidence Scale

1=Strongly agree , 2=Agree, 3= Neither agree or disagree, 4= Disagree, 5=Strongly disagree

- | | | | | | |
|---|---|---|---|---|---|
| A. I lack the diagnostic tools or knowledge needed to effectively assess patients with LBP. | 1 | 2 | 3 | 4 | 5 |
| B. I know exactly what to do to effectively treat patients with LBP. | 1 | 2 | 3 | 4 | 5 |
| C. I am very comfortable treating patients with LBP. | 1 | 2 | 3 | 4 | 5 |
| D. There is nothing physically wrong with many patients who complain of LBP. | 1 | 2 | 3 | 4 | 5 |
| E. There is little I can do to prevent patients with acute back pain from developing chronic back pain. | 1 | 2 | 3 | 4 | 5 |
| F. Patients with LBP often have unrealistic expectations about what doctors can do for them. | 1 | 2 | 3 | 4 | 5 |
| G. Many of my patients with back pain will be dissatisfied if I do not order a roentgenogram (scan). | 1 | 2 | 3 | 4 | 5 |
| H. I often have negative feelings about dealing with patients who have LBP. | 1 | 2 | 3 | 4 | 5 |
| I. Most of my patients with LBP are very satisfied with my care. | 1 | 2 | 3 | 4 | 5 |

1=Very well, 2=Well, 3=Neither well or poor, 4= Poor, 5=Very Poor

- | | | | | | |
|---|---|---|---|---|---|
| J. How well prepared to manage LBP are you now? | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

ABS-MP

To what extent do you agree or disagree with the following statements? Please read each statement and tick the box that best represents your view; **1=Extremely disagree; 2=Disagree; 3=Somewhat disagree; 4=Neither agree or disagree; 5=Somewhat agree; 6=Agree; 7=Extremely agree**

I explore the psychological problems that my patient is facing.	1 2 3 4 5 6 7
I am concerned about the quality of treatment my referred patients receive.	1 2 3 4 5 6 7
I often find myself providing psychological support to patients.	1 2 3 4 5 6 7
If you look hard enough you can find a structural reason for most patients' back pain.	1 2 3 4 5 6 7
It is essential that I know about my patients' psychological difficulties.	1 2 3 4 5 6 7
Regular treatment by a physical therapist does not help prevent back pain.	1 2 3 4 5 6 7
When I refer my patients I know they will be seen within a suitable time frame	1 2 3 4 5 6 7
The most important goal of treatment is to increase mobility.	1 2 3 4 5 6 7
I believe in continuing to treat the patient after the back pain has been resolved, to prevent its return.	1 2 3 4 5 6 7
Return to normal daily activities is the most important consequence of treatment	1 2 3 4 5 6 7
I try to avoid probing into my patients' personal problems.	1 2 3 4 5 6 7
I don't believe that there is anyone out there who could help my back pain patients more than I do.	1 2 3 4 5 6 7
I advise back pain patients to restrict their life-style.	1 2 3 4 5 6 7
If I keep seeing patients on and off I can prevent relapse.	1 2 3 4 5 6 7
My objective is to get my patients back to work quickly.	1 2 3 4 5 6 7
I don't see myself as connected to a health system of resources that I can access.	1 2 3 4 5 6 7
I often find I have to teach patients to be vigilant about their backs.	1 2 3 4 5 6 7
If I keep seeing patients on and off, they might never learn to manage their back problem themselves.	1 2 3 4 5 6 7
When referring patients I am confident they will receive good treatment.	1 2 3 4 5 6 7

Pain neurophysiology questionnaire

T = True; F= False; U= Uncertain

Revised Neurophysiology of Pain Questionnaire		T	F	U
1	It is possible to have pain and not know about it.			
2	When part of your body is injured, special pain receptors convey the pain message to your brain.			
3	Pain only occurs when you are injured or at risk of being injured.			
4	When you are injured, special receptors convey the danger message to your spinal cord.			
5	Special nerves in your spinal cord convey 'danger' messages to your brain.			
6	Nerves adapt by increasing their resting level of excitement.			
7	Chronic pain means that an injury hasn't healed properly.			
8	The body tells the brain when it is in pain.			
9	Nerves adapt by making ion channels stay open longer.			
10	Descending neurons are always inhibitory.			
11	Pain occurs whenever you are injured.			
12	When you injure yourself, the environment that you are in will not affect the amount of pain you experience, as long as the injury is exactly the same.			
13	The brain decides when you will experience pain.			

Clinical Vignette

A 40 year-old woman presents with a six month history of low back pain. The pain came on gradually for no obvious reason. Her pain is constant with an average pain intensity of 5/10 over the past week. The patient reports moderate to high levels of disability with worse pain on prolonged standing and walking (>10 minutes). Easing factors are changing postures and lying down. She takes paracetamol as required. She feels that her activity levels have reduced and is anxious that the pain has lasted this long. There is no history of trauma. Red flag questions are negative and the neural examination is normal. The patient has a history of Type II Diabetes, which is well controlled with medication. Otherwise, her general health is good. On physical examination, the patient reports increased pain on forward flexion and extension and her range of movement is limited in both directions. The right and left paraspinal area is tender on palpation. The patient has had one previous episode of low back pain four years ago, which resolved within three months. She had been working as a volunteer in a charity shop 2-3 mornings a week but has not done so since her back pain began. This is something she would like to return to but she is worried that this might worsen her back pain. The patient had also been attending a keep fit class twice a week but again has not attended since the onset of her back pain and is worried about the effect returning may have on her back pain.

Would you like to get additional information about the patient? YES NO (please circle as appropriate)

If YES, what specify the additional information you would ask:

Would you recommend any medical investigations yes or no? YES NO

If YES, please specify which tests you would request:

What recommendations would you provide to this patient? Please **tick one box only** for each of the four categories of work, exercise, activity and bed rest.

Question		Response option on questionnaire
Work	1	Return to normal work
	2	Return to part-time or light duties
	3	Be off work for a further ___ weeks (stating number of weeks)
	4	Be off work until pain has improved
	5	Be off work until pain has completely disappeared
Exercise	1	Return to normal exercise classes
	2	Return to one class/light class participation
	3	Refrain from participating for a further ... weeks (Stating number of weeks)
	4	Refrain from participating until pain has improved
	5	Refrain from participating until the pain has completely disappeared
Activity	1	Perform usual activities
	2	Perform activities within the patient's tolerance
	3	Perform only pain free activities
	4	Limit all physical activities until pain disappears
Bed rest	1	Avoid resting in bed entirely
	2	Avoid resting in bed as much as possible
	3	Rest in bed only when pain is severe
	4	Rest in bed until pain improves substantially
	5	Rest in bed until pain disappears