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Management of acute low back pain: the practices and perspectives of primary care clinicians in Australia

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Primary data for survey responses - presented separately for general practitioners and physiotherapists

Table S1. Ratings from 200 Australian primary care practitioners of the importance of components of acute low back pain management in 2017-2018

Aspect of primary care management	Not important n (%)			Somewhat important n (%)			Moderately important n (%)			Extremely important n (%)		
	ALL (n=200)	GP (n=55)	PT (n=145)	ALL (n=200)	GP (n=55)	PT (n=145)	ALL (n=200)	GP (n=55)	PT (n=145)	ALL (n=200)	GP (n=55)	PT (n=145)
Assessment	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	12 (6%)	5 (9%)	7 (5%)	188 (94%)	50 (91%)	138 (95%)
Prognosis	1 (1%)	0 (0%)	1 (1%)	6 (3%)	2 (4%)	4 (3%)	62 (31%)	18 (33%)	44 (30%)	131 (65%)	35 (63%)	96 (66%)
Patient education	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	1 (1%)	15 (7%)	6 (11%)	9 (6%)	184 (92%)	49 (89%)	135 (93%)
Active PT	1 (1%)	0 (0%)	1 (1%)	4 (2%)	2 (4%)	2 (1%)	39 (19%)	10 (18%)	29 (20%)	156 (78%)	43 (78%)	113 (78%)
Passive therapies	20 (10%)	6 (11%)	14 (10%)	76 (38%)	16 (29%)	60 (41%)	75 (37%)	24 (44%)	51 (35%)	29 (15%)	9 (16%)	20 (14%)
Simple analgesics	4 (2%)	3 (5%)	1 (1%)	57 (29%)	10 (18%)	47 (32%)	91 (45%)	23 (42%)	68 (47%)	48 (24%)	19 (35%)	29 (20%)
NSAIDs	13 (7%)	4 (7%)	9 (6%)	92 (46%)	22 (40%)	70 (48%)	76 (38%)	24 (44%)	52 (36%)	19 (9%)	5 (9%)	14 (10%)
Opioid analgesics	92 (46%)	25 (46%)	67 (46%)	89 (44%)	26 (47%)	63 (44%)	19 (10%)	4 (7%)	15 (10%)	0 (0%)	0 (0%)	0 (0%)
Neuropathic meds	68 (34%)	17 (31%)	51 (35%)	99 (49%)	28 (51%)	71 (49%)	32 (16%)	9 (16%)	23 (16%)	1 (1%)	1 (2%)	0 (0%)
CBT	8 (4%)	2 (4%)	6 (4%)	60 (30%)	18 (32%)	42 (29%)	78 (39%)	24 (44%)	54 (37%)	54 (27%)	11 (20%)	43 (30%)
Imaging	95 (48%)	21 (38%)	74 (51%)	89 (44%)	28 (51%)	61 (43%)	11 (6%)	6 (11%)	5 (3%)	5 (2%)	0 (0%)	5 (3%)
Review times	34 (17%)	5 (9%)	29 (20%)	83 (41%)	23 (42%)	60 (42%)	62 (31%)	21 (38%)	41 (28%)	21 (11%)	6 (11%)	15 (10%)
Referral	46 (23%)	11 (20%)	35 (24%)	114 (57%)	33 (60%)	81 (56%)	32 (16%)	10 (18%)	22 (15%)	8 (4%)	1 (2%)	7 (5%)
Self-management	0 (0%)	0 (0%)	0 (0%)	11 (5%)	6 (11%)	5 (3%)	39 (20%)	16 (29%)	23 (16%)	150 (75%)	33 (60%)	117 (81%)

GP: General practitioner; PT: physiotherapist

Table S2. Frequency of use of elements of guideline-based care for acute low back pain reported by 200 Australian primary care practitioners in 2017-2018.

Rating	**Never**			**Sometimes**			**Most of the time**			**Always**		
	ALL (n=200)	**GP** (n=55)	**PT** (n=145)	**ALL** (n=200)	**GP** (n=55)	**PT** (n=145)	**ALL** (n=200)	**GP** (n=55)	**PT** (n=145)	**ALL** (n=200)	**GP** (n=55)	**PT** (n=145)
Advice that the prognosis is usually favourable	0 (0%)	0 (0%)	0 (0%)	4(2%)	1 (2%)	3 (2%)	78 (39%)	27 (49%)	51 (35%)	118 (59%)	27 (49%)	91 (63%)
Encourage early & gradual activity	0 (0%)	0 (0%)	0 (0%)	1(1%)	0 (0%)	1 (1%)	38 (18%)	15 (27%)	23 (16%)	161 (81%)	40 (73%)	121 (83%)
Discourage prolonged bedrest	1(0%)	1 (2%)	0 (0%)	4 (2%)	0 (0%)	4 (3%)	34 (17%)	14 (25%)	20 (14%)	161 (81%)	40 (73%)	121 (83%)
Recommend simple analgesics	3(1%)	1 (2%)	2 (1%)	60 (30%)	9 (16%)	51 (35%)	69 (35%)	17 (31%)	52 (36%)	68 (34%)	28 (51%)	40 (28%)
Advice that imaging is usually unnecessary	3(1%)	0 (0%)	3 (2%)	24 (12%)	5 (9%)	19 (13%)	83 (42%)	28 (51%)	55 (38%)	90 (45%)	22 (40%)	68 (47%)
Establish times for review	0 (0%)	0 (0%)	0 (0%)	24 (12%)	10 (18%)	14 (10%)	76 (38%)	22 (40%)	54 (37%)	100 (50%)	23 (42%)	77 (53%)
Support for self-management	0 (0%)	0 (0%)	0 (0%)	8 (4%)	6 (11%)	2 (1%)	35 (18%)	17 (31%)	18 (12%)	157 (78%)	32 (58%)	125 (87%)

GP: General practitioner; PT: physiotherapist

Table S3. Frequency and modes of delivery of education about low back pain provided in clinical practice, reported by 200 Australian primary care practitioners in 2017-2018 (*multiple options could be selected).*

Education provided	**Verbal n (%)**			**Handout n (%)**			**DVD n (%)**			**Online n (%)**		
	ALL (n=200)	**GP** (n=55)	**PT** (n=145)	**ALL** (n=200)	**GP** (n=55)	**PT** (n=145)	**ALL** (n=200)	**GP** (n=55)	**PT** (n=145)	**ALL** (n=200)	**GP** (n=55)	**PT** (n=145)
Information about low back pain	188 (94%)	47 (85%)	141 (97%)	96 (48%)	30 (55%)	66 (46%)	5 (3%)	2 (4%)	3 (2%)	45 (23%)	16 (29%)	29 (20%)
Information about prognosis	190 (95%)	49 (89%)	141 (97%)	34 (17%)	11 (20%)	23 (16%)	0 (0%)	0 (0%)	0 (0%)	14 (7%)	8 (15%)	6 (4%)
Information about exercise or activity	156 (78%)	41 (75%)	115 (79%)	147 (74%)	30 (55%)	117 (81%)	9 (5%)	2 (4%)	7 (5%)	29 (15%)	11 (20%)	18 (12%)
Information about pain management	186 (93%)	50 (91%)	136 (94%)	59 (30%)	15 (27%)	44 (30%)	3 (2%)	2 (4%)	1 (1%)	36 (18%)	8 (15%)	28 (19%)
Information on managing recurrence	187 (94%)	49 (89%)	138 (95%)	63 (32%)	13 (24%)	50 (34%)	1 (1%)	0 (0%)	1 (1%)	18 (9%)	8 (15%)	10 (7%)
Other	5 (3%)	1 (2%)	4 (3%)	3 (2%)	0 (0%)	3 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

GP: General practitioner; PT: physiotherapist

Table S4. Reasons for discharging low back pain patients reported by 200 Australian primary care practitioners in 2017-2018 (*multiple reasons could be selected).*

Reason for discharge	**ALL (n=200) n (%)**	**GP (n=55) n (%)**	**PT (n=145) n (%)**
Resolution of low back pain	158 (79%)	44 (80%)	114 (79%)
Patient independently managing condition	163 (82%)	39 (71%)	124 (86%)
No further treatment to offer	21 (11%)	4 (7%)	17 (12%)
Referral to multi-disciplinary treatment, specialist or pain service	39 (20%)	10 (18%)	29 (20%)
Patient did not return	47 (24%)	21 (38%)	26 (18%)

GP: General practitioner; PT: physiotherapist

Appendix S1. CHERRIES.

Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

Item Category	Checklist Item	Explanation	
Design	Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In "open" surveys this is most likely.)	Y
IRB (Institutional Review Board) approval and informed consent process	IRB approval	Mention whether the study has been approved by an IRB.	Y
	Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?	Y
	Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access.	Y
Development and pre-testing	Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.	Y
Recruitment process and description of the sample having access to the questionnaire	Open survey versus closed survey	An "open survey" is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password-protected survey).	Open
	Contact mode	Indicate whether or not the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry.)	Advertised on internet

Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

Item Category	Checklist Item	Explanation	
	Advertising the survey	How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.	Multiple online sites including professional organisations and clinics. Flyers emailed to practices and advertised on professional organisations websites.
Survey administration	Web/E-mail	State the type of e-survey (eg, one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?	e-survey using Qualtrics software. Responses entered into database
	Context	Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on a anti-immunization Web site will have different results from a Web survey conducted on a government Web site	Websites of numerous professional organisations were used (e.g. painAustralia, Australian Physiotherapy Association, Primary Health Networks).
	Mandatory/voluntary	Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site, or was it a voluntary survey?	Voluntary
	Incentives	Were any incentives offered (eg, monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?	None
	Time/Date	In what timeframe were the data collected?	March 2018 to May 2018
	Randomization of items or questionnaires	To prevent biases items can be randomized or alternated.	Not appropriate for study
	Adaptive questioning	Use adaptive questioning (certain items, or only conditionally displayed based on	Does not apply to study

Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

Item Category	Checklist Item	Explanation	
		responses to other items) to reduce number and complexity of the questions.	
	Number of Items	What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.	Up to 4 questions
	Number of screens (pages)	Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate.	20
	Completeness check	It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if “yes”, how (usually JAVAScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as “not applicable” or “rather not say”, and selection of one response option should be enforced.	Checked for completeness after submission.
	Review step	State whether respondents were able to review and change their answers (eg, through a Back button or a Review step which displays a summary of the responses and asks the respondents if they are correct).	Review step enabled.
Response rates	Unique site visitor	If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.	Qualtrics assigns unique response ID based on IP address.
	View rate (Ratio unique site visitors/unique survey visitors)	Requires counting unique site visitors (not page views!) divided by the number of unique visitors of the first page of the survey. It is not unusual to have view rates of less than 0.1 % if the survey is voluntary.	Data not available
	Participation rate (Ratio unique survey page visitors/agreed to	Count the unique number of visitors who visit the first page of the survey (or the informed consents page, if present) divided by the number of people who filled in the first survey	200/307 = 65%

Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

Item Category	Checklist Item	Explanation	
	participate)	page (or agreed to participate). This can also be called “recruitment” rate.	
	Completion rate (Ratio agreed to participate/finished survey)	The number of people agreeing to participate (or submitting the first survey page) divided by the number of people submitting the last questionnaire page. This is only relevant if there is a separate “informed consent” page or if the survey goes over several pages. This is a measure for attrition. Note that “completion” can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word “completeness rate”.)	200/307 = 65%
Preventing multiple entries from the same individual	Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (eg, the first entry or the most recent)?	Enabled a feature called "prevent ballot box stuffing" to prevent participants from taking the survey more than once
	IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (eg, 24 hours). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	Enabled a feature called "prevent ballot box stuffing" to prevent participant s from taking the survey more than once
	Log file analysis	Indicate whether other techniques to analyze the log file for identification of multiple entries were used. If so, please describe.	No

Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

Item Category	Checklist Item	Explanation	
	Registration	In “closed” (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	N/A
Analysis	Handling of incomplete questionnaires	Were only completed questionnaires analyzed? Were questionnaires which terminated early (where, for example, users did not go through all questionnaire pages) also analyzed?	Only completed questionnaires were analysed
	Questionnaires submitted with an atypical timestamp	Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point, and describe how this point was determined.	No time frame specified.
	Statistical correction	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods.	No statistical correction performed.

Bron:

Eysenbach, G. (2004). Improving the quality of web surveys: the checklist for reporting results of internet e-surveys (cherries). *Journal of medical Internet research,* 6(3)e34 doi:10.2196/jmir.6.3.e34 http://www.jmir.org/2004/3/e34/

Appendix S2. Survey.

Primary Care Practitioner Survey on Acute Low Back Pain Management

Start of Block: Consent form

Primary Care Practitioner Survey

Participant Information & Consent Form

You are invited to participate in a study of primary care practitioners' experiences treating patients presenting to their clinic with acute low back pain (less than 12 weeks since onset). The aim of this study is to understand the experiences of Australian general practitioners and physiotherapists in delivering care for these patients. The results from this study will be used for designing a new treatment model for acute low back pain.

The study is being conducted by the following team: Malene Ahern (PhD Student, Macquarie University) - malene.ahern@hdr.mq.edu.au; A/Prof Julia Hush (Principal Supervisor, Macquarie University); Prof Catherine Dean (Associate Supervisor, Macquarie University); Prof Simon Willcock (Associate Supervisor, MQ Health) and Dr Blake Dear (Associate Supervisor, eCentre Clinic, Macquarie University).

If you decide to participate, you will be asked to complete this online survey that takes approximately 10 minutes to complete. You are able to withdraw at any time without having to give a reason and without consequence. Individual responses will not be identifiable in any publication of the results. Only those listed above will have access to the data. It is not anticipated there will be a direct benefit to you from completing the survey. However, the results from this survey will inform further stages of development of a primary care treatment program for low back pain, that may be beneficial for clinicians in the future.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee (5201800026). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics & Integrity (telephone (02) 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

I understand the information above and I agree to participate in this research.

- ○ Yes (1)
- ○ No (2)

End of Block: Consent form

Start of Block: Eligibility

Thank you for your assistance in completing this short 10 minute survey on primary care management for acute low back pain!

The purpose of this survey is to investigate the experiences of primary care practitioners when treating patients who present with acute low back pain. Acute low back pain is defined as an episode of low back pain of less than 12 weeks since onset.

The information from this survey will help design a new treatment approach to optimise outcomes for people with acute low back pain seeking primary care.

Page Break

Q1 Which of the below would best describe you?

- ○ I am a general practitioner with at least 5 years experience (1)
- ○ I am a physiotherapist with at least 5 years experience (2)
- ○ None of the above (3)

Q2 Do you treat low back pain as part of your clinical practice?

- ○ Yes (1)
- ○ No (2)

Q3 Please estimate how many patients you have treated with acute low back pain in the last 12 months?

- ○ None (5)
- ○ 1-10 patients (1)
- ○ 11-20 patients (2)
- ○ 21-50 patients (3)
- ○ More than 50 patients (4)

End of Block: Eligibility

Start of Block: Survey

We would like to start with a couple of questions about you.

Q4 What is your gender?

- ○ Male (1)
- ○ Female (2)
- ○ Other (3)
- ○ Prefer not to respond (4)

Q5 What is your age in years?

_____

Q6 What kind of setting(s) do you work in?

- ☐ Community based medical practice/clinic (1)
- ☐ Hospital (outpatients) (3)
- ☐ Private practice or clinic (4)
- ☐ Other (please state) (6) _____

Q7 What state or territory do you currently practice in?

- ○ New South Wales (1)
- ○ Queensland (2)
- ○ South Australia (3)
- ○ Western Australia (4)
- ○ Victoria (5)
- ○ Northern Territory (6)
- ○ Australian Capital Territory (7)
- ○ Tasmania (8)

Q8 Please indicate which of these best describes the location of your practice?

- ○ Metropolitan (1)
- ○ Regional (2)
- ○ Rural (3)

Q9 How many years have you been working as a primary care practitioner?

_____

Page Break

Q10 Have you completed any postgraduate qualifications in the area of musculoskeletal care or pain?

- ○ Yes (1)
- ○ No (2)

Page Break

Display This Question:

If Q10 = 1

Q11 Which of these have you completed? (*select all that apply*)

- ☐ Titled member of an APA group (1)
- ☐ Specialist Fellow of the Australian College of Physiotherapists (2)
- ☐ Post graduate qualifications (such as Musculoskeletal Medicine, Pain Management, Sports Physiotherapy etc) (3)
- ☐ College Fellowship (RACGP, ACCRM) (4) _____
- ☐ Graduate Certificate or Diploma or Masters in Pain Medicine (5)
- ☐ Other (6) _____

Page Break

We would like to start by asking you about your current clinical management of patients with acute (≤ 12 weeks) low back pain for whom red flags are absent.

Q12 What percentage of your patients would you estimate present to you with acute low back pain?

	No patients 0 10 20 30 40 50 60 70 80 90 100 All patients
Percentage of patients who present for acute low back pain ()	

Page Break

We would also like to ask you about the frequency of consultations within an episode of care. In this survey, an **episode of care** is defined as period of treatment until discharge or no further follow up is required for that condition. It ***may include one or more consultation visits*** by the patient.

Q13 Based on your clinical experience, how long is your initial consultation with acute low back pain patients?

	0-15 minutes (1)	16-30minutes (2)	31-45minutes (3)	46 min-1 hour (4)	> 1 hour (5)
Initial consultation (1)	○	○	○	○	○

Page Break

Q14 What proportion of patients do you schedule a follow up consultation?

	0 10 20 30 40 50 60 70 80 90 100
Proportion of patients who have follow up consultation ()	

Page Break

Display This Question:

If Q14 [1] > 0

Q15 Following the initial consultation, what timeframe (in days) would you typically schedule a follow up consultation?

_____

Page Break

Display This Question:

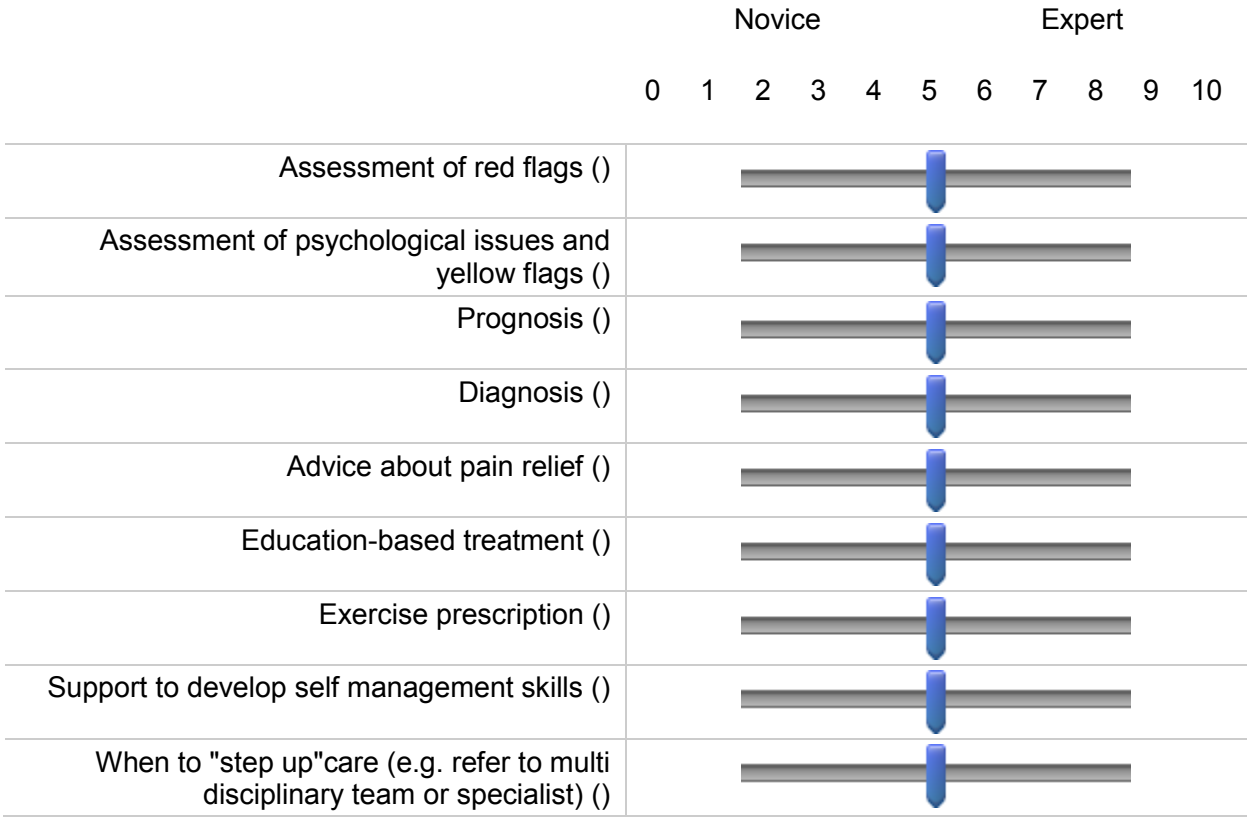
If Q14 [1] > 0

Q16 Based on your clinical experience, what would be the ideal duration for a follow up consultation of patients with acute low back pain?

	0-15 minutes (1)	16-30minutes (2)	31-45minutes (3)	46 min-1 hour (4)	> 1 hour (5)
Follow up consultation (2)	○	○	○	○	○

Page Break

Q17 How would you rate your clinical expertise in the following aspects of primary care management of acute low back pain? ***(please indicate on slider scale 0= Novice and 10= Expert***)



Page Break

Q18 How would you rate the importance of these aspects of primary care management of acute low back pain for optimal patient outcomes?

	Not important (1)	Somewhat important (2)	Moderately important (3)	Extremely Important (4)
Assessment (history and examination) (1)	○	○	○	○
Identifying risk for chronicity (prognosis) (2)	○	○	○	○
Patient education (3)	○	○	○	○
Active physical therapy (e.g. walking, stretching, swimming) (4)	○	○	○	○
Passive therapies (e.g. manual therapy, massage) (11)	○	○	○	○
Simple analgesic medication (5)	○	○	○	○
Non-steroidal anti-inflammatory drugs (NSAIDs) (19)	○	○	○	○
Opioid analgesics medications (20)	○	○	○	○
Neuropathic pain medicines (6)	○	○	○	○
Cognitive behavioural approach (7)	○	○	○	○
Radiological Imaging (8)	○	○	○	○
Pre-determining review times (9)	○	○	○	○

Referral and specialist input (10)	○	○	○	○
Support for self management (18)	○	○	○	○

Page Break

Q19 How often would you provide the following in your management of a typical patient with acute low back pain?

	Never (1)	Sometimes (2)	Most of the time (3)	Always (4)
Advice that the prognosis is usually favourable (1)	○	○	○	○
Encourage early and gradual activity (2)	○	○	○	○
Discourage prolonged rest (3)	○	○	○	○
Recommend simple analgesics (4)	○	○	○	○
Advice that imaging is usually unnecessary (5)	○	○	○	○
Establish times for review (6)	○	○	○	○
Support for self management (7)	○	○	○	○

Q20 In your experience, what are the most common reasons for ending (or discharge from) an episode of care? (select all that apply)

- [ ] Resolution of low back pain (1)
- [ ] Patient independently managing condition (2)
- [ ] No further treatment to offer (3)
- [ ] Referral to multi disciplinary treatment, specialist or pain service (4)
- [ ] Patient did not return (6)

Page Break

There are many evidence-based clinical guidelines and models of care that have published for the management of acute low back pain.

Page Break

Q21 Are you familiar with current guideline-based recommendations for acute low back pain management?

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)

Display This Question:

If Q21 = 1

Q22 If yes, do you find these recommendations useful?

- ○ Yes (5)
- ○ No (6)

Page Break

Display This Question:

If Q21 = 1

Q23 Which of these guidelines do you most commonly use to guide clinical practice? (*select all that apply*)

	Always (1)	Sometimes (2)	Rarely (3)	Never (4)
National Institute for Health and Care Excellence (NICE) UK - Low back pain and sciatica in over 16s: assessment and management (2016) (1)	○	○	○	○
National Health and Medical Research Council (NHMRC) Australia - Evidence based management of acute musculoskeletal pain (2003) (2)	○	○	○	○
American College of Physicians (ACP) USA - Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians (2017) (3)	○	○	○	○
NSW Agency for Clinical Innovation - Management of people with acute low back pain (2016) (4)	○	○	○	○

Page Break

Q24 Do you feel you have enough time to provide guideline-based care to patients presenting with acute low back pain?

- ○ Always (2)
- ○ Sometimes (3)
- ○ Occasionally (4)
- ○ Rarely (5)
- ○ Never (6)

Q25 What are common barriers to providing guideline-based care to your patient? (*select all that apply*)

- ☐ There is limited time within consultation (3)
- ☐ Imaging is required for definitive diagnosis (2)
- ☐ Lack of familiarity with guidelines (1)
- ☐ Imaging is required to manage patient beliefs and expectations (4)
- ☐ Guidelines are restrictive to professional judgement and clinical autonomy (5)
- ☐ Other (7) _____

Page Break

Q26 Do you provide education about acute low back pain to patients?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Q26 = 1

Q27 How do you typically deliver education to the patient? (*tick all that apply*)

	Verbal (1)	Written/ Handout (2)	DVD/ Video (4)	Online (e.g. website) (3)	N/A (6)
Information about low back pain (2)	☐	☐	☐	☐	☐
Information about prognosis (3)	☐	☐	☐	☐	☐
Information about exercise or activity (1)	☐	☐	☐	☐	☐
Information about pain management (4)	☐	☐	☐	☐	☐
Information on managing recurrence/ flareups (5)	☐	☐	☐	☐	☐
Other (please specify) (6)	☐	☐	☐	☐	☐

Page Break

Q28 What would be the most common reasons for initiating a referral to another health care practitioner (e.g. psychologist, physiotherapist), specialist (e.g. pain medicine specialist, surgeon) or pain service? (*select all that apply*)

- [ ] Patient not improving with initial treatment approach (1)
- [ ] Presence of yellow flags (psychosocial issues) (4)
- [ ] Patient's preference (6)
- [ ] Other (please specify) (5) _____

Q29 How frequently do you refer patients with acute low back pain to the following clinicians? (*please indicate on slider scale 0= never and 100= always*)

Never Always

0 10 20 30 40 50 60 70 80 90 100

Exercise Physiologist ()	
Psychologist ()	
Physiotherapist ()	
Rheumatologist ()	
Surgeon ()	
General Practitioner ()	
Pain service ()	
Imaging service ()	
Chiropractors ()	
Osteopath ()	
Massage Therapist ()	
Other (please specify) ()	

Page Break

Lastly, we would like to know your thoughts on how primary care management of acute low back pain is influenced by the therapeutic relationship with the patient.

Q30 In your experience, how important are the following aspects in facilitating the therapeutic relationship with patients seeking care for acute low back pain?

	Not important at all (1)	Slightly important (2)	Moderately important (3)	Extremely important (4)
Being familiar with the patient (1)	○	○	○	○
Knowledge of patients' expectations of treatment (2)	○	○	○	○
Understanding of relevant psychological factors (3)	○	○	○	○
Understanding of relevant social / environmental/ cultural factors (4)	○	○	○	○
Adequate time allowed (5)	○	○	○	○
Proficiency in understanding English / primary language used in clinic (written and verbal) (6)	○	○	○	○
Adequate health literacy of patient (7)	○	○	○	○

Q31 Is there any additional information you would like to provide regarding primary care management of acute low back pain?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Q31 = 1

If yes, can you describe below

_____

_____

_____

_____

_____

End of Block: Survey