**SHERRIFF et al., 2023 [Modified Delphi Study]**

If using or citing the dataset, please reference the associated publication:

Sherriff, B., Clark, C., Killingback, C., & Newell, D. (2023). Musculoskeletal practitioners’ perceptions of contextual factors that may influence chronic low back pain outcomes: a modified Delphi study. *Chiropractic & Manual Therapies*, *31*(1), 12. <https://doi.org/10.1186/s12998-023-00482-4>

DATA CODING KEY:

**ROUND 2 (n = 23)**

**Participant\_ID**

Participant’s unique identity number

**Completion\_Date**

Date participant submitted online survey

**Q1\_1a\_Con**

Consent (part a): I confirm that I have read and understood the information provided.

1 = YES / TICKED / SELECTED / APPLICABLE

**Q1\_2b\_Con**

Consent (part b): I agree to take part in the study on the basis set out in the Information Sheet provided to me via email.

1 = YES / TICKED / SELECTED / APPLICABLE

SUB-SECTION: DEMOGRAPHICS (Question 2 to Question 7)

**Q2\_Age**

Current age (in years) [Please enter a number.]

**Q3\_Gender**

Gender [please select option from drop-down menu]

1 = Male;

2 = Female;

3 = Non-binary;

4 = Prefer not to disclose;

5 = Other\*

\***Q3a\_Gen\_Other**

[If you selected Other, please specify]

**Q4\_Prac\_Type**

Practitioner Type: [please select one option]

Type of Practitioner

1 = Chiropractor;

2 = Osteopath;

3 = Physiotherapist;

4 = Sports Therapist;

5 = Other\*

\***Q4a\_Prac\_Other**

[If you selected Other, please specify]

**Q5\_Clin\_Exp**

Years of Clinical Experience (Post-Qualifying) (in years)

[Please enter a number (years).]

**Q6\_Prac\_Setting**

Current Practice Setting: [please select one option]

[Note: The following question related to the practitioners pre-COVID-19 practice setting]

1 = Private practice;

2 = Public (NHS setting);

3 = Combination of both;

4 = Educational organisation;

5 = Charity / non-profit organisation;

6 = Other\*

\***Q6a\_Setting\_Other**

[If you selected Other, please specify]

**Q7\_Prac\_Region**

Practitioner’s current region of practice within the United Kingdom

1 = Northern Ireland;

2 = Scotland;

3 = Wales;

4 = North East and Cumbria;

5 = North West;

6 = Yorkshire and the Humber;

7 = West Midlands;

8 = East Midlands;

9 = London;

10 = East of England;

11 = South East;

12 = South West;

13 = Other\*

\***Q7a\_Region\_Other**

[If you selected Other, please specify (text response)]

SUB-SECTION: (1) PRACTITIONER’S BELIEFS AND CHARACTERISTICS

Below is a list of care approaches for patients with chronic or persistent low back pain (LBP).

Please indicate whether you have intentionally used each approach believing it could influence patient's LBP outcome(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Select 1 or 2 if you did NOT believe it could improve outcome(s).
* Select 3 if you were unsure if it could improve outcome(s).
* Select 4 or 5 if you believed it could improve outcome(s).
* Select 'Not Valid' if you do NOT think it is a suitable approach for patients with chronic LBP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statements below are related to (1) the **Practitioner’s Beliefs and Characteristics**

**Q8.** PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 8.1 to 8.11)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q8\_1** :– Remaining attentive and fully focused on the patient throughout the appointment.

**Q8\_2** :– Being genuine and honest to instil a sense of trustworthiness and authenticity.

**Q8\_3** :– Displaying self-confidence without appearing dismissive.

**Q8\_4** :– Being calm and compassionate throughout the appointment.

**Q8\_5** :– Displaying a professional and caring (not only "curing") attitude.

**Q8\_6** :– Creating a caring atmosphere (e.g., appear to have all the time in the world; ensure each patient feels like a priority).

**Q8\_7** :– Actively build rapport with each patient (e.g., discuss common interests / hobbies; enquire about their lives).

**Q8\_8** :– Administering treatments you expect to be effective.

**Q8\_9** :– Clearly communicating your expectations (i.e., what you anticipate will occur) whilst administering care.

**Q8\_10** :– Using indicators to display your expertise or credibility (e.g., qualifications, insurance, professional memberships) in reception / office, website, or correspondence.

**Q8\_11** :– Demonstrating professionalism through your general appearance (i.e., being clean, tidy, smart, and presentable).

SUB-SECTION: (2) PATIENT’S BELIEFS AND CHARACTERISTICS

Below is a list of care approaches for patients with chronic or persistent low back pain (LBP).

Please indicate whether you have intentionally used each approach believing it could influence patient's LBP outcome(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Select 1 or 2 if you did NOT believe it could improve outcome(s).
* Select 3 if you were unsure if it could improve outcome(s).
* Select 4 or 5 if you believed it could improve outcome(s).
* Select 'Not Valid' if you do NOT think it is a suitable approach for patients with chronic LBP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statements below are related to (2) the **Patient’s Beliefs and Characteristics**

**Q9.** PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 9.1 to 9.8)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q9\_1** :– Actively investigating patient’s needs, feelings, preferences, and previous experiences.

**Q9\_2** :– Supporting the patient in reframing negative memories (e.g., reinterpret an x-ray / scan or explain radiology reports / GP letters).

**Q9\_3** :– Reframing misinformed beliefs from previous healthcare experiences (e.g., 'my spine is crumbling', 'my spinal curve is abnormal', 'my back is worn out').

**Q9\_4** :– Exploring the patient’s current or pre-existing beliefs about the cause(s) of their LBP.

**Q9\_5** :– Communicating an intervention is likely to be effective using positive verbal instructions (e.g., 'I expect your pain will improve after treatment').

**Q9\_6** :– Emphasising positive outcomes such as overall pain-reducing effects (e.g., ‘manual or physical therapies are often as effective as painkillers’).

**Q9\_7** :– Being optimistic during treatment by providing a prognosis (e.g., 'I believe you will recover and get back to your usual level of functioning').

**Q9\_8** :– Instilling genuine hope in patients regarding how their life can change for the better.

Statements below are related to (2) the **Patient’s Beliefs and Characteristics** [continued]

**Q10**. PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 10.1 to 10.8)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q10\_1** :– Reinforcing a shift in patient’s negative thoughts to positive ones (e.g., monitor outcomes to highlight progress).

**Q10\_2** :– Rephrasing negative information (e.g., leg flexion test: ‘this procedure might be a bit uncomfortable but only temporarily’).

**Q10\_3** :– Using simple, everyday analogies to alter patient's negative illness perceptions (e.g., rusty hinges often work well despite their appearance).

**Q10\_4** :– Anticipating and helping reduce patient’s anxiety about the treatment / procedure.

**Q10\_5** :– Allocating time for patients to ask about negative aspects of treatment to address their concerns openly and honestly.

**Q10\_6** :– Avoiding negative phrases (e.g., ‘wear and tear’, ‘damage’, ‘degeneration’, 'abnormal').

**Q10\_7** :– Explaining that calming their stress response is a part of everyday self-care for physical pain and healing.

**Q10\_8** :– Explaining imaging is usually unnecessary because scans may not explain the extent of their pain and/or dysfunction.

Statements below are related to (2) the **Patient’s Beliefs and Characteristics** [continued]

**Q11**. PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 11.1 to 11.9)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q11\_1** :– Reframing patient’s prior misconceptions about their anatomy / physiology (e.g., ‘your spine is flexible not fragile’).

**Q11\_2** :– Reframing patient’s prior misconceptions about treatment (e.g., ‘bed rest does not usually help patients recover faster but modified activity can’).

**Q11\_3** :– Explaining the multi-dimensional nature (biopsychosocial aspects) of pain (i.e., beliefs, emotions, and behaviours (movement and lifestyle)) via suitable educational materials.

**Q11\_4** :– Explaining basic pain science (i.e., perceived pain is not necessarily actual physical pain from nerve or tissue damage, but whilst very real, is more of a 'learned' response to prior experiences).

**Q11\_5** :– Explaining routine activities, movement, or exercise can help 'rewire' perceived pain pathways (e.g., some pain or discomfort is normal but is not a sign their LBP is "worsening").

**Q11\_6** :– Clarifying maladaptive perceptions (e.g., catastrophising: ‘My vertebrae are out of line. I stopped gardening, so I won’t end up in a wheelchair’).

**Q11\_7** :– Assisting in decreasing fear-avoidance and harm beliefs by recognising, confronting, and correcting them.

**Q11\_8** :– Helping patients plan and monitor treatment success (e.g., explain outcome measures; co-create short-term and long-term goals or target-driven stages of improvement).

**Q11\_9** :– Developing patient’s self-confidence in performing or persisting with a new behaviour or goal.

SUB-SECTION: (3) PATIENT-PRACTITIONER RELATIONSHIP

Below is a list of care approaches for patients with chronic or persistent low back pain (LBP).

Please indicate whether you have intentionally used each approach believing it could influence patient's LBP outcome(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Select 1 or 2 if you did not believe it could improve outcome(s).
* Select 3 if you were unsure if it could improve outcome(s).
* Select 4 or 5 if you believed it could improve outcome(s).
* Select 'Not Valid' if you do not think it is a suitable approach for patients with chronic LBP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statements below are related to (3) the **Patient-Practitioner Relationship**

**Q12**. PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 12.1 to 12.10)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q12\_1** :– Being warm, friendly, and relaxed during the appointment.

**Q12\_2** :– Using eye contact, smiling, caring expressions of support to convey empathy or compassion.

**Q12\_3** :– Using affirmative head nodding, forward leaning, open body postures / orientations.

**Q12\_4** :– Not rushing or interrupting the patient; giving them time to tell their story.

**Q12\_5** :– Applying different forms of touch (e.g., assistive touch, touch to prepare the patient, touch to provide information, touch to reassure the patient).

**Q12\_6** :– Providing a confident diagnosis (e.g., providing a diagram with simple explanations and/or notes).

**Q12\_7** :– Explaining improvement(s) can be dynamic, and their condition / symptoms may change throughout treatment.

**Q12\_8** :– Providing a meaningful explanation of the patient's LBP (i.e., cognitive reassurance) which is clear, understandable, and can be referred to after treatment.

**Q12\_9** :– Asking questions about the meaning of the patient’s symptoms (i.e., what symptoms indicate to them).

**Q12\_10** :– Examining the patient fully using appropriate therapeutic ‘hands on’ touch during the clinical examination.

Statements below are related to (3) the **Patient-Practitioner Relationship** [continued]

**Q13**. PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 13.1 to 13.9)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q13\_1** :– Using verbal expressions of empathy, support, and language reciprocity (e.g., using the patient’s words).

**Q13\_2** :– Compassionately expressing your understanding of how LBP affects them (e.g., 'I understand how frustrating it is not to be able to walk your dog / go dancing / garden' etc).

**Q13\_3** :– Ensuring the patient feels listened to and heard (e.g., active listening or noting their responses).

**Q13\_4** :– Adopting psychosocial talk or partnership statements (e.g., we, us, together).

**Q13\_5** :– Demonstrating you trust or respect the patient and their opinions.

**Q13\_6** :– Individualising the interaction style according to a patient’s preference (e.g., collaborative or authoritative).

**Q13\_7** :– Engaging in collaborative decision-making together (e.g., mutually agreed and flexible goals).

**Q13\_8** :– Promoting the patient’s sense of relatedness and partnership with you (i.e., therapeutic alliance).

**Q13\_9** :– Confirming the patient not only heard but also understood the content of your communication.

SUB-SECTION: (4) TREATMENT CHARACTERISTICS

Below is a list of care approaches for patients with chronic or persistent low back pain (LBP).

Please indicate whether you have intentionally used each approach believing it could influence patient's LBP outcome(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Select 1 or 2 if you did not believe it could improve outcome(s).
* Select 3 if you were unsure if it could improve outcome(s).
* Select 4 or 5 if you believed it could improve outcome(s).
* Select 'Not Valid' if you do not think it is a suitable approach for patients with chronic LBP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statements below are related to (4) the **Treatment Characteristics**

**Q14**. PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 14.1 to 14.12)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q14\_1** :– Overtly encouraging patients to engage in therapy / exercise with an optimistic mindset to try establish positive associations with pain relief.

**Q14\_2** :– Encouraging patients to find suitable incentives / reinforcement strategies to increase daily activity (e.g., personalised activities, exercise partners).

**Q14\_3** :– Clearly explaining the difference between a clinical examination and treatment.

**Q14\_4** :– Demonstrating whether functional change has occurred immediately after treatment (e.g., pain, range of motion, or strength).

**Q14\_5** :– Explaining your treatment advice in line with the patient's treatment expectations.

**Q14\_6** :– Ensuring the patient is cared for by the same practitioner / therapist (i.e., continuity of care).

**Q14\_7** :– Increasing the frequency and/or duration of appointments (i.e., provide extra time / attention).

**Q14\_8** :– Providing patients with clear milestones or signposting to indicate their progression through the treatment programme.

**Q14\_9** :– Administering treatments along with visual feedback (e.g., using mirrors during exercises).

**Q14\_10** :– Providing self-management materials (e.g., videos, rehabilitation booklets) or email / telephone support to promote a patient's engagement in physical activities.

**Q14\_11** :– Displaying feedback from other patients to provide reassurance (i.e., testimonials displayed on TV in waiting area, or online via website).

**Q14\_12** :– Sharing positive stories of other (anonymous) patients with similar problems or goals.

SUB-SECTION: (5) TREATMENT ENVIRONMENT / SETTING

Below is a list of care approaches for patients with chronic or persistent low back pain (LBP).

Please indicate whether you have intentionally used each approach believing it could influence patient's LBP outcome(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Select 1 or 2 if you did not believe it could improve outcome(s).
* Select 3 if you were unsure if it could improve outcome(s).
* Select 4 or 5 if you believed it could improve outcome(s).
* Select 'Not Valid' if you do not think it is a suitable approach for patients with chronic LBP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statements below are related to (5) the **Treatment Environment / Setting**

**Q15.** PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE INFLUENCE OF EACH APPROACH ON PATIENT'S OUTCOME(S).

RESPONSE OPTIONS (Questions 15.1 to 15.7)

**0 = NOT VALID**

**1 = STRONGLY DISAGREE**

**2 = DISAGREE**

**3 = NEITHER AGREE NOR DISAGREE**

**4 = AGREE**

**5 = STRONGLY AGREE**

**999 = DO NOT RECALL / USE (CODED AS MISSING)**

**Q15\_1** :– Ensuring treatment facilities have ample natural light or windows, and are suitably heated / ventilated (i.e., comfortable temperature).

**Q15\_2** :– Ensuring treatment facilities have privacy provisions (e.g., private changing area and treatment room, curtains / blinds on windows).

**Q15\_3** :– Rearranging the furniture or seating provisions in the treatment office (e.g., relative position to desk, additional chairs for carer).

**Q15\_4** :– Ensuring waiting areas and treatment facilities are uncluttered and tidy.

**Q15\_5** :– Providing visual indicators or cues to signify it is a medical setting (e.g., model of spine, patient information brochures, medicalised décor).

**Q15\_6** :– Creating a positive ambience or atmosphere (e.g., flowers, plants, interesting magazines, friendly staff, relaxing background music, warm lighting).

**Q15\_7** :– Using nature artworks that include green vegetation, flowers, or water features.

**Q16\_Control**

On a scale ranging from 1 (no control) to 6 (full control), please indicate how much personal control or input you have on the overall layout and design of the treatment room (i.e., usual care setting prior to the COVID-19 pandemic).

RESPONSE OPTIONS (Question 16)

**1 = NO CONTROL**

**2 = ALMOST NO CONTROL**

**3 = LITTLE CONTROL**

**4 = SOME CONTROL**

**5 = ALMOST FULL CONTROL**

**6 = FULL CONTROL**

**999 = NOT APPLICABLE (CODED AS MISSING)**

**Q17** (Q17\_CF\_Impt)

On a scale ranging from 1 (not at all important) to 7 (extremely important), based on your experience and beliefs, please rate the importance of each contextual factor to the patient's treatment during the healthcare encounter.

RESPONSE OPTIONS (Questions 17.1 to 17.5)

**1 = NOT AT ALL IMPORTANT**

**2 = LOW IMPORTANCE**

**3 = SLIGHTLY IMPORTANT**

**4 = NEUTRAL**

**5 = MODERATELY IMPORTANT**

**6 = VERY IMPORTANT**

**7 = EXTREMELY IMPORTANT**

**Q17\_1\_PracBCs** :– Practitioner’s beliefs and characteristics (e.g., beliefs, expertise, appearance)

**Q17\_2\_PtBCs** :– Patient’s beliefs and characteristics (e.g., beliefs, expectations, previous experiences)

**Q17\_3\_Relations** :– Patient-practitioner relationship (e.g., overt communication, patient-centred approach)

**Q17\_4\_TxCs**:– Treatment features / characteristics (e.g., overt therapy, appointment features)

**Q17\_5\_TxEnviro** :– Treatment environment / setting (e.g., layout, interior design)

**Q17\_a\_Explain**

Please explain why you have chosen the above ratings [optional text response]

**Q18\_Most\_Impt**

Based on your experience and beliefs, please indicate which contextual factor you feel is the **most important** to the patient's treatment during the healthcare encounter.

RESPONSE OPTIONS (Question 18)

**1 = PRACTITIONER'S BELIEFS AND CHARACTERISTICS**

**2 = PATIENT'S BELIEFS AND CHARACTERISTICS**

**3 = PATIENT-PRACTITIONER RELATIONSHIP**

**4 = TREATMENT FEATURES / CHARACTERISTICS**

**5 = TREATMENT ENVIRONMENT / SETTING**

**Q19\_Least\_Impt**

Based on your experience and beliefs, please indicate which contextual factor you feel is the **least important** to the patient's treatment during the healthcare encounter.

RESPONSE OPTIONS (Question 19)

**1 = PRACTITIONER'S BELIEFS AND CHARACTERISTICS**

**2 = PATIENT'S BELIEFS AND CHARACTERISTICS**

**3 = PATIENT-PRACTITIONER RELATIONSHIP**

**4 = TREATMENT FEATURES / CHARACTERISTICS**

**5 = TREATMENT ENVIRONMENT / SETTING**

**Q20\_TxApproach**

On a scale ranging from mainly hands-on (i.e., biomechanical orientation) to mainly hands-off (i.e., psychosocial orientation), please rate your typical engagement style during the treatment of patients with chronic or persistent LBP.

RESPONSE OPTIONS (Question 20)

**10 (MAINLY HANDS-OFF);**

**9**

**8**

**7**

**6**

**5 (COMBINED APPROACH);**

**4**

**3**

**2**

**1**

**0 (MAINLY HANDS-ON).**

[Where 0 = mainly hands-on approach, 5 = combined approach; and 10 = mainly hands-off approach]

**Q20\_a\_Explain**

Please explain why you have chosen the above rating [optional text response]

**Q21** (Q21\_Influence\_Consult)

Please select any of the following factors which you believe has mainly influenced or shaped your consultation approach.

RESPONSE OPTIONS (Questions 21.1 to 21.12)

**1 = SELECTED/TICKED/APPLICABLE;**

**0 = NOT SELECTED/NOT TICKED/NOT APPLICABLE.**

**Q21\_1\_PreQEdu** :– Pre-qualifying education / training

**Q21\_2\_PreQClin**:– Pre-qualifying clinical experience(s)

**Q21\_3\_PostEdu** :– Post-qualifying / postgraduate education (e.g., PG Certificate or Diploma, Masters)

**Q21\_4\_PostTrain** :– Post-qualifying training (e.g., CPD seminars, short courses, and/or workshops)

**Q21\_5\_PostClin** :– Post-qualifying clinical experience(s)

**Q21\_6\_CPGs** :– Clinical guidelines

**Q21\_7\_ProfReg** :– Professional registrations / memberships

**Q21\_8\_Insure** :– Professional Indemnity insurance policies

**Q21\_9\_WorkCoC** :– Workplace Code of Conduct

**Q21\_10\_EBP** :– Current research and/or Evidence-Based Practice (EBP)

**Q21\_11\_Mentor** :– Mentorship and/or clinical supervision

**Q21\_12\_Other** :– Other\*

\***Q21\_a\_Explain**

If you selected Other, please specify (text response):

**Q22\_Add\_Cmts**

Please elaborate on your personal interaction style or consultation approach if you have additional comments. (optional text response)

**Q23** (Q23\_COVID-19)

On a scale ranging from 1 (not at all) to 5 (very large extent), please indicate to what extent the COVID-19 pandemic has impacted your consultation approach for patients with chronic or persistent LBP.

RESPONSE OPTIONS (Questions 23.1 to 23.8)

**1 = SELECTED/TICKED/APPLICABLE;**

**0 = NOT SELECTED/NOT TICKED/NOT APPLICABLE.**

[NOTE: MULTIPLE RESPONSES COULD BE SELECTED]

**Q23\_1\_None** :– Not at all

**Q23\_2\_SML** :– Small extent

**Q23\_3\_MOD** :– Moderate extent

**Q23\_4\_LRG** :– Large extent

**Q23\_5\_VLRG** :– Very large extent

**Q23\_6\_Unsure** :– Unsure

**Q23\_7\_NoPrac** :– Currently unable to practice

**Q23\_8\_NoLBPTx** :– Have not been able to treat patients with chronic LBP (COVID-19 pandemic)

**Q23\_a\_ExpImpact**

Please elaborate on your response if you have additional comments (optional text response)