ACORN PRACTITIONER QUESTIONNAIRE

Chiropractic practitioner characteristics

Q1 What is your age in years?

Q2 What is your gender?

- ☐ Male
- ☐ Female

Q3 Are you currently in private chiropractic practice?

- ☐ No
- ☐ Yes, how many years?

Q4 What is the highest level of chiropractic professional qualification that you hold?

- ☐ Diploma
- ☐ Advanced Diploma
- ☐ Bachelor (or Double Bachelor) degree
- ☐ Doctor of Chiropractic
- ☐ Masters degree
- ☐ PhD

Q5 Are you a member of any of the following professional chiropractic organisations? *(select all that apply)*

- ☐ CAA
- ☐ COCA
- ☐ CAA and COCA
- ☐ None
- ☐ Other(s) *(Please specify)*

Q6 Indicate all the roles in which you have been involved as a chiropractor over the last 12 months: *(select all that apply)*

- ☐ University teaching
- ☐ Research
- ☐ Clinical supervision
- ☐ Volunteer work
- ☐ Private practice
- ☐ Professional organisation activities

Q7 Do you routinely consult patients in a language other than English?

- ☐ No
- ☐ Yes *(Please specify)*

Practice characteristics

Q8 How many of the following would you provide on average, per week?

a) Patient care hours

b) Patient visits

Q9 Do you practice in more than one location?

- ☐ No
- ☐ Yes, how many in total

Q10 Indicate all other health professionals working in your practice location(s): *(select all that apply)*

- ☐ GP
- ☐ Podiatrist
- ☐ Medical specialist
- ☐ Physiotherapist
- ☐ Another Chiropractor
- ☐ Exercise Physiologist
- ☐ Psychologist/Counsellor
- ☐ Occupational Therapist
- ☐ None
- ☐ Other(s) *(Please specify)*

Q11 Do you have a professional referral relationship (sending and/or receiving referrals) with any of the following practitioners: *(select all that apply)*

- ☐ GP
- ☐ Psychologist/Counsellor
- ☐ Physiotherapist
- ☐ Occupational Therapist
- ☐ Podiatrist
- ☐ Medical specialist
- ☐ Exercise Physiologist
- ☐ None
- ☐ Other(s) *(Please specify)*

Q12 In which state/territory do you practice? *(select all that apply)*

NSW ☐ VIC ☐ QLD ☐ WA ☐ SA ☐ TAS ☐ NT ☐ ACT ☐

Q13 Which of the following best describes your practice location(s)? *(select all that apply)*

☐ Urban ☐ Rural ☐ Remote

Q14 How frequently do you use diagnostic imaging as part of your practice?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

Q15 Indicate all imaging facilities or scanning tools you have on site: *(select all that apply)*

- ☐ X-ray
- ☐ MRI
- ☐ SEMG
- ☐ Diagnostic Ultrasound
- ☐ Thermography
- ☐ None
- ☐ Other(s) *(Please specify)*

Q16 Indicate when you use electronic records: *(select all that apply)*

- ☐ Initial History
- ☐ Subsequent patient visits
- ☐ Examination findings
- ☐ Never

Clinical management

Q17 Indicate the frequency with which you discuss the following as part of your care/management plans:

	Never	Rarely	Sometimes	Often
Diet / nutrition	☐	☐	☐	☐
Smoking / Drugs / Alcohol	☐	☐	☐	☐
Physical Activity / Fitness	☐	☐	☐	☐
Occupational Health and Safety	☐	☐	☐	☐
Pain Counselling	☐	☐	☐	☐
Nutritional Supplements (including vitamins, minerals, herbs)	☐	☐	☐	☐
Medication (including for pain / inflammation)	☐	☐	☐	☐
Other *(Please specify)*	☐	☐	☐	☐

Q18 Indicate the frequency with which you treat patients that present with the following conditions:

	Never	Rarely	Sometimes	Often		Never	Rarely	Sometimes	Often
Neck pain (axial)	☐	☐	☐	☐	Postural disorders (including lordosis, thoracic kyphosis, scoliosis)	☐	☐	☐	☐
Neck pain (referred/radicular)	☐	☐	☐	☐	Degenerative spine conditions (including spondylolisthesis)	☐	☐	☐	☐
Thoracic pain (axial)	☐	☐	☐	☐	Headache disorders (including cervicogenic, tension)	☐	☐	☐	☐
Thoracic pain (referred/radicular)	☐	☐	☐	☐	Migraine disorders	☐	☐	☐	☐
Low back pain (axial)	☐	☐	☐	☐	Spinal health maintenance/prevention	☐	☐	☐	☐
Low back pain (referred/radicular)	☐	☐	☐	☐	Non-musculoskeletal disorders *(Please specify)*	☐	☐	☐	☐
Lower limb musculoskeletal disorders (hip, knee, ankle, foot)	☐	☐	☐	☐	Other *(Please specify)*	☐	☐	☐	☐
Upper limb musculoskeletal disorders (shoulder, elbow, wrist, hand)	☐	☐	☐	☐					

Q19 Indicate the frequency with which you treat the following patient subgroups:

	Never	Rarely	Sometimes	Often		Never	Rarely	Sometimes	Often
Children (up to 3 years)	☐	☐	☐	☐	People with work-related injuries	☐	☐	☐	☐
Children (4 to 18 years)	☐	☐	☐	☐	People with traffic-related injuries	☐	☐	☐	☐
Older people (65 years or over)	☐	☐	☐	☐	People receiving post-surgical rehabilitation	☐	☐	☐	☐
Aboriginal and Torres Strait Islander people	☐	☐	☐	☐	Non-English speaking ethnic group(s) *(Please specify)*	☐	☐	☐	☐
Pregnant women	☐	☐	☐	☐	Other *(Please specify)*	☐	☐	☐	☐
Athletes or sports people	☐	☐	☐	☐					

Q20 Indicate the frequency with which you employ the following Techniques/Methods in your patient management:

	Never	Rarely	Sometimes	Often		Never	Rarely	Sometimes	Often
Drop-piece techniques / Thompson® or similar	☐	☐	☐	☐	Applied Kinesiology® (AK)	☐	☐	☐	☐
Biomechanical pelvic blocking / Sacro-Occipital Technique®	☐	☐	☐	☐	Flexion-distraction	☐	☐	☐	☐
Instrument adjusting	☐	☐	☐	☐	Functional Neurology	☐	☐	☐	☐
Chiropractic BioPhysics®	☐	☐	☐	☐	Extremity manipulation	☐	☐	☐	☐
High velocity, low amplitude adjustment / manipulation / mobilisation	☐	☐	☐	☐	Other technique or intervention *(Please specify)*	☐	☐	☐	☐

Q21 Indicate the frequency with which you employ the following Musculoskeletal Interventions in your patient management:

	Never	Rarely	Sometimes	Often		Never	Rarely	Sometimes	Often
Dry needling or Acupuncture	☐	☐	☐	☐	Orthotics (foot care)	☐	☐	☐	☐
Soft tissue therapy, trigger point therapy, massage therapy, stretching	☐	☐	☐	☐	Specific exercise therapy / rehabilitation / injury taping	☐	☐	☐	☐
Electro-modalities (TENS, laser, interferential/ultrasound therapy)	☐	☐	☐	☐	Other *(Please specify)*	☐	☐	☐	☐
Heat / cryotherapy	☐	☐	☐	☐					