

Appendix 1

1.1 - Questionnaire

Questionnaire – Health model that fits in physiotherapists’ clinical practice who work with manual therapy

This questionnaire is part of a research for a Master’s Degree in Physiotherapy - Specialization in Orthopedic Manual Therapy, whose theme is to identify the health models that fit the clinical practice of physiotherapists working in manual therapy.

Your participation is extremely important.

This questionnaire does not intend to test your knowledge about different pathologies, only if you want to know how you approach patients and make your intervention. Only your opinion counts, the opinion of third parties is not relevant.

This questionnaire is anonymous, the data obtained is confidential and is intended only for the production of scientific papers.

The total completion will take approximately 10 minutes.

Thank you in advance for your cooperation. I am available to answer any kind of questions.

Contact: Liane Pinho dos Santos - lianepinhosantos@hotmail.com or 914 984 362.

1. Gender

1.1 - Female _____

1.2 - Male _____

2. Age: _____ years

3. Residence District

3.1 - Aveiro _____

3.2 - Beja _____

3.3 - Braga _____

3.4 - Bragança _____

3.5 - Castelo Branco _____

3.6 - Coimbra _____

3.7 - Évora _____

3.8 - Faro _____

3.9 - Guarda _____

3.10 - Leiria _____

3.11 - Lisboa _____

3.12 - Portalegre _____

3.13 - Porto _____

3.14 - Santarém _____

3.15 - Setúbal _____

3.16 - Viana do Castelo _____

3.17 - Vila Real _____

3.18 - Viseu _____

3.19 - Açores _____

3.20 - Madeira _____

4. Final graduation year of Bachelor’s or degree in Physiotherapy: _____

5. How long have you been working in Manual Therapy??

5.1 – Less than 5 years _____

5.2 - [6 -10] years _____

5.3 - [11 -15] years _____

5.4 - [16 -20] years _____

5.5 - [21 -25] years _____

5.6 - [26 -30] years _____

5.7 – More ou equal to 31 _____ years

6. Did you do any specialization in manual therapy?

Check the option (s) that best suits your situation

6.1 - Did not do _____

6.2 - Master _____

6.3 - Postgraduate _____

6.4 - Technical courses in private companies – examples: _____

7. Consider the person to whom you give your intervention / treatment:

Check the option that best suits your situation

7.1 - Sick _____

7.2 - Patient _____

7.3 - User _____

7.4 - Client _____

8. Of the health models used in the manual therapy below, please indicate if you have knowledge about them:

Check the option (s) that best suits your situation

8.1 - Biomedical Model _____

8.2 - Biopsychosocial Model _____

8.3 - Cognitive-Behavioral Model _____

8.4 - Holistic Model _____

8.5 - Ecological Model _____

9. Of the health models used in the manual therapy described below, mark the model that you usually is used in your clinical practice:

Check the option that best suits your situation

9.1 - Biomedical Model _____

9.2 - Biopsychosocial Model _____

9.3 - Cognitive-Behavioral Model _____

9.4 - Holistic Model _____

9.5 - Ecological Model _____

10. Which of the following components does the user / client most frequently works with, during the intervention / treatment?

10.1 - Biological component of pathology (cause of pathology) _____

10.2 - Physical component (physical symptomatology) _____

10.3 - Social component (socio-economic aspect, culture, employment) _____

10.4 - Environmental component (family, political, community environment) _____

10.5 - Psychological component (emotional pathologies, beliefs, fear) _____

10.6 - Behavioral component (behavioral changes and adaptations due to pathology) _____

10.7 - Other component (s). Which . _____

11. In the initial evaluation to your user / client, what aspect (s) do you evaluate?

Check the option (s) that best suits your situation

11.1 - Physical symptoms (objective examination) _____

11.2 - Clinical history (subjective examination) _____

11.3 - Cause of pathology (complementary diagnostic tests) _____

11.4 - Emotional situation (beliefs, fear, emotional barriers) _____

11.5 - Family situation (support, family stability) _____

11.6 - Environment that surrounds you (home, accessibility, transportation for physiotherapy) _____

11.7 - Social situation (employment, socio-economic aspects) _____

11.8 - Psychological state (psychological pathologies, neurological sequelae) _____

11.9 - Behavior of the client / user (changes and adaptations of behavior resulting from the pathology) _____

11.10 - Other aspect (s). Describe . _____

12. Usually, in your interventions / treatments, how much time does the session provides for health education for the purpose of changing the user / client's thinking / behavior?

Check the option that best suits your situation

12.1 - None or short time [0% - 25%] _____

12.2 - Not much or little time]25% - 50%] _____

12.3 - Some time]50% -75%] _____

12.4 - Plenty of time]75% -100%] _____

13. Usually, in your interventions / treatments, what importance do you address to the resolution of physical symptoms of the user/ client?

Check the option that best suits your situation

13.1 - Non or little importance [0% - 25%] _____

13.2 - Not too much or too little important]25% - 50%] _____

13.3 - Very important]50% -75%] _____

13.4 - Extremely important]75% -100%] _____

14. Do you usually try to understand the reason why the user / client did not return to the physical therapy session when the goals were not met?

Check the option that best suits your situation.

Yes _____

No _____

14.1 If you answered yes to the previous question, select the reason (s) for which you are trying to follow up.

14.1.1 - Concern with the user / client _____

14.1.2 - Concern about the success of my practice _____

14.1.3 - Avoid loss of users / clients _____

14.1.4 - Understand the degree of client / customer satisfaction _____

14.1.5 - Other. Which _____

14.2 If you answered negatively to question 14, select the reason (s) for which you do not follow up.

14.2.1 - User / client is not receptive to contact attempts (telephone, e-mail, etc.)

14.2.2 - Institutional / organizational rules prevent contact _____

14.2.3 - Too many users / clients running out of time _____

14.2.4 - Conclusion that the user / client was dissatisfied _____

14.2.5 - Assigns itself the fault of not having resolved the symptoms of the user / client _____

14.2.6 - User / client connects to redial when symptomatology reappears

14.2.7 - Other. Which. _____

15. Do you usually consider that the empathy between the user / client and the physiotherapist has effects during your intervention / treatment?

Check the option that best suits your situation

15.1 - With or without effect [0% - 25%] _____

15.2 - Neither much nor little effect]25% - 50%] _____

15.3 - Some effect]50% -75%] _____

15.4 - Very Effective]75% -100%] _____

16. Through your intervention / treatment can you identify possible social agents (socioeconomic aspects, culture, employment) that may influence the production of the symptomatology of the user / client pathology?

Check the option that best suits your situation.

Yes _____

No _____

16.1 If you answered yes to the previous question, select the form (s) that identify(s) the social agents

16.1.1 - Conversation with the user / client _____

16.1.2 - Initial evaluation of the user / client _____

16.1.3 - Direct questions addressed to the user / customer _____

16.1.4 - Conversation with relatives of the user / client _____

16.1.5 - Information sent by the doctor _____

16.1.6 - Other. Which. _____

16.2 If you answered negatively to question 16, select the option (s) that best fits your situation.

16.2.1 - Do you think that social agents have no influence on the production of symptoms?

16.2.2 - It is difficult to perceive the social agents because you have little time to talk or to get to know better the user / client _____

16.2.3 - Other. Which. _____

17. Through the intervention / treatment can you identify possible psychological factors (emotional pathologies, beliefs, fear) that may influence the production of the symptomatology of the user / client pathology?

Check the option that best suits your situation.

Yes _____

No _____

17.1 If you answered yes to the previous question, select the form (s) that identify(s) the psychological agents.

17.1.1 - Conversation with the user / client _____

- 17.1.2 - Initial evaluation of the user / client _____
- 17.1.3 - Direct questions addressed to the user / client _____
- 17.1.4 - Conversation with family of the user / client _____
- 17.1.5 - Information sent by the doctor _____
- 17.1.6 - Other. Which. _____

17.2 If you answered negatively to question 17, select the option (s) that best fits your situation.

- 17.2.1 - Do you think that psychological agents have no influence on the production of symptomatology _____
- 17.2.2 - It is difficult to perceive the psychological agents because they have little time to talk or to get to know better the user / client _____
- 17.2.3 - Other. Which. _____

18. In your interventions / treatments, do you usually pay attention to the behavioral changes resulting from the pathology?

Check the option that best suits your situation

- 18.1 - Low or no attention [0% - 25%] _____
- 18.2 - Neither too much nor too little attention]25% - 50%] _____
- 18.3 - Some attention]50% -75%] _____
- 18.4 - Much attention]75% -100%] _____

19. On average, in your interventions / treatments, what importance give to the environment (family environment, politics, community, home, accessibility, transport for physical therapy) surrounding the user / client?

Check the option that best suits your situation

- 19.1 - No or little importance [0% - 25%] _____
- 19.2 - Not too much or too little important]25% - 50%] _____
- 19.3 - Very importante]50% -75%] _____
- 19.4 - Extremely importante]75% -100%] _____

20. If you had to analyze your clinical practice based on the aspects below, what classification would you assign to them?

Rate them on a scale of 0 to 10, as minor / major use in the intervention or emphasis that directs them

		0	1	2	3	4	5	6	7	8	9	10
20.1	Physical changes of the user / client											
20.2	State of mind of the user / client											
20.3	Treatment results											
20.4	Number of techniques during your intervention											
20.5	Quality of techniques during your intervention											
20.6	Influence of the environment surrounding the user / client											
20.7	Influence of the cognitive-behavioral part of the user / client											
20.8	Influence of the social part that surrounds the user / client											

21. Assign importance in crescent order to the following components below in your clinical practice (from minor (1) to greater importance (6))

- 21.1 - Biological component of pathology (cause of pathology) _____
- 21.2 - Physical component (physical symptomatology) _____
- 21.3 - Social component (socio-economic aspect, culture, employment) _____
- 21.4 - Environmental component (family, political, community environment) _____
- 21.5 - Psychological component (emotional pathologies, beliefs, fear) _____
- 21.6 - Behavioral component (changes and behavioral adaptations due to the pathology) _____

22. You consider that the predominant model in your clinical practice is:

Check the option that best suits your situation

- 22.1 - Biomedical Model _____
- 22.2 - Biopsychosocial Model _____
- 22.3 - Cognitive-Behavioral Model _____
- 22.4 - Holistic Model _____
- 22.5 - Ecological Model _____

23. Knowing, succinctly, the models are based on the aspects of the lower table, does it change their response?

BIOMEDICAL MODEL	- The focus of the model is greater on the physical processes, such as the pathology, biochemistry and physiology of a disease, excludes social factors or individual subjectivity.
	- The model also ignores the fact that diagnosis is a result of negotiation between the professional and the patient.
	- The biomedical model includes the anatomical, the neurophysiological, the biomechanical, the signs and symptoms and the motor control models.
BIOPSYCOSOCIAL MODEL	- Considers biological, psychological and social issues as body systems (cardiovascular, respiratory), there is no separation between mind and body
	- It adds to the traditional approach, greater focus on beliefs, fear and social context
	- Recognizes and interence both the biological and psychosocial aspects of the user / client's well-being, as well as their interdependence
COGNITIVE- BEHAVIORAL MODEL	- Combination of cognitive and behavioral techniques and belief that the form of individuals thinking motivates and affects the behavior and emotions.
	- Pain is a complex experience that is not only caused by its pathophysiology, but also by the behavior and the cognitive part of the client / client.
	- Psychosocial factors (thoughts, emotions, beliefs, actions and the environment in which one lives) can not be ignored in pain and disability.
	- Recognizes the way that thought changes the behavior, and gives itself techniques or educates to change bad behaviors.
HOLISTIC MODEL	- The holistic model is based on a multidimensional phenomenon, which involves physical,
	psychological, social and cultural aspects, all interdependent and not isolated.
	- The health professional should educate the patient about the nature and meaning of the pathology and the possibilities of changing the type of life that led to the disease.
	- Accepts various therapies and knowledge, recognizing the fundamental interdependence of the biological, physical, mental and emotional manifestations of the organism, and are therefore coherent.
	- Possibility of integrating techniques of “non-convencional medicine”
ECOLOGICAL MODEL	- Interaction of people with the physical and socio-cultural environment. There are several social environmental variables and policies that influence behavior.
	- Addresses individual and interpersonal skills and motivations and also ensures a supportive social and community environment
	- It affects not only the behavioural and intrapersonal factors, but also the multilevel factors that influence the behavior in question (social, physical, political environment)

You consider that the predominant model in your clinical practice is:

Check the option that best suits your situation

23.1 - Biomedical Model _____

23.2 - Biopsychosocial Model _____

23.3 - Cognitive-Behavioral Model _____

23.4 - Holistic Model _____

23.5 - Ecological Model _____

24. If your answer was not coincident what do you consider is limiting your model of clinical practice?

Physiotherapist Attitude and Beliefs Scale

(PABS-PT)

INSTRUCTIONS:

The purpose of this list is to help us analyse how you, the therapist, approach the most common forms of back pain. We do not mean back pain resulting from a radicular syndrome, cauda equina syndrome, fractures, infections, inflammation, a tumour or metastasis.

It is not our intention to test your knowledge of back pain. We would simply like to know how you approach the treatment of back pain. We are looking for **your** opinion; the opinions of **others** are not relevant.

SCORING METHOD:

We would like you to indicate the level to which you agree or disagree with each statement by placing a cross in one of the boxes. An example is shown below.

Example: "Exercise is best carried out using exercise equipment"

If you totally disagree with this statement, put a cross in the left-hand box:

Totally		Largely		Disagree to		Agree to		Largely		Totally	
disagree		disagree		some extent		some extent		agree		agree	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE

To allow proper analysis of the data, it is essential that you give your opinion on **all the statements**, even if you feel that some "double" statements may have been included.

	Totally	Largely	Disagree to	Agree to	Largely	Totally
	disagree	disagree	some extent	some extent	agree	agree
1) Back pain sufferers should refrain from all physical activity in order to avoid injury						
2) Good posture prevents back pain Um boa postura previne a dor lombar						
3) Knowledge of the tissue damage is not necessary for effective therapy						
4) Reduction of daily physical exertion is a significant factor in treating back pain						
5) Not enough effort is made to find the underlying organic causes of back pain						
6) Mental stress can cause back pain even in the absence of tissue damage						
7) The cause of back pain is unknown A causa de dor lombar é desconhecida.						
8) Unilateral physical stress is not a cause of back pain						
9) Patients who have suffered back pain should avoid activities that stress the back						
10) Pain is a nociceptive stimulus, indicating tissue damage						
11) A patient suffering from severe back pain will benefit from physical exercise						
12) Functional limitations associated with back pain are the result of psychosocial factors						
13) The best advice for back pain is: "Take care" and "Make no unnecessary movements"						
14) Patients with back pain should preferably practice only pain free movements						
15) Back pain indicates that there is something dangerously wrong with the back						
16) The way patients view their pain influences the progress of the symptoms						
17) Therapy may have been successful even if pain remains						
18) Therapy can completely alleviate the functional symptoms caused by back pain						

	Totally disagree	Largely disagree	Disagree to some extent	Agree to some extent	Largely agree	Totally agree
19) If ADL activities cause more back pain, this is not dangerous						
20) Back pain indicates the presence of organic injury						
21) Sport should not be recommended for patients with back pain						
22) If back pain increases in severity, I immediately adjust the intensity of my treatment accordingly						
23) If therapy does not result in a reduction in back pain, there is a high risk of severe restrictions in the long term						
24) Pain reduction is a precondition for the restoration of normal functioning						
25) Increased pain indicates new tissue damage or the spread of existing damage						
26) It is the task of the physiotherapist to remove the cause of back pain						
27) There is no effective treatment to eliminate back pain						
28) TENS and/or back braces support functional recovery functional						
29) Even if the pain has worsened, the intensity of the next treatment can be increased						
30) If patients complain of pain during exercise, I worry that damage is being caused						
31) The severity of tissue damage determines the level of pain						
32) A rapid resumption of daily activities is an important goal of the treatment						
33) Learning to cope with stress promotes recovery from back pain						
34) Exercises that may be back straining should not be avoided during the treatment						
35) In the long run, patients with back pain have a higher risk of developing spinal impairments						
36) In back pain, imaging tests are unnecessary						

Thank you for your availability!

Appendix 2

If you totally disagree with this statement, put a cross in the left-hand box:

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DO PORTO

PARECER DA COMISSÃO DE ÉTICA

Número de Registo da Comissão de Ética: 1594/2015
Data de recepção do Documento: 15/6/2015
Existência de entradas anteriores: sim

Título do Trabalho: Modelos de prática clínica dos fisioterapeutas especializados em terapia manual
Investigador Principal: Liane Santos
Investigador Responsável: Paula Clara Santos

Data prevista para a realização do trabalho: Início outubro 2014 Fim setembro 2015

RESUMO DO ESTUDO

Tipo de estudo: transversal e analítico.

Objectivos: presentes.

Amostra: Voluntários para preenchimento de questionário online, após contacto por mail.

Formulário de dados a recolher: referidos e apresentados. Faz referência a metodologia a usar para a garantia de confidencialidade e anonimato. Questionário anónimo e codificado.

Material: descrição presente.

Métodos: descrição presente.

Riscos: Sem referência a riscos.

Consentimento informado: presente.

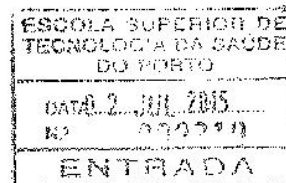
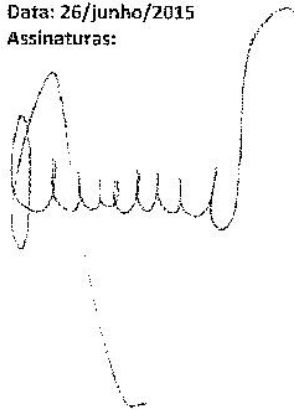
Autorização pelos responsáveis locais: Com autorização dos Responsáveis da ESTSP.

Apreciação da Comissão de Ética:

Como os respectivos trabalhos só poderão ter início após parecer favorável desta Comissão e aprovação pela Presidência da ESTSP, solicita-se a alteração destas datas.

Data: 26/junho/2015

Assinaturas:



ESTSP.011.CE.02.01