A survey of the attitudes of Dutch chiropractors towards the use of **Start of Survey** Thank you for participating in this survey. The survey is about the use of diagnositic imaging by chiropractors in the Netherlands. The survey will consist of 6 parts. Part 1: Demographic and practice characteristics Part 2: Radiographs Part 3: Opinions Part 4: Practice Guidelines Part 5: Clinical Vignettes Part 6: Attitudes and believes of chiropractors towards back pain It will take approximately 30-45 minutes to complete the questionnaire and the response will be kept confidential and anonymous. At ANY time you can pause the questionnaire and return to finish the questionnaire later. Please press next to start the survey. **Part 1: Demographic and Practice Characteristics** In this section, there are questions about your background and the general characteristics of your practice. The information will be used for data analysis only. Please check the appropriate box, fill in the blank, or circle the appropriate number, as required. *1. Gender Male Female *****2. Age Years *3. Nationality O Dutch Other, please specify: Part 1: Demographic and Practice Characteristics

*4. What year did you graduate from chiropractic college?

	_	
Year		

*5. Which chiropractic college did you graduate: College: Country: *6. When did you start working as a chiropractor? Year *7. Did you have another degree before you started No	your chiropractic career?
*6. When did you start working as a chiropractor? Year *7. Did you have another degree before you started	your chiropractic career?
*6. When did you start working as a chiropractor? Year *7. Did you have another degree before you started?	your chiropractic career?
*7. Did you have another degree before you started	your chiropractic career?
*7. Did you have another degree before you started	your chiropractic career?
	your chiropractic career?
C No	-
C No	
Yes, please specify the degree(s):	
*8. Have you completed postgraduate chiropractic t	training?
C Yes	
O No	
Part 1: Demographic and Practice Characteristi	CS
*9. Which postgraduate training have you complete	d?
Clinical Sciences	
Radiology	
☐ Sport	
Pediatrics	
Neurology	
Other (please specify)	
Part 1: Demographic and Practice Characteristi	<u> </u>
*10. Your practice is best described as:	
○ Solo practice	
O Group practice	
Multidisciplinary setting (with GP, physiotherapist, etc.)	
Other, please specify	

A survey of the attitudes of Dutch chiropractors towards the use of
*11. How many chiropractors are working in your practice? Number of chiropractors including yourself
Part 2: Use of diagnostic imaging in chiropractic practice
Part 2 exists of four sections. In the following four sections, there are questions about your use of diagnostic imaging in your practice. In this study diagnostic imaging includes x-rays, MRI scans, CT scans and ultrasound scans.
Please press next to go to the first section
Part 2: Section 1 Requesting existing diagnostic imaging or radiological re
In the following questions we use the word relevant.
Relevant in this context means: - the imaging is not older than 5 years - the imaging gives information about the patients complaint eg. Patient with low back pain has x-rays of his low back and not of a fractured thumb.
*12. Approximately what percentage of your NEW patients have already had relevant diagnostic imaging taken by other health-care professionals (e.g. general practitioner, specialist or colleague chiropractor)?
Percentage
*13. Do you request the WRITTEN REPORT of the existing (relevant) diagnostic imaging?
C Never
C Sometimes
C Always
*14. Do you request the EXISTING (relevant) diagnostic imaging?
C Never
C Sometimes
C Always
Part 2: Section 1 Requesting existing diagnostic imaging or radiological re

*15. Do you request relevant diagnostic imag		ritten report:		
radiology department?				
Yourself	never	sometimes		always
Via the patient	0	0		0
Via the general practitioner	O	O		0
*16. What percentage of diagnostic imaging	or written rer	orts, that vo	u reau	est are:
(adds up to 100%)	or written rep	orts, that yo	u roqu	osi, arei
% x-rays				
% MRI scans				
% CT scans				
% other e.g. ultrasound scan				
70 Other e.g. utilusound soun				
Part 2: Section 2 Hospital				
In this section, there are questions about the hospitals that *17. How many hospitals are in the referral a Number of hospitals	_		hiropracto	ors.
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for	rea of your po	ractice? liagnostic im	nages?	
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals	rea of your po	ractice? liagnostic im	nages? gnostic	: imaging
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for	rea of your po	ractice? liagnostic im	nages?	
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)?	rea of your po	ractice? liagnostic im	nages?	: imaging
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves	rea of your po	ractice? liagnostic im you the diag	nages?	imaging I don't know
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves Chiropractors are not qualified to read diagnostic imaging according to the	rea of your po	ractice? liagnostic im you the diag	nages?	imaging I don't know
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves Chiropractors are not qualified to read diagnostic imaging according to the lit is too expensive to send them	rea of your po	ractice? liagnostic im you the diag	nages?	imaging I don't know
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves Chiropractors are not qualified to read diagnostic imaging according to the It is too expensive to send them Other (please specify)	rea of your programmer	ractice?	nages?	imaging I don't know
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves Chiropractors are not qualified to read diagnostic imaging according to the lit is too expensive to send them Other (please specify) 20. Do you or the patient have to pay for the research and the literature of the literatur	rea of your programmer	ractice?	nages?	imaging I don't know
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves Chiropractors are not qualified to read diagnostic imaging according to the lt is too expensive to send them Other (please specify) 20. Do you or the patient have to pay for the recovery of the second	rea of your programmer	ractice?	nages?	imaging I don't know
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves Chiropractors are not qualified to read diagnostic imaging according to the lit is too expensive to send them Other (please specify) 20. Do you or the patient have to pay for the research and the literature of the literatur	rea of your programmer	ractice?	nages?	imaging I don't know
*17. How many hospitals are in the referral a Number of hospitals *18. From how many of these hospitals, can Number of hospitals *19. What are the reasons of the hospital for (in some cases)? Patient has to request the diagnostic imaging themselves Chiropractors are not qualified to read diagnostic imaging according to the lt is too expensive to send them Other (please specify) 20. Do you or the patient have to pay for the recovery of the second	rea of your programmer	ractice?	nages?	imaging I don't know

A survey of the attitudes of Dutch chiropractors towards the use of	
*21. How much do you or your patient have to pay the hospital for sending the CD of	
the diagnostic images to you?	
C Between 0 and 5 Euro	
C Between 6 and 10 Euro	
© Between 11 and 15 Euro	
Other (please specify)	
Part 2: Section 3 Radiographs	
Tart 2. Occion o Radiographo	
In this section, there are questions about how often diagnostic imaging in chiropractic practice is present or is needed.	
*22. Of approximately what percentage of your NEW patients would you like to have	
diagnostic imaging (this includes diagnostic imaging that is already present or referral	
for diagnostic imaging)? Percentage	
*23. Do you have one of the following x-ray facilities available at (one of the) practice	
(s)?	
C X-ray machine	
C iDXA	
© No	
Part 2: Section 3 Radiographs	
*24. Of approximately what percentage of your NEW patients of whom you would like	ļ.
to have diagnostic imaging, do you take x-rays scan yourself?	
Example: You would like to have diagnostic imaging in 30% of your new patients. In	
50% of these new patients of whom you like to have diagnostic imaging, you take x-	
rays yourself. Your answer will be 50%.	
Percentage	

A survey of the attitudes of Dutch chiropractors towards the use of
*25. Of approximately what percentage of your NEW patients, of whom you like to have diagnostic imaging, do you refer for diagnostic imaging other than x-rays?
Example: You would like to have diagnostic imaging in 30% of your new patients. In 5% of these new patients of whom you like to have diagnostic imaging, you refer for diagnostic imaging other than x-rays. Your answer will be 5%.
Percentage
Part 2: Section 3 Radiographs
*26. Of approximately what percentage of your NEW patients of whom you would like to have diagnostic imaging, do you take iDXA scan yourself?
Example: You would like to have diagnostic imaging in 30% of your new patients. In 50% of these new patients of whom you like to have diagnostic imaging, you take iDXA scan yourself. Your answer will be 50%.
Percentage
*27. Of approximately what percentage of your NEW patients, of whom you like to have diagnostic imaging, do you refer for diagnostic imaging other than iDXA scan?
Example: You would like to have diagnostic imaging in 30% of your new patients. In 5% of these new patients of whom you like to have diagnostic imaging, you refer for diagnostic imaging other than iDXA scan. Your answer will be 5%.
Percentage
Part 2: Section 3 Radiographs
*28. Of approximately what percentage of your NEW patients of whom you would like to have diagnostic imaging, do you refer for x-rays?
Example: You would like to have diagnostic imaging in 30% of your new patients. In 50% of these new patients of whom you like to have diagnostic imaging, you refer for x-rays yourself. Your answer will be 50%. Percentage
1 Greenlage

A survey of the attitudes of Dutch chiropractors towards the use of					
*29. Of approximately what percentage of your NEW patients of whom you would like to have diagnostic imaging, do you refer for diagnostic imaging other than x-rays?					
Example: You would like to have diagnostic imaging in 30% of your new patients. In 5% of these new patients of whom you like to have diagnostic imaging, you refer for diagnostic imaging other than x-rays yourself. Your answer will be 5%.					
Percentage					
Part 2: Section 4 Reasons to us	se diagnos	tic imag	ing in chir	opractic p	ractic
This section contains questions about the u	se of diagnostic	imaging in	making clinical	decisions.	
*30. What are the reasons for us	ng diagnos	tic imagin	ig and/or a r	adiological	report?
	Never a reason	Almost never			Always a reason
Diagnosis	O	O	O	0	0
Prognosis	0	0	0	0	0
Exclude contra-indications	0	0	0	0	0
Indicate specific therapy	0	0	0	0	0
Postural Analysis	0	0	O	0	0
Follow-up/ evaluate changes	0	0	0	0	0
Other (please specify)					
Part 2: Section 4 Reasons to us	se diagnos	tic imag	ing in chir	opractic p	ractic
*31. What are your consideration	s to NOT se	end the pa	tient for dia	gnostic im	aging?
			nost never Sometir a reason reas		Always a reason
High radiation load for the patient		0	0 0	011	O
Limited value of imaging information		0	0 0	0	0
No cooperation of the GP		\circ	0 0	0	0
No cooperation of the hospital		0	0 0	0	0
No cooperation of the patient		0	0 0	0	\odot
High costs for the patient		0	0 0	0	0

Part 2: Section 4 Reasons to use diagnostic imaging in chiropractic practic...

Patient is too young
Other (please specify)

ecent (< 2 years) diagnostic imaging is pres	Never a reason	Almost never a reason	Sometimes a reason	Often a reason	Always a reason
Poor quality of the images	O	0	0	0	0
mages not recent enough in patients with specific conditions eg. scoliosis	0	0	O	0	0
mage not taken in a standing position	0	0	0	0	0
Vrong series or incomplete series of imaging, eg. an Anterior Posterior Open Mouth view is not taken.	0	0	0	0	0
Follow-up after several treatments	0	0	0	0	0
Obvious change in the patients situation or health since the existing mages were taken eg. trauma, disease	0	0	0	0	0
art 3 Opinions					
ou have finished part 2 of the survey. Part 3 will exist of 2 sections. Please press next to enter part 3 section 1					

decisions about their patients.

0	agree	
0	no opinion	

*34. It is important that chiropractors take x-rays themselves in their own practice.

0	agree
0	no opinion
0	disagree

O disagree

Part 3: Section 1 Opinions of chiropractors in the Netherlands on diagnosti...

35. It is important th	Agree	No opinion	Disagree
rays	O	O	O
RI scans	O	0	0
scan	0	0	0
her diagnostic imaging . Ultrasound	0	0	0
36. It is important fo	or chiropractors to	be able to interpret the fo	ollowing diagnostic
aging themselves:	_		
	Agree	No opinion	Disagree
rays	O	O	0
RI scans	O	0	O
scan	0	0	0
her diagnostic imaging . Ultrasound	0	O	O
ropract	s are about your ability,	knowledge and confidence to rea	ad diagnostic imaging.
ropract this section, the questions		knowledge and confidence to rea	ad diagnostic imaging.
this section, the questions		knowledge and confidence to rea	ad diagnostic imaging. Always
ropract this section, the questions 37. I readr	nyself.	•	
this section, the questions 37. I read	nyself.	Sometimes	Always
this section, the questions 37. I read	nyself. Never	Sometimes ©	Always O
this section, the questions 37. I read	Never	Sometimes C	Always O
this section, the questions 37. I read	Never O O O	Sometimes C C C C	Always C C C
this section, the questions 37. I read	Never Never Never Never	Sometimes C C C C Tead	Always C C C Always
this section, the questions 37. I read	Never O About my ability to Never	Sometimes C C C C C C Sometimes	Always C C C Always
this section, the questions 37. I read	Never O O O About my ability to Never O O O O O O O O O O O O O O O O O O O	Sometimes C C C C C C C C C C C C C C C C C C	Always C C C Always C C
this section, the questions 37. I read	Never O O O About my ability to Never O O O O O O O O O O O O O O O O O O O	Sometimes C C C Tead Sometimes C C	Always C C C Always C C C C C C
this section, the questions 37. I read	Never O O O About my ability to Never O O O O O O O O O O O O O O O O O O O	Sometimes C C C C C C C C C C C C C C C C C C	Always C C C Always C C
arays RI scans scans her diagnostic imaging Ultrasound 38. I feel confident arays RI scans scans her diagnostic imaging Ultrasound Tays RI scans scans her diagnostic imaging Ultrasound	Never O O O About my ability to Never O O O O O O O O O O O O O O O O O O O	Sometimes C C C Tead Sometimes C C	Always C C C Always C C C C C C C C
this section, the questions 37. I read	Never O O O About my ability to Never O O O O O O O O O O O O O O O O O O O	Sometimes C C C C C Sometimes C C C C C C C C C C C C C C C C C C C	Always C C C Always C C C C C C C C
this section, the questions 37. I read	Never O O O About my ability to Never O O O O O O O O O O O O O O O O O O O	Sometimes C C C C C Sometimes C C C C C C C C C C C C C C C C C C C	Always C C C Always C C C C C C C C

A survey of the attitudes of Dutch chiropractors towards the use of
fst39. Students who graduate from chiropractic college should be able to take x-rays
themselves.
© Yes
C No
*40. Students who graduate from chiropractic college should be able to interpret x-
rays themselves.
© Yes
C No
*41. Students who graduate from chiropractic college should be able to take MRI
scans themselves.
○ Yes
*42. Students who graduate from chiropractic college should be able to interpret MRI
scans themselves.
○ Yes
*43. Students who graduate from chiropractic college should be able to take other
diagnostic imaging eg. ultrasound scans themselves.
*44. Students who graduate from chiropractic college should be able to interpret other diagnostic imaging eg. ultrasound scans themselves.
O Yes
⊙ No
*45. Every chiropractor should collect 150 points in 5 years in postgraduate training to keep his registration as a chiropractor by the Stichting Chiropractie Nederland (SCN). I believe postgraduate training in radiology (diagnostic imaging) should be mandatory by the Stichting Chiropractie Nederland.
O agree
O neutral
○ disagree

Part 3: Section 2 Reading and knowledge of diagnostic imaging by

chiropract
st46. How many of these 150 points needed every five years, should be mandatory by SCN on postgraduate training in radiology (diagnostic imaging)?
O points
C 1-5 poinst
C 5-10 points
C 10-15 points
O 15-20 points
More than 20 points
Part 4: Practice Guidelines
You have finished part 3 of the survey. Please press next to go to part 4.
Part 4: Practice Guidelines
In this part there are questions about the use of practice guidelines in the management of low back pain patients your practice.
The following questions are about the GENERAL use of practices quidelines in the management of low back pain patients in your practice.
st47. Are you familiar with any practice guidelines in the management of low back pair patients?
C Yes
C No
Part 4: Practice Guidelines

ack pain patients		agement of your low
ack pain patients	Yes	No
AHCPR	O	0
Mercy Guideline	O	0
The Council on Chiropractic Guidelines and Practice Parameters	O	O
British Chiropractic Association Guideline	0	O
CBO	О	O
NHG	O	O
KNGF	0	O
lice	0	0
Guidelines from the NCA	O	O
ther (please specify)		
- ··-		
art 4: Practice Guidelines k 50. The recommendations of which practice		
art 4: Practice Guidelines ^k 50. The recommendations of which practice of the clinical decision making in the managemen		
art 4: Practice Guidelines k 50. The recommendations of which practice the clinical decision making in the management		
Art 4: Practice Guidelines K 50. The recommendations of which practice the clinical decision making in the management lick TWO guidelines you use most often.		
Art 4: Practice Guidelines K 50. The recommendations of which practice the clinical decision making in the management of the TWO guidelines you use most often. AHCPR Mercy Guideline		
Art 4: Practice Guidelines K 50. The recommendations of which practice the clinical decision making in the management ick TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters		
Art 4: Practice Guidelines 50. The recommendations of which practice the clinical decision making in the management ock TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters British Chiropractic Association Guideline		
Art 4: Practice Guidelines K 50. The recommendations of which practice the clinical decision making in the management ick TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters		
Art 4: Practice Guidelines K 50. The recommendations of which practice the clinical decision making in the management ick TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters British Chiropractic Association Guideline		
Art 4: Practice Guidelines K 50. The recommendations of which practice the clinical decision making in the management lick TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters British Chiropractic Association Guideline CBO		
Art 4: Practice Guidelines 50. The recommendations of which practice the clinical decision making in the management ock TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters British Chiropractic Association Guideline CBO NHG		
Art 4: Practice Guidelines 50. The recommendations of which practice me clinical decision making in the management ock TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters British Chiropractic Association Guideline CBO NHG KNGF		
** So. The recommendations of which practice the clinical decision making in the managementick TWO guidelines you use most often. AHCPR Mercy Guideline The Council on Chiropractic Guidelines and Practice Parameters British Chiropractic Association Guideline CBO NHG KNGF Nice		

The following questions are on the SPECIFIC use of practice guidelin DIAGNOSTIC IMAGING in your low back patients.		
*51. Are you familiar with practice guidelines for ser imaging in low back pain patients?	iding or requestir	ng diagnostic
© No		
Part 4: Practice Guidelines		
*52. Which practice guideline(s) are you familiar wit	h sending for or r	equesting
diagnostic imaging in your low back patients?		
	Yes	No
Diagnostic imaging guidelines for musculoskeletal complaints in adults	0	0
AHCPR	0	0
Mercy Guideline	0	0
The Council on Chiropractic Guidelines and Practice Parameters	0	0
British Chiropractic Association Guideline	0	O
СВО	O	O
NHG	O	O
KNGF	0	0
Nice	0	O
Guidelines from the NCA	O	O
Other (please specify)		
*53. Do you take the recommendations of these praces sending for or requesting diagnostic imaging in your local Yes No	_	
Part 4: Practice Guidelines		

* 5	4. The recommendations of which practice guidelines do you take into account with
sen	ding for or requesting diagnostic imaging in your low back patients? Please tick
TW	O guidelines you use most often.
	Diagnostic imaging guidelines for musculoskeletal complaints in adults
	AHCPR
	Mercy Guideline
	The Council on Chiropractic Guidelines and Practice Parameters
	British Chiropractic Association Guideline
	CBO
	NHG
	KNGF
	Nice
	Guidelines from the NCA
	Other (please specify)
Part	: 5: Clinical Vignettes
This three influereco such asseques	have finished part 4 of the survey. Part 5 will be clinical vignettes. section contains three hypothetical scenarios about patients who present to you with acute low back pain and a about patients with chronic low back pain. In the scenarios we have varied a range of features that might ence your management decisions (with regards to investigations you might order and interventions you might entered or perform). We are aware that the scenario format means that your skills you may normally draw on, as evaluating non-verbal cues from the patient and performing a physical examination, cannot be a factor in your essment. Nevertheless, given this understanding, we hope that you address each scenario and answer the stions as best as you can with the information provided.
Part	: 5: Clinical Vignette #1
a ho histo mark	B-year old woman has suffered from acute low back pain for a week. She has been unable to do her job managing aspital cafeteria for this time. While anxious to return to work, she feels immobilized by the pain. There is no bry of trauma. The pain is limited to the low back area, without radiation. On physical examination, there is ked limitation of anterior flexion and tenderness in the left paraspinal region. The neurological examination is nal, with normal straight leg raising to 90 degrees.
The fo	llowing questions are about what you would GENERALLY do with this patient

, , , , , , , , , , , , , , , , , , , ,	or Batorrormo	practors towards the use of
	would you order for	r this patient at this visit? Please mark all
appropriate boxes.		
☐ Would not order tests		
Lumbopelvic X-ray and/or Sacroiliac	X-ray series	
MRI scan		
☐ CT scan		
Other advanced Imaging (eg. Ultraso	und scan, Bone scan)	
☐ Lab tests (eg. urinalysis, ESR)		
☐ Surface Electromyography/nerve con	duction	
Other (please specify)		
≭ 56. Which treatments wo	uld vou offer for this	s patient at this visit? Please mark all
appropriate boxes.	a.u you oo	, patient at time violet i loude mant an
☐ No intervention - expectant observati	on \square	Spinal traction (not flexion distraction)
Chiropractic adjustment (including Sl	/IT, Cox, Activator,	Psychosocial evaluation by chiropractor
Gonstead, Thomsen drop)		Non-exercise modalities (eg. heat, ice etc.)
Exercise		Electrotherapy (eg. TENS, interferential, etc.)
Education (back school)		
∐ Massage		
Other (please specify)		
Part 5: Clinical Vignette	#1 continued	
•	•	for a week. She has been unable to do her job managi
history of trauma. The pain is limite	ed to the low back area, w	vork, she feels immobilized by the pain. There is no vithout radiation. On physical examination, there is
marked limitation of anterior flexion normal, with normal straight leg rai		t paraspinal region. The neurological examination is
*57. In how many days wi	II ha tha sacand any	nointmont?
Days	n be the second app	Jointinent:

A survey of the attitudes of Dutch	chiropractors towards the use of
*58. Frequency of treatment	
How often will you treat this patient?	
O once a week	
C twice a week	
C three times a week	
Other (please specify)	
*59. After how many treatments will you	u re-evaluate? Re-evaluation means that you
	questions but that you also retest the positive
tests found in the physical examination a	t the first visit.
Treatments	
Part 5: Clinical Vignette #1 continue	d
history of trauma. The pain is limited to the low back marked limitation of anterior flexion and tenderness in normal, with normal straight leg raising to 90 degrees	turn to work, she feels immobilized by the pain. There is no carea, without radiation. On physical examination, there is not the left paraspinal region. The neurological examination is s. tient at this visit? Please mark all appropriate Bedrest Lumbar support or corset Suggest over the counter Paracetamol Suggest over the counter NSAIDS

*6		
	*61. Referral for management outside your offi	ce at this visit: Please mark all
app	appropriate boxes.	
	Would not refer	Physiotherapy
	Pain Clinic	Acupuncture
	Refer for prescription Paracetamol	Refer to clinic specializing in formal programs of active
	Refer for prescrition NSAIDs	rvised exercise & education for back Rehabilitation Clinic
	_	General Practitioner
	Refer for prescription Opioids	Medical Specialist
	Other Chiropractor	Medical Specialist
	Other (please specify)	
	out F. Olivia al Vierratta #4 a autimoral	
A 28 a ho histo mar	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees.	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is
A 28 a ho histomar norr	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is
A 28 a ho histomar norr	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you need to be a sufficient to be	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is
A 28 a ho histomar norr	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you need to be a control of the pain of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with a left of the low back area,	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is
A 28 a ho histomar norr	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to we history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left phormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you neurologist Orthopaedist Rheumatologist	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is
A 28 a ho histomar norr	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you need to be a control of the pain of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with marked limitation of anterior flexion and tenderness in the left of the low back area, with a left of the low back area,	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is
A 28 a ho histomar norror *6	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you heurologist Orthopaedist Rheumatologist Other (please specify)	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is a refer?
A 28 a ho histomar norror *6	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you need to be a medical specialist. Orthopaedist Orthopaedist Other (please specify)	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is a refer?
A 28 a ho histomar norror *6	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you need to be a specific orthopaedist of the company of the compan	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is a refer?
A 28 a ho histomar norror *6	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you need to be a medical specialist. Orthopaedist Orthopaedist Other (please specify)	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is a refer?
A 28 a ho histomar norror *6	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to wo history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you need to be a specific orthopaedist of the company of the compan	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is a refer?
A 28 a ho histomar norror *6	A 28-year old woman has suffered from acute low back pain for a hospital cafeteria for this time. While anxious to return to we history of trauma. The pain is limited to the low back area, with marked limitation of anterior flexion and tenderness in the left mormal, with normal straight leg raising to 90 degrees. *62. What kind of medical specialist would you Neurologist Orthopaedist Rheumatologist Other (please specify) *63. For what treatment would you refer to a minjections (eg. trigger point, facet, epidural) Surgery	ork, she feels immobilized by the pain. There is no hout radiation. On physical examination, there is paraspinal region. The neurological examination is a refer?

A survey of the attitudes of Dutch chiropractors towards the use of *64. Hospitalization Would you refer the patient for admission to hospital? O Definitely Probably Probably not Definitely not Part 5: Clinical Vignette #1 continued A 28-year old woman has suffered from acute low back pain for a week. She has been unable to do her job managing a hospital cafeteria for this time. While anxious to return to work, she feels immobilized by the pain. There is no history of trauma. The pain is limited to the low back area, without radiation. On physical examination, there is marked limitation of anterior flexion and tenderness in the left paraspinal region. The neurological examination is normal, with normal straight leg raising to 90 degrees. The following questions are about the SPECIFIC advice you will give this patient. *65. Return to work The patient described in the vignette asks what your advice would be about her work. Please tick the one response that best describes what you would recommend this patient to do. I would recommend this patient to: Return to normal work Return to part time or light duties Be off work until pain has improved O Be off work until pain has completely disappeared © Be off work for a further...... weeks (please state number of weeks)

*66. Activity

The patient described in the vignette asks what your advice would be about activity. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

- Activity Perform usual activities
- O Perform activities within the patient's tolerance
- Perform only pain free activities
- C Limit all physical activities until pain disappears

★67. Bedrest

The patient described in the vignette asks what your advice would be about bedrest. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

- C Avoid resting in bed entirely
- Avoid resting in bed as much as possible
- Rest in bed only when pain is severe
- Rest in bed until pain improves substantially
- Rest in bed until pain disappears

Part 5: Clinical vignette #1 end

This is the end of vignette #1. Please press next to go to clinical vignette #2

Part 5: Clinical Vignette #2

The woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time and there has been little change in pain and no change in physical findings. Today she continues to have pain with movement, and she has not had the confidence to return to work. On examination today, she still has some limitation in the anterior flexion of the spine with a normal neurological examination.

8. Which investigations would you orde	r for this patient at this visit? Please marl
propriate boxes.	
Would not order tests	
Lumbopelvic X-ray and/or Sacroiliac X-ray series	
MRI scan	
CT scan	
Other advanced Imaging (eg. Ultrasound scan, Bone scan)	
Lab tests (eg. urinalysis, ESR)	
Surface Electromyography/nerve conduction	
Other (please specify)	
No intervention - expectant observation	Spinal traction (not flexion distraction)
No intervention - expectant observation	Spinal traction (not flexion distraction)
Chiropractic adjustment (including SMT, Cox, Activator,	Psychosocial evaluation by chiropractor
nstead, Thomsen drop)	Non-exercise modalities (eg. heat, ice etc.)
Exercise	☐ Electrotherapy (eg. TENS, interferential, etc.)
Education (back school)	
Massage	
Other (please specify)	
rt 5: Clinical Vignette #2 continued	
rt 5: Clinical Vignette #2 continued	
e woman in Vignette # 1 has now had her symptoms	_
e woman in Vignette # 1 has now had her symptoms are has been little change in pain and no change in povement, and she has not had the confidence to retur	physical findings. Today she continues to have pain with to work. On examination today, she still has some
e woman in Vignette # 1 has now had her symptoms ere has been little change in pain and no change in povement, and she has not had the confidence to return the anterior flexion of the spine with a normal neurological	ohysical findings. Today she continues to have pain wit rn to work. On examination today, she still has some l ogical examination.
e woman in Vignette # 1 has now had her symptoms are has been little change in pain and no change in povement, and she has not had the confidence to retur	ohysical findings. Today she continues to have pain wit rn to work. On examination today, she still has some l ogical examination.
e woman in Vignette # 1 has now had her symptoms ere has been little change in pain and no change in povement, and she has not had the confidence to return the anterior flexion of the spine with a normal neurological	ohysical findings. Today she continues to have pain wit rn to work. On examination today, she still has some l ogical examination.
e woman in Vignette # 1 has now had her symptoms are has been little change in pain and no change in povement, and she has not had the confidence to retuit the anterior flexion of the spine with a normal neurology. 70. In how many days will be the next approximately	
e woman in Vignette # 1 has now had her symptoms are has been little change in pain and no change in povement, and she has not had the confidence to retuit the anterior flexion of the spine with a normal neurology. 70. In how many days will be the next approximately	physical findings. Today she continues to have pain with to work. On examination today, she still has some logical examination.

the progress not only by asking und in the physical examination Clinical Vignette #2 continue an in Vignette # 1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the p	at the first	luate? Re-evaluation means that you ns but that you also retest the positive st visit.
a week imes a week (please specify) fter how many treatments will ye the progress not only by asking und in the physical examination Clinical Vignette #2 continu an in Vignette # 1 has now had her symptoen little change in pain and no change t, and she has not had the confidence to erior flexion of the spine with a normal ne hat advice would you give the p	at the first	ns but that you also retest the positive st visit.
imes a week (please specify) Iter how many treatments will year the progress not only by asking and in the physical examination Clinical Vignette #2 continue an in Vignette #1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the p	at the first	ns but that you also retest the positive st visit.
imes a week (please specify) Iter how many treatments will ye the progress not only by asking and in the physical examination Clinical Vignette #2 continue an in Vignette #1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the p	at the first	ns but that you also retest the positive st visit.
iter how many treatments will yet the progress not only by asking and in the physical examination Clinical Vignette #2 continue an in Vignette #1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the p	at the first	ns but that you also retest the positive st visit.
the progress not only by asking and in the physical examination Clinical Vignette #2 continue an in Vignette #1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the progression of the spine with a normal new that advice would you give the progression of the spine with a normal new that advice would you give the progression.	at the first	ns but that you also retest the positive st visit.
the progress not only by asking und in the physical examination Clinical Vignette #2 continue an in Vignette # 1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the p	at the first	ns but that you also retest the positive st visit.
the progress not only by asking und in the physical examination Clinical Vignette #2 continue an in Vignette # 1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the p	at the first	ns but that you also retest the positive st visit.
the progress not only by asking und in the physical examination Clinical Vignette #2 continue an in Vignette # 1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new that advice would you give the p	at the first	ns but that you also retest the positive st visit.
clinical Vignette #2 continuan in Vignette #1 has now had her symptobeen little change in pain and no change it, and she has not had the confidence to erior flexion of the spine with a normal new hat advice would you give the p	at the first	st visit.
Clinical Vignette #2 continuers in Vignette #1 has now had her symptobeen little change in pain and no change t, and she has not had the confidence to erior flexion of the spine with a normal new hat advice would you give the p	toms for five in physical preturn to wo	
an in Vignette # 1 has now had her symptobeen little change in pain and no change t, and she has not had the confidence to erior flexion of the spine with a normal ne hat advice would you give the p	otoms for five e in physical o return to wo	weeks. You have managed her during this time and
an in Vignette # 1 has now had her symptobeen little change in pain and no change t, and she has not had the confidence to erior flexion of the spine with a normal ne hat advice would you give the p	otoms for five e in physical o return to wo	weeks. You have managed her during this time and
been little change in pain and no change t, and she has not had the confidence to erior flexion of the spine with a normal ne hat advice would you give the p	e in physical return to wo	weeks. You have managed her during this time and
	patient at	ork. On examination today, she still has some limitation xamination. this visit? Please mark all appropriate
vice		Bedrest
e on exercise (home programme)		Lumbar support or corset
al advice on back care		Suggest over the counter Paracetamol
e to attend a work modification programme		Suggest over the counter NSAIDS
e to have psychosocial evaluation outside the soffice		
J JJ		
(please specify)		
al a	advice on back care attend a work modification programme	attend a work modification programme have psychosocial evaluation outside the

	rvey of the attitudes of Dutch chiropractors towards the use of
< 7	74. Referral for management outside your office at this visit: Please mark all
pp	propriate boxes.
	Would not refer Refer to clinic specializing in formal programs of active
	Medical Specialist supervised exercise & education for back Rehabilitation Clinic
	General Practitioner Refer for prescription Paracetamol
	Pain Clinic Refer for prescription Paracetamor Refer for prescription NSAIDs
	Other Chiropractor Refer for prescription Muscle relaxants
	Physiotherapy Refer for prescription Muscle relaxants Refer for prescription Opioids
	Acupuncture Relef for prescription Opiolos
	Other (please specify)
v 4	4 F. All.: I VI 44 - 40 41 J
ne ere ove the	t 5: Clinical Vignette #2 continued e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limi he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer?
henere	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist
he lere	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist
ne ere ove the	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist
ne ere ove the	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist
he liere love the the	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit the anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify)
he liere love the the	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist
he nere nove the 7	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit the anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify)
he nere nove the 7	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) 76. For what treatment would you refer to a medical specialist?
he nere	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with vement, and she has not had the confidence to return to work. On examination today, she still has some limit he anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) 76. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural)
he here	e woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time a re has been little change in pain and no change in physical findings. Today she continues to have pain with wement, and she has not had the confidence to return to work. On examination today, she still has some limit the anterior flexion of the spine with a normal neurological examination. 75. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) 76. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery

A survey of the attitudes of Dutch chiropractors towards the use of *77. Hospitalization Would you refer the patient for admission to hospital? O Definitely Probably Probably not Definitely not Part 5: Clinical Vignette #2 continued The woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time and there has been little change in pain and no change in physical findings. Today she continues to have pain with movement, and she has not had the confidence to return to work. On examination today, she still has some limitation in the anterior flexion of the spine with a normal neurological examination. The following questions are about the SPECIFIC advice you will give this patient. *78. Return to work The patient described in the vignette asks what your advice would be about her work. Please tick the one response that best describes what you would recommend this patient to do. I would recommend this patient to: Return to normal work Return to part time or light duties © Be off work until pain has improved © Be off work until pain has completely disappeared Be off work for a further...... weeks (please state number of weeks) *79. Activity The patient described in the vignette asks what your advice would be about activity. Please tick the one response that best describes what you would recommend this patient to do. I would recommend this patient to:

Activity Perform usual activities

Perform activities within the patient's tolerance

Perform only pain free activities

Limit all physical activities until pain disappears

***80. Bedrest**

The patient described in the vignette asks what your advice would be about bedrest. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

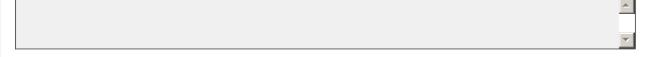
- Avoid resting in bed entirely
- Avoid resting in bed as much as possible
- Rest in bed only when pain is severe
- Rest in bed until pain improves substantially
- Rest in bed until pain disappears

Part 5: Clinical Vignette #2 continued

The woman in Vignette # 1 has now had her symptoms for five weeks. You have managed her during this time and there has been little change in pain and no change in physical findings. Today she continues to have pain with movement, and she has not had the confidence to return to work. On examination today, she still has some limitation in the anterior flexion of the spine with a normal neurological examination.

*81. Clinical Vignette # 2 (continued)

If this patient also reported weight loss and pain at rest five weeks after the first treatment, what (if any) additional investigations, treatments or referral would you order, refer for or recommend?



Part 5: Clinical vignette #2 End

This is the end of vignette #2. Please press next to go to clinical vignette #3

Part 5: Clinical Vignette #3 continued

A 35-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to the anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was no history of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor weakness. Straight leg raising is limited to 45 degrees in the affected leg.

The following questions are about what you would GENERALLY do with this patient

Surface Electromyography/nerve Other (please specify) 83. Which treatments propriate boxes. No intervention - expectant obse Chiropractic adjustment (including instead, Thomsen drop) Exercise Education (back school) Massage Other (please specify)	trasound scan, Bone scan) e conduction would you offer fo	or this patient at this visit? Please mark all Spinal traction (not flexion distraction)
Lumbopelvic X-ray and/or Sacro MRI scan CT scan Other advanced Imaging (eg. UI Lab tests (eg. urinalysis, ESR) Surface Electromyography/nerve Other (please specify) 83. Which treatments propriate boxes. No intervention - expectant obse Chiropractic adjustment (includinatead, Thomsen drop) Exercise Education (back school) Massage Other (please specify)	trasound scan, Bone scan) e conduction would you offer fo	
Other advanced Imaging (eg. UI Lab tests (eg. urinalysis, ESR) Surface Electromyography/nerve Other (please specify) 83. Which treatments opropriate boxes. No intervention - expectant obse Chiropractic adjustment (including onstead, Thomsen drop) Exercise Education (back school) Massage Other (please specify)	would you offer fo	
Other advanced Imaging (eg. Ul Lab tests (eg. urinalysis, ESR) Surface Electromyography/nerve Other (please specify) 83. Which treatments opropriate boxes. No intervention - expectant obse Chiropractic adjustment (including onstead, Thomsen drop) Exercise Education (back school) Massage Other (please specify)	would you offer fo	
Surface Electromyography/nerver Other (please specify) 83. Which treatments propriate boxes. No intervention - expectant obset Chiropractic adjustment (including onstead, Thomsen drop) Exercise Education (back school) Massage Other (please specify)	would you offer fo	
Residual Res		
Popropriate boxes. No intervention - expectant obsection of the constead, Thomsen drop) Exercise Education (back school) Massage Other (please specify)		
Exercise Education (back school) Massage Other (please specify)		Opinial tradition (not notion alottadissin)
Chiropractic adjustment (including onstead, Thomsen drop) Exercise Education (back school) Massage		Define tradition (not notion distraction)
Exercise Education (back school) Massage Other (please specify)	ıg SMT, Cox, Activator,	Psychosocial evaluation by chiropractor
Massage Other (please specify)		Non-exercise modalities (eg. heat, ice etc.)☐ Electrotherapy (eg. TENS, interferential, etc.)
Other (please specify)		
rt 5: Clinical Vignet		
rt 5: Clinical Vignet		
	te #3 contined	
e anterior medial leg and the	dorsal surface of the fo ome sensory deficit in t is limited to 45 degrees	
r 84. In now many days	Will be the secon	ia appointment:
ys		

*8			
	5. Frequency of treatment		
Hov	w often will you treat this patient?		
0	once a week		
0	twice a week		
0	three times a week		
0	Other (please specify)		
*8	6. After how many treatments will yo	re-evaluate? R	e-evaluation means that you
	nitor the progress not only by asking		
	ts found in the physical examination a		
Numl	per of treatments		
Par	t F. Clinical Vienatta #2 continua		
A 3	t 5: Clinical Vignette #3 continue 5-year old auto mechanic presents with a 4 day lanterior medial leg and the dorsal surface of the	story of severe acut	
A 3 the no I wea		story of severe acut ot. The pain started his distribution and in the affected leg.	when he was twisting at work but there was a diminished patella reflex but no motor
A 3 the no I wea	5-year old auto mechanic presents with a 4 day lanterior medial leg and the dorsal surface of the history of trauma. He has some sensory deficit in the lands. Straight leg raising is limited to 45 degre	story of severe acut ot. The pain started his distribution and in the affected leg.	when he was twisting at work but there was a diminished patella reflex but no motor
A 3 the no I wea	5-year old auto mechanic presents with a 4 day lanterior medial leg and the dorsal surface of the history of trauma. He has some sensory deficit in kness. Straight leg raising is limited to 45 degre 87. What advice would you give the page.	story of severe acut ot. The pain started his distribution and in the affected leg.	when he was twisting at work but there was a diminished patella reflex but no motor ? Please mark all appropriate
A 3 the no I wea	5-year old auto mechanic presents with a 4 day lanterior medial leg and the dorsal surface of the history of trauma. He has some sensory deficit in kness. Straight leg raising is limited to 45 degres. 87. What advice would you give the parters. No advice	story of severe acut ot. The pain started his distribution and in the affected leg. ent at this visit	when he was twisting at work but there was a diminished patella reflex but no motor ? Please mark all appropriate
A 3 the no I wea	5-year old auto mechanic presents with a 4 day lanterior medial leg and the dorsal surface of the history of trauma. He has some sensory deficit in tkness. Straight leg raising is limited to 45 degres. 87. What advice would you give the parties. No advice Advice on exercise (home programme)	story of severe acut ot. The pain started his distribution and in the affected leg. ent at this visit Bedrest Lumbar supp Suggest ove	when he was twisting at work but there was a diminished patella reflex but no motor ?? Please mark all appropriate port or corset
A 3 the no I weak box	5-year old auto mechanic presents with a 4 day lanterior medial leg and the dorsal surface of the history of trauma. He has some sensory deficit in tkness. Straight leg raising is limited to 45 degres. 87. What advice would you give the parties. No advice Advice on exercise (home programme) General advice on back care	story of severe acut ot. The pain started his distribution and in the affected leg. ent at this visit Bedrest Lumbar supp Suggest ove	when he was twisting at work but there was a diminished patella reflex but no motor ?? Please mark all appropriate Port or corset In the counter Paracetamol
A 3 the no I weak box	5-year old auto mechanic presents with a 4 day lanterior medial leg and the dorsal surface of the history of trauma. He has some sensory deficit in tkness. Straight leg raising is limited to 45 degrees. 87. What advice would you give the parties. No advice Advice on exercise (home programme) General advice on back care Advice to attend a work modification programme Advice to have psychosocial evaluation outside the	story of severe acut ot. The pain started his distribution and in the affected leg. ent at this visit Bedrest Lumbar supp Suggest ove	when he was twisting at work but there was a diminished patella reflex but no motor ?? Please mark all appropriate Port or corset In the counter Paracetamol

k 8	8. Referral for management outside your office at this visit: Please mark all
pp	ropriate boxes.
	Would not refer Refer to clinic specializing in formal programs of active
	Medical Specialist Supervised exercise & education for back Rehabilitation Clinic
	General Practitioner Refer for prescription Paracetamol
	Pain Clinic Refer for prescrition NSAIDs
	Other Chiropractor Refer for prescription Muscle relaxants
	Physiotherapy Refer for prescription Opioids
]	Acupuncture
	Other (please specify)
.4	Fi Clinical Vignotto #3 continued
. 35 ne a o h	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg.
35 ne a o h	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor
35 e a e a	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist
35 e a e a	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist Orthopaedist
a 35 ne a o h /ea	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was history of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist
x 35 ne a lo h	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was history of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist
x 35 he a loo he a loo he wea	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify)
x 35 he a loo he a loo he wea	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) 0. For what treatment would you refer to a medical specialist?
38 ane a o h	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) 0. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural)
38 ane a o h	5-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was istory of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor kness. Straight leg raising is limited to 45 degrees in the affected leg. 9. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) 0. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery

A survey of the attitudes of Dutch chiropractors towards the use of *91. Hospitalization Would you refer the patient for admission to hospital? O Definitely Probably Probably not Definitely not Part 5: Clinical Vignette #3 continued A 35-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to the anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was no history of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor weakness. Straight leg raising is limited to 45 degrees in the affected leg. The following questions are about the SPECIFIC advice you will give this patient. *92. Return to work The patient described in the vignette asks what your advice would be about her work. Please tick the one response that best describes what you would recommend this patient to do. I would recommend this patient to: Return to normal work Return to part time or light duties © Be off work until pain has improved © Be off work until pain has completely disappeared Be off work for a further...... weeks (please state number of weeks) *93. Activity The patient described in the vignette asks what your advice would be about activity. Please tick the one response that best describes what you would recommend this patient to do. I would recommend this patient to:

C Activity Perform usual activities

Perform only pain free activities

Perform activities within the patient's tolerance

Limit all physical activities until pain disappears

Page 28

*94. Bedrest

The patient described in the vignette asks what your advice would be about bedrest. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

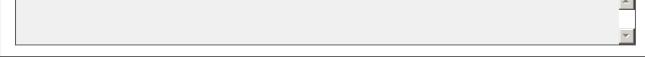
- Avoid resting in bed entirely
- Avoid resting in bed as much as possible
- Rest in bed only when pain is severe
- Rest in bed until pain improves substantially
- Rest in bed until pain disappears

Part 5: Clinical Vignette #3 continued

A 35-year old auto mechanic presents with a 4 day history of severe acute low back pain with unilateral radiation to the anterior medial leg and the dorsal surface of the foot. The pain started when he was twisting at work but there was no history of trauma. He has some sensory deficit in this distribution and a diminished patella reflex but no motor weakness. Straight leg raising is limited to 45 degrees in the affected leg.

*95. Clinical Vignette #3 (continued)

The patient's symptoms and physical examination have NOT improved after you have managed him four weeks. What (if any) additional investigations, treatments or referral would you order, refer for or recommend?



Part 5: Clinical vignette #3 End

This is the end of vignette #3.

Now three chronic patients will be presented to you

Please press next to go to clinical vignette #4.

Part 5: Clinical Vignette #4

A 57 year old office worker sees you for low-back pain. She says her pain began 6 months ago. There was no specific incident that caused the pain. The pain is located in the lower back region, with no radiation. The pain is described as an ache (4 out of 10), with occasional sharp "twinges" with certain movements. The pain is relieved by heat and a massage from her spouse. She has no previous history of low-back pain. The patient is overweight (BMI 30), has mild hypertension, and a family history of type 2 diabetes. The patient rarely does any exercise. On physical examination, there is marked limitation in anterior flexion, extension and rotation and there is tenderness in the paraspinal region on both sides. The neurological examination is normal, with normal straigtht leg raising to 90 degrees. During the consultation she indicates to you that she is anxious that she may have a serious disease. The

	ously wrong with her".	she had an x-ray and it showed that she really had something
The f	ollowing questions are about what you would GENERALLY do	with this patient
*(6. Which investigations would you ord	er for this patient at this visit? Please mark all
apı	propriate boxes.	
	Would not order tests	
	Lumbopelvic X-ray and/or Sacroiliac X-ray series	
	MRI scan	
	CT scan	
	Other advanced Imaging (eg. Ultrasound scan, Bone scan)	
	Lab tests (eg. urinalysis, ESR)	
	Surface Electromyography/nerve conduction	
	Other (please specify)	
*(7. Which treatments would you offer fo	or this patient at this visit? Please mark all
	97. Which treatments would you offer for	r this patient at this visit? Please mark all
		or this patient at this visit? Please mark all
		or this patient at this visit? Please mark all Spinal traction (not flexion distraction)
	No intervention - expectant observation Chiropractic adjustment (including SMT, Cox, Activator,	
	Propriate boxes. No intervention - expectant observation	☐ Spinal traction (not flexion distraction)
	No intervention - expectant observation Chiropractic adjustment (including SMT, Cox, Activator, stead, Thomsen drop)	 □ Spinal traction (not flexion distraction) □ Psychosocial evaluation by chiropractor
	No intervention - expectant observation Chiropractic adjustment (including SMT, Cox, Activator, stead, Thomsen drop) Exercise	 □ Spinal traction (not flexion distraction) □ Psychosocial evaluation by chiropractor □ Non-exercise modalities (eg. heat, ice etc.)

Part 5: Clinical Vignette #4 continued

A 57 year old office worker sees you for low-back pain. She says her pain began 6 months ago. There was no specific incident that caused the pain. The pain is located in the lower back region, with no radiation. The pain is described as an ache (4 out of 10), with occasional sharp "twinges" with certain movements. The pain is relieved by heat and a massage from her spouse. She has no history of low-back pain. The patient is overweight (BMI 30), has mild hypertension, and a family history of type 2 diabetes. The patient rarely does any exercise. On physical examination, there is marked limitation in anterior flexion, extension and rotation and there is tenderness in the paraspinal region on both sides. The neurological examination is normal, with normal straigtht leg raising to 90 degrees. During the consultation she indicates to you that she is anxious that she may have a serious disease. The patient says "a friend had low-back pain like this and she had an x-ray and it showed that she really had something seriously wrong with her". She repeatedly requests an x-ray during the consultation.

	98. In how many days will be the se	cond appointment?
Days		
*(99. Frequency of treatment	
Hov	w often will you treat this patient?	
0	once a week	
0	twice a week	
0	three times a week	
0	Other (please specify)	
	Other (please specify)	
	•	ou re-evaluate? Re-evaluation means that you
	ts found in the physical examination	ng questions but that you also retest the positive n at the first visit.
	ber of treatments	
Par	t 5: Clinical Vignette #4 contin	ued
spe des hea mild exa para deg pati	cific incident that caused the pain. The pain is scribed as an ache (4 out of 10), with occasion at and a massage from her spouse. She has not hypertension, and a family history of type 2 mination, there is marked limitation in anterior aspinal region on both sides. The neurological prees. During the consultation she indicates to	s pain. She says her pain began 6 months ago. There was no is located in the lower back region, with no radiation. The pain is hal sharp "twinges" with certain movements. The pain is relieved by to history of low-back pain. The patient is overweight (BMI 30), has diabetes. The patient rarely does any exercise. On physical reflexion, extension and rotation and there is tenderness in the I examination is normal, with normal straigtht leg raising to 90 by you that she is anxious that she may have a serious disease. The land she had an x-ray and it showed that she really had something the san x-ray during the consultation.
		e patient at this visit? Please mark all appropriate
box	Kes.	
	No advice	☐ Bedrest —
	Advice on exercise (home programme)	Lumbar support or corset
	General advice on back care	Suggest over the counter Paracetamol
	Advice to attend a work modification programme	☐ Suggest over the counter NSAIDS
chire	Advice to have psychosocial evaluation outside the opractors office	
	Other (please specify)	

app	02. Referral for management outside ye	our office at this visit: Please mark all
• •	ropriate boxes.	
	Would not refer	Refer to clinic specializing in formal programs of active supervised exercise & education for back
	Medical Specialist	Rehabilitation Clinic
	General Practitioner	Refer for prescription Paracetamol
	Pain Clinic	Refer for prescrition NSAIDs
	Other Chiropractor	Refer for prescription Muscle relaxants
	Physiotherapy	Refer for prescription Opioids
	Acupuncture	Total to procentation opinion
	Other (please specify)	
Dord	: 5: Clinical Vignette #4 continued	
all	. 5: Chilical Vighette #4 Continueu	
deg	rees. During the consultation she indicates to you t	on, extension and rotation and there is tenderness in the mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The
deg patie serie	rees. During the consultation she indicates to you t	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation.
deg patie serie	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an 03. What kind of medical specialist wo	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation.
deg patie serie	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an 03. What kind of medical specialist wo Neurologist	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation.
deg patie serie	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an O3. What kind of medical specialist wo Neurologist Orthopaedist	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation.
deg patie serie	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an O3. What kind of medical specialist wo Neurologist Orthopaedist Rheumatologist	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation.
deg patides serio	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an O3. What kind of medical specialist wo Neurologist Orthopaedist Rheumatologist Other (please specify)	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation. Full you refer?
deg patides serio	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an O3. What kind of medical specialist wo Neurologist Orthopaedist Rheumatologist	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation. Full you refer?
deg patides serio	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and so busly wrong with her". She repeatedly requests an O3. What kind of medical specialist wo Neurologist Orthopaedist Rheumatologist Other (please specify) O4. For what treatment would you refer	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation. Full you refer?
deg patides serio	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an O3. What kind of medical specialist wo Neurologist Orthopaedist Rheumatologist Other (please specify) O4. For what treatment would you refer Injections (eg. trigger point, facet, epidural)	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation. Full you refer?
deg patides serio	rees. During the consultation she indicates to you tent says "a friend had low-back pain like this and sously wrong with her". She repeatedly requests an O3. What kind of medical specialist wo Neurologist Orthopaedist Rheumatologist Other (please specify) O4. For what treatment would you refer Injections (eg. trigger point, facet, epidural) Surgery	mination is normal, with normal straigtht leg raising to 90 that she is anxious that she may have a serious disease. The he had an x-ray and it showed that she really had something x-ray during the consultation. Full you refer?

A survey of the attitudes of Dutch chiropractors towards the use of *105. Hospitalization Would you refer the patient for admission to hospital? O Definitely Probably Probably not Definitely not Part 5: Clinical Vignette #4 continued A 57 year old office worker sees you for low-back pain. She says her pain began 6 months ago. There was no specific incident that caused the pain. The pain is located in the lower back region, with no radiation. The pain is described as an ache (4 out of 10), with occasional sharp "twinges" with certain movements. The pain is relieved by heat and a massage from her spouse. She has no history of low-back pain. The patient is overweight (BMI 30), has mild hypertension, and a family history of type 2 diabetes. The patient rarely does any exercise. On physical examination, there is marked limitation in anterior flexion, extension and rotation and there is tenderness in the paraspinal region on both sides. The neurological examination is normal, with normal straigtht leg raising to 90 degrees. During the consultation she indicates to you that she is anxious that she may have a serious disease. The patient says "a friend had low-back pain like this and she had an x-ray and it showed that she really had something seriously wrong with her". She repeatedly requests an x-ray during the consultation. The following questions are about the SPECIFIC advice you will give this patient. *106. Return to work The patient described in the vignette asks what your advice would be about her work. Please tick the one response that best describes what you would recommend this patient to do. I would recommend this patient to: C Return to normal work Return to part time or light duties © Be off work until pain has improved O Be off work until pain has completely disappeared Be off work for a further...... weeks (please state number of weeks)

*107. Activity

The patient described in the vignette asks what your advice would be about activity. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

- Activity Perform usual activities
- Perform activities within the patient's tolerance
- Perform only pain free activities
- C Limit all physical activities until pain disappears

*108. Bedrest

The patient described in the vignette asks what your advice would be about bedrest. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

- Avoid resting in bed entirely
- O Avoid resting in bed as much as possible
- Rest in bed only when pain is severe
- Rest in bed until pain improves substantially
- C Rest in bed until pain disappears

Part 5: Clinical vignette #4 End

This is the end of vignette #4.

Please press next to go to clinical vignette #5.

Part 5: Clinical Vignette #5

You have managed the woman in Vignette # 4 for five weeks. During this time there has been little change in pain. On examination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with a normal neurological examination.

The following questions are about what you would GENERALLY do with this patient

109. Which investigations would you or	der for this patient at this visit? Please mar
appropriate boxes.	
Would not order tests	
Lumbopelvic X-ray and/or Sacroiliac X-ray series	
MRI scan	
CT scan	
Other advanced Imaging (eg. Ultrasound scan, Bone scan)	
Lab tests (eg. urinalysis, ESR)	
Surface Electromyography/nerve conduction	
Other (please specify)	
propriate boxes.	_
No intervention - expectant observation	☐ Spinal traction (not flexion distraction)
Chiropractic adjustment (including SMT, Cox, Activator,	☐ Psychosocial evaluation by chiropractor
nstead, Thomsen drop) Exercise	Non-exercise modalities (eg. heat, ice etc.)
Education (back school)	☐ Electrotherapy (eg. TENS, interferential, etc.)
Massage	
Other (please specify)	
(, , , , , , , , , , , , , , , , , , ,	
t 5: Clinical Vignette #5 continued	
	weeks. During this time there has been little change in panterior flexion, extension and rotation of the spine with
111. In how many days will be the next	appointment?

*112. Frequency of treatment	
How often will you treat this patient?	
O once a week	
C twice a week	
C three times a week	
Other (please specify)	
	u re-evaluate? Re-evaluation means that you uestions but that you also retest the positive
tests found in the physical examination at	the first visit.
Number of treatments	
art 5: Clinical Vignette #5 continued	
normal neurological examination. *114. What advice would you give the pathoxes.	tient at this visit? Please mark all appropriate
☐ No advice	Bedrest
Advice on exercise (home programme)	Lumbar support or corset
General advice on back care	Suggest over the counter Paracetamol
Advice to attend a work modification programme	Current over the counter NCAIDC
	Suggest over the counter NSAIDS
Advice to have psychosocial evaluation outside the chiropractors office	Suggest over the counter NSAIDS
Advice to have psychosocial evaluation outside the	Suggest over the counter NSAIDS

Would not refer	SU	rvey of the attitudes of Dute	ch chiropractors towards the use of
Medical Specialist supervised exercise & education for back Rehabilitation Clinic Refer for prescription Paracetamol Refer for prescription Paracetamol Refer for prescription NSAIDs Cher Chiropractor Refer for prescription Muscle relaxants Physiotherapy Refer for prescription Muscle relaxants Refer for prescription Opioids Cother (please specify)	* 1	15. Referral for management outs	ide your office at this visit: Please mark all
Medical Specialist supervised exercise & education for back Rehabilitation Clinic Refer for prescription Paracetamol Refer for prescription NSAIDs Cher Chiropractor Refer for prescription Muscle relaxants Physiotherapy Refer for prescription Muscle relaxants Refer for prescription Opioids	pp	propriate boxes.	
Medical Specialist General Practitioner General Practitioner Pain Clinic Other Chiropractor Physiotherapy Acupuncture Other (please specify) art 5: Clinical Vignette #5 continued You have managed the woman in Vignette #4 for five weeks. During this time there has been little change in pay examination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with hormal neurological examination. **I16. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) **I17. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion		Would not refer	
General Practitioner Pain Clinic Other Chiropractor Physiotherapy Acupuncture Other (please specify) art 5: Clinical Vignette #5 continued Tou have managed the woman in Vignette #4 for five weeks. During this time there has been little change in paix amination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with hormal neurological examination. K116. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) L17. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion		Medical Specialist	<u>.</u>
Pain Clinic		General Practitioner	
Other Chiropractor	П	Pain Clinic	_
Physiotherapy		Other Chiropractor	_
Acupuncture Other (please specify) art 5: Clinical Vignette #5 continued You have managed the woman in Vignette # 4 for five weeks. During this time there has been little change in pays examination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with normal neurological examination. *116. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) *117. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion		Physiotherapy	
Art 5: Clinical Vignette #5 continued You have managed the woman in Vignette # 4 for five weeks. During this time there has been little change in payamination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with normal neurological examination. * 116. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) Injections (eg. trigger point, facet, epidural) Surgery Second Opinion		Acupuncture	The state of the s
You have managed the woman in Vignette # 4 for five weeks. During this time there has been little change in paramination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with normal neurological examination. * 116. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) # 117. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion		Other (please specify)	
You have managed the woman in Vignette # 4 for five weeks. During this time there has been little change in paramination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with normal neurological examination. * 116. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) # 117. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion			
You have managed the woman in Vignette # 4 for five weeks. During this time there has been little change in particular pa		·	
examination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with formal neurological examination. k 116. What kind of medical specialist would you refer? Neurologist Orthopaedist Rheumatologist Other (please specify) k 117. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion	It	t 5: Clinical Vignette #5 contir	nued
Cher (please specify) **117. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion			
<pre>Other (please specify) *117. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion</pre>			
*117. For what treatment would you refer to a medical specialist? Injections (eg. trigger point, facet, epidural) Surgery Second Opinion			
☐ Injections (eg. trigger point, facet, epidural) ☐ Surgery ☐ Second Opinion		Other (please specify)	
□ Injections (eg. trigger point, facet, epidural) □ Surgery □ Second Opinion			
□ Surgery □ Second Opinion	* 1	17. For what treatment would you	refer to a medical specialist?
Second Opinion		Injections (eg. trigger point, facet, epidural)	
		Surgery	
Other (please specify)		Second Opinion	
		Other (please specify)	

A survey of the attitudes of Dutch chiropractors towards the use of 118. Hospitalization Would you refer the patient for admission to hospital? O Definitely Probably Probably not O Definitely not Part 5: Clinical Vignette #5 continued You have managed the woman in Vignette # 4 for five weeks. During this time there has been little change in pain. On examination today, she still has some limitation in the anterior flexion, extension and rotation of the spine with a normal neurological examination. The following questions are about the SPECIFIC advice you will give this patient. *119. Return to work The patient described in the vignette asks what your advice would be about her work. Please tick the one response that best describes what you would recommend this patient to do). Return to normal work C Return to part time or light duties O Be off work until pain has improved O Be off work until pain has completely disappeared © Be off work for a further...... weeks (please state number of weeks)

***120. Activity**

The patient described in the vignette asks what your advice would be about activity. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

0	Activity Perform usual activities
0	Perform activities within the patient's tolerance
0	Perform only pain free activities

C Limit all physical activities until pain disappears

* 121. Bedrest
The patient described in the vignette asks what your advice would be about bedrest. Please tick the one response that best describes what you would recommend this patient to do.
I would recommend this patient to:
C Avoid resting in bed entirely
C Avoid resting in bed as much as possible
C Rest in bed only when pain is severe
C Rest in bed until pain improves substantially
C Rest in bed until pain disappears
Part 5: Clinical vignette #5 End
This is the end of vignette #5. Please press next to go to clinical vignette #6.
Part 5: Clinical Vignette #6
A 50-year old real estate agent consults you for his low-back pain with radiation to the left leg especially the poster calf and lateral foot. The pain has been present for 12 weeks, starting two days after a weekend of heavy work in the garden. Today he describes the pain as a sharp pain (5 to 6 out of 10). He has had previous, similar episodes of low back pain with radiation to the leg that have lasted one to two weeks. He has no other health concerns. On physical examination, he has some sensory deficit in the posterior calf and lateral foot and a diminished ankle reflex but no motor weakness. Straight leg raising is limited to 45 degrees in the affected leg.
The following questions are about what you would GENERALLY do with this patient
*122. Which investigations would you order for this patient at this visit? Please mark
all appropriate boxes.
Would not order tests
Lumbopelvic X-ray and/or Sacroiliac X-ray series
☐ MRI scan
☐ CT scan
Other advanced Imaging (eg. Ultrasound scan, Bone scan)
Lab tests (eg. urinalysis, ESR)
Surface Electromyography/nerve conduction
Other (please specify)

A survey of the attitudes of Dutch c *123. Which treatments would you offer f	for this patient at this visit? Please mark all
appropriate boxes.	or this patient at this visit? I lease mark an
□ No intervention - expectant observation	□ Spinal traction (not flexion distraction)
Chiropractic adjustment (including SMT, Cox, Activator,	Psychosocial evaluation by chiropractor
Gonstead, Thomsen drop)	Non-exercise modalities (eg. heat, ice etc.)
☐ Exercise	☐ Electrotherapy (eg. TENS, interferential, etc.)
Education (back school)	
Massage	
Other (please specify)	
Part 5: Clinical Vignette #6 continued	
*124. In how many days will be the secondays *125. Frequency of treatment	
How often will you treat this patient?	
O once a week	
C twice a week	
C three times a week	
Other (please specify)	
*126. After how many treatments will you	ı re-evaluate?Re-evaluation means that you
	uestions but that you also retest the positive
tests found in the physical examination at	the first visit.
Number of treatments	
Part 5: Clinical Vignette #6 continued	
A 50-year old real estate agent consults you for his lov	w-back pain with radiation to the left leg especially the posterior

calf and lateral foot. The pain has been present for 12 weeks, starting two days after a weekend of heavy work in the garden. Today he describes the pain as a sharp pain (5 to 6 out of 10). He has had previous, similar episodes of low-back pain with radiation to the leg that have lasted one to two weeks. He has no other health concerns. On physical examination, he has some sensory deficit in the posterior calf and lateral foot and a diminished ankle reflex but no motor weakness. Straight leg raising is limited to 45 degrees in the affected leg.

*127. What advice would you give the patient at this visit? Please mark all appropriate boxes. ■ No advice Bedrest Advice on exercise (home programme) Lumbar support or corset General advice on back care Suggest over the counter Paracetamol Advice to attend a work modification programme Suggest over the counter NSAIDS Advice to have psychosocial evaluation outside the chiropractors office Other (please specify) *128. Referral for management outside your office at this visit: Please mark all appropriate boxes. Acupuncture Medical Specialist Rehabilitation Clinic General Practitioner Refer for prescription Paracetamol Other Chiropractor Refer for prescrition NSAIDs Physiotherapy Refer for prescription Muscle relaxants Refer to clinic specializing in formal programs of active Refer for prescription Opioids supervised exercise & education for back Pain Clinic Other (please specify)

Part 5: Clinical Vignette #6 continued

A 50-year old real estate agent consults you for his low-back pain with radiation to the left leg especially the posterior calf and lateral foot. The pain has been present for 12 weeks, starting two days after a weekend of heavy work in the garden. Today he describes the pain as a sharp pain (5 to 6 out of 10). He has had previous, similar episodes of low-back pain with radiation to the leg that have lasted one to two weeks. He has no other health concerns. On physical examination, he has some sensory deficit in the posterior calf and lateral foot and a diminished ankle reflex but no motor weakness. Straight leg raising is limited to 45 degrees in the affected leg.

A su	rvey of the attitudes of Dutch chiropractors towards the use of
*1	29. What kind of medical specialist would you refer?
	Neurologist
	Orthopaedist
	Rheumatologist
	Other (please specify)
*1	30. For what treatment would you refer to a medical specialist?
	Injections (eg. trigger point, facet, epidural)
	Surgery
	Second Opinion
	Other (please specify)
*1	I31. Hospitalization
Wo	uld you refer the patient for admission to hospital?
0	Definitely
0	Probably
0	Probably not
0	Definitely not
Par	t 5: Clinical Vignette #6 continued
calf gard bac exa mot	0-year old real estate agent consults you for his low-back pain with radiation to the left leg especially the posterior and lateral foot. The pain has been present for 12 weeks, starting two days after a weekend of heavy work in the den. Today he describes the pain as a sharp pain (5 to 6 out of 10). He has had previous, similar episodes of low-k pain with radiation to the leg that have lasted one to two weeks. He has no other health concerns. On physical mination, he has some sensory deficit in the posterior calf and lateral foot and a diminished ankle reflex but no for weakness. Straight leg raising is limited to 45 degrees in the affected leg. Sollowing questions are about the SPECIFIC advice you will give this patient.

*132. Return to work

The patient described in the vignette asks what your advice would be about her work. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

- Return to normal work
- Return to part time or light duties
- O Be off work until pain has improved
- O Be off work until pain has completely disappeared
- O Be off work for a further...... weeks (please state number of weeks)

*133. Activity

The patient described in the vignette asks what your advice would be about activity. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

- Activity Perform usual activities
- O Perform activities within the patient's tolerance
- C Perform only pain free activities
- C Limit all physical activities until pain disappears

*134. Bedrest

The patient described in the vignette asks what your advice would be about bedrest. Please tick the one response that best describes what you would recommend this patient to do.

I would recommend this patient to:

- Avoid resting in bed entirely
- O Avoid resting in bed as much as possible
- Rest in bed only when pain is severe
- C Rest in bed until pain improves substantially
- Rest in bed until pain disappears

Part 5: Clinical Vignette #6 continued

A 50-year old real estate agent consults you for his low-back pain with radiation to the left leg especially the posterior calf and lateral foot. The pain has been present for 12 weeks, starting two days after a weekend of heavy work in the garden. Today he describes the pain as a sharp pain (5 to 6 out of 10). He has had previous, similar episodes of low-back pain with radiation to the leg that have lasted one to two weeks. He has no other health concerns. On physical examination, he has some sensory deficit in the posterior calf and lateral foot and a diminished ankle reflex but no motor weakness. Straight leg raising is limited to 45 degrees in the affected leg.

*135. Clinical Vignette # 6 (continued)

The patient described in Vignette #6 now comes in on a very busy day at the practice and there are many patients already in the waiting room wanting to see you. The patient has seen you weekly over the last four weeks for her low-back pain and complains that it is not improving. He is frustrated with his lack of improvement and thinks something different needs to be done. He is dissatisfied that he has not already been referred for further investigation, and insists that you refer him now.

What (if any) additional investigations, treatments or referral would you order, refer for or recommend?

Part 5: Clinical vignette #6 End

This is the end of vignette #6.

Please press next to go to Part 6 (the last part).

Part 6: Attitudes and beliefs of chiropractic towards back pain

This section contains questions about your perception of back pain.

*136. Perception of back pain

	Totally agree	Largely agree	Agree to some extend	Disagree to some extend	Largely disagree	Totally disagree
Back pain sufferers should refrain from all physical activity in order to avoid injury	0	0	0	0	0	0
Good posture prevents back pain	0	\circ	0	0	0	0
Knowledge of the tissue damage is not necessary for effective therapy	0	\odot	0	0	0	0
Reduction of daily physical exertion is a significant factor in treating back pain	O	0	0	0	0	0
Not enough effort is made to find the underlying organic causes of back pain	0	0	0	0	0	0
Mental stress can cause back pain even in the absence of tissue damage	0	O	0	O	0	0
The cause of back pain is unknown	0	0	0	0	0	0
Unilateral physical stress is not a cause of back pain	0	0	0	0	0	0
Patients who have suffered back pain should avoid activities that stress the back	0	O	0	0	0	O
Pain is a nociceptive stimulus, indicating tissue damage	0	0	0	0	0	0

Part 6: Attitudes and beliefs of chiropractic towards back pain

*137. Perception of back pain

	Totally agree	Largely agree	Agree to some extend	Disagree to some extend	Largely disagree	Totally disagree
A patient suffering from severe back pain will benefit from physical exercise	0	0	0	O	0	0
Functional limitations associated with back pain are the result of psychosocial factors	0	O	0	O	0	0
The best advice for back pain is: 'Take care' and 'Make no unnecessary movements'	0	0	0	0	0	O
Patients with back pain should preferably practice only pain free movements	0	0	0	O	0	0
Back pain indicates that there is something dangerously wrong with the back	0	0	0	0	0	O
The way patients view their pain influences the progress of the symptoms	0	0	0	O	0	0
Therapy may have been successful even if pain remains	0	0	0	0	0	0
Therapy can completely alleviate the functional symptoms caused by back pain	0	0	0	0	0	0
If ADL activities cause more back pain, this is not dangerous	\circ	\odot	0	0	0	0
Back pain indicates the presence of organic injury	0	0	0	\circ	0	0

Part 6: Attitudes and beliefs of chiropractic towards back pain

*138. Perception of back pain

	Totally agree	Largely agree	Agree to some extend	Disagree to some extend	Largely disagree	Totally disagree
Sport should not be recommended for patients with back pain	0	0	0	0	0	0
If back pain increases in severity, I immediately adjust the intensity of my treatment accordingly	0	0	0	0	0	0
If therapy does not result in a reduction in back pain, there is a high risk of severe restrictions in the long term	0	0	0	0	0	0
Pain reduction is a precondition for the restoration of normal functioning	0	O	0	0	0	0
Increased pain indicates new tissue damage or the spread of existing damage	0	0	0	0	0	0
It is the task of the chiropractor to remove the cause of back pain	0	\circ	0	0	0	0
There is no effective treatment to eliminate back pain	0	\odot	0	0	0	•
TENS and/or back braces support functional recovery	0	0	0	0	0	0

Part 6: Attitudes and beliefs of chiropractic towards back pain

*139. Perception of back pain

	Totally agree	Largely agree	Agree to some extend	Disagree to some extend	Largely disagree	Totally disagree
Even if the pain has worsened, the intensity of the next treatment can be increased	0	0	0	О	0	0
If patients complain of pain during exercise, I worry that damage is being caused	0	0	0	O	0	O
The severity of tissue damage determines the level of pain	0	0	0	0	0	0
A rapid resumption of daily activities is an important goal of the treatment	0	0	0	0	0	0
Learning to cope with stress promotes recovery from back pain	0	0	0	0	0	0
Exercises that may be back straining should not be avoided during the treatment	O	0	O	0	O	0
In the long run, patients with back pain have a higher risk of developing spinal impairments	O	0	0	0	0	0
In back pain, imaging tests are unnecessary	0	0	0	0	\circ	0

End of Survey

Thank you very much for taking the time to fill out this questionnaire.