Supplementary Table 3. Frequency of codes in response to Section One to Six

SECTION ONE

RECOMMENDATION: Don't employ passive physical agents except when necessary to facilitate participation in an active treatment program.

QUESTION: In the context of the intent of the Choosing Wisely campaign do you think style of wording is an acceptable method to engage the physiotherapy profession in a conversation about evidence based clinical practice?

Code description	**Example**	**N**	**%***
Response suggests disagreement			
Unqualified statements are inappropriate	I would prefer an alternative phrase such as 'don't routinely'. I think the absolute statement of 'don't' requires an exhaustive list of all of the possible, even if rare, exceptions.	49	32.2
Would benefit from further refining	The statement is very broad which may need further refining in the actual discussion document.	34	22.4
Clinical experience is more valuable than evidence	This is an entirely inappropriate blanket statement. For example, a 12 year old comes in with a first ever episode of an acute wry neck. This can be completely resolved in one passive treatment. It would be inappropriate to give them a home exercise program as there is no evidence that it would be useful and it could focus them on having a problem which could create hyper-vigilance.	19	12.5
Shift framing from negative to positive	I would prefer a discussion point around the affirmative rather than the negative, e.g. only choose passive physical agents with demonstrable measurable outcomes.	18	11.8
Threat to autonomy or the profession	Combative and deprecating approach to practitioners. Suggestive of disrespect of practitioner and lack of sincere care for our patients.	16	10.5
New evidence might change recommendations	'Don't' is a strong word and if in the future an Australia Physiotherapy Association 'Don't' suggestion is found to be incorrect then the Australia Physiotherapy Association would have to provide an answer. More appropriate wording could be 'The current evidence suggests…'	4	2.6
Response suggests agreement			
Using unqualified statements is important	Physiotherapy, like other health professions, is inherently conservative and resistant to change. Physiotherapists won't pay attention to vaguely worded advice. The DON'T format is the key to the effectiveness of the Choosing Wisely strategy.	22	14.5
Provokes discussion	Especially where the explanation is provided as to why. I feel it is an emotive and engaging way to start a conversation/healthy debate.	20	13.2
Will help change practice	Strong, directive language is appropriate to make clinicians realise that they are directions to follow not suggestions to consider.	12	7.9

No further comment	I would completely agree with this statement - can't think of a better way of wording this concept!	12	7.9

SECTION TWO
RECOMMENDATION: Don't use imaging where validated decision rules indicate imaging is not necessary.
QUESTION: Do you agree that physiotherapists should not use imaging when validated decision rules indicate it is not necessary?

Code description	**Example**	**N**	**%***
Response suggests disagreement			
Blanket rules are inappropriate	Doesn't always correlate with patient's wishes - sometimes they just want peace of mind, despite our clinical judgement.	27	25.5
Clinical experience is more valuable than validated decision rules	X-rays can give important but subtle information about the presenting circumstances - DISH; functional instability. The rules were developed around a concept of sensitivity for specific diagnoses. What level of risk are you prepared to accept and are these the only pathologies where x-rays are useful to the clinically reasoned management? Consequently they are limited, if not conceptually flawed.	21	19.8
Threat to autonomy or the profession	The situations where I would recommend imaging is when the patient is over cautious and if I have had trouble establishing a professional rapport with them even after explaining decision making to them. It is important that the patient has a professional belief in us because often the doctor will say something that has not been based on clinical decision and the patient believes that. E.g. the doctor says...and with questioning they haven't even looked at the body part. The reason for this is they are likely to go back to their doctor who will recommend an X ray anyway. Some patients feel the need to have this investigated and if that gives them piece of mind and therefore aids/speeds up their recovery then I am not against it.	5	4.7
Response suggests agreement			
No further comment	This is one area that there is clear evidence. The evidence supports that imaging can in fact do harm such as exposure to unnecessary radiation and in some cases impede progress and recovery. This is an important recommendation.	43	40.6
Educating patients and clinicians will support adoption	I think the APA should do a members value webinar promoting the Western Australia radiology imaging pathways website and mobile phone app. There is need for more education and easier access to the rules, as well as discussion on how to explain this to the modern client who wants images.	10	9.4
Feedback on wording			
Would benefit from further refining	Should we be a little more specific here and identify one area. It is still quite broad and worried that not ALL physios will understand validated decision rules or know of these.	16	15.1

Unqualified statements are inappropriate	Avoid using 'should not' - go for 'physiotherapists are urged to avoid imaging'... or 'Best practice indicates that physiotherapists follow validated decision rules regarding not imaging when contraindicated.'	3	2.8
Not area of expertise	This is not an area I have enough knowledge or experience to comment on.	3	2.8

SECTION THREE

RECOMMENDATION: Don't use incentive spirometry after upper abdominal and cardiac surgery.

QUESTION: Do you agree that physiotherapists should not use incentive spirometry after upper abdominal and cardiac surgery?

Code description	Example	N	%*
Not area of expertise	I don't work in this area so prefer not to comment.	70	51.1
Response suggests disagreement			
Blanket rules are inappropriate	Another ideal recommendation that doesn't take health economics & workload into account. There are still plenty of patients who would never be seen pre-op, regardless of the planned surgery.	19	13.9
Clinical experience is more valuable than evidence	Patients are individuals and in my experience sometimes it has been indicated and also helpful but mass use is not indicated.	16	11.7
Questions the purpose of the recommendation	Patients enjoy and are encouraged by post-op increases in vital capacity etc. Negligible cost blowing in a machine.	5	3.6
Threat to autonomy or the profession	It is one tool in the toolbox, there is no reason not to use it other than that there is no evidence for its routine use. I really dislike these blanket DONT statements. They go against clinical judgement and reasoning...	3	2.2
Response suggests agreement			
No further comment	Love this!	17	12.4
Will help promote evidence-based care	Getting this out there with the medical professions' recommendations is exciting. Hopefully it will help us get the message to them to help influence a change in the hospital setting.	11	8.0
Feedback on wording			
Would benefit from further refining	The statement should mention evidence regarding early mobility rather than just inspiratory muscle training.	10	7.3

Shift framing from negative to positive	Statement doesn't address recommended therapy AFTER these surgeries at all - what about mobilization?	8	5.8
Unqualified statements are inappropriate	Don't infers it should never be used. This is not a safety issue that warrants a 'DONT'. Incentive spirometry may still be appropriate in some select patients who otherwise have difficulty taking/coordinating deep breaths, or who are post-operatively confused, or need motivation.	4	2.9

SECTION FOUR

RECOMMENDATION: Don’t use electrotherapy modalities in the management of patients with low back pain.

QUESTION: Do you agree that physiotherapists should not use use electrotherapy modalities in the management of patients with low back pain?

Code description	Example	N	%*
<u>Response suggests disagreement</u>			
Appropriate to use as adjunct to evidence-based care	Used in conjunction with appropriate education, active exercise etc. may provide enough short term relief to encourage full participation in the before mentioned strategies.	54	30.0
Clinical experience is more valuable than evidence	Very few physios just use electro of anything and they need to [be] educated. However, in the real world of quality musculoskeletal practice, many physios use electro +/- heat/cold therapy as an adjunct to manual, exercise and other therapies. It is patient specific may be short term analgesia or easing for the muscle spasm and this may improve movement quality and exercise compliance. Used well there is no down side clinically and costs the patient and system nothing.	51	28.3
Blanket rules are inappropriate	Lower back pain can present with lots of erector spinae spasm. Studies have shown that Interferential Therapy and Transcutaneous Electro-Nerve Stimulation are effective analgesics and do not have side effects. Unlike Codeine. How the heck do you expect to establish trust with a patient if we are not reducing their fear and pain before touching them when they are in strong pain?	51	28.3
Threat to autonomy or the profession	Why would the college/panel of experts see this as one of the top 5 thing going wrong in physio practice? Incredible really. I employ a dozen physios, am a titled MS and Sports physio and have not found a colleague who agrees with this one! The feeling is that the Australian Physiotherapy Association has lost touch for even starting down this track!	11	6.1
New evidence might change recommendations	Research published in the Lancet regarding the effectiveness of low level laser to treat cervical pain may indicate a place for this in low back pain but I am not aware of any research to show this is effective or not so I am not happy about a blanket ban of use of all modalities. Laser may well prove to be of use.	6	3.3

Response suggests agreement			
No further comment	100% agree.	23	12.8
The use of electrotherapy must be reduced	Physiotherapists are intelligent people who should be able to use a multitude of more successful and evidence based treatments for low back pain patients. Anyone resorting to the passive electrophysical modalities is either trying to pump through as many patients as they can to make money or hasn't done a course recently enough to give them up to date treatment approaches.	13	7.2
Other evidence-based treatments are available	Physiotherapists have so many more manual and exercise skill sets to offer patients with low back pain.	11	6.1
Feedback on wording			
Better define the disease presentation and modality of electrotherapy provided	This is a very general statement about many types of applications. It would be better to see electrotherapy replaced with a specific modality for which there is Level 1 evidence.	17	9.4
Unqualified statements are inappropriate	This statement I think reflects academics who are not working in the clinical setting for most of their practice. Ask any clinician and they would comment that to put a blanket ban so to speak on electrotherapy is probably exceeding the actual value of the evidence we have. That said, there is no doubt that long-term management of backs should not be based upon electrotherapy of course, but clients will tell you that TENS and such actually do provide the ability to improve their activities of daily living. Hence my concern with 'Don't'. Rather something like 'it should not be the mainstay of therapy' or similar...	9	5.0
Shift framing from negative to positive	Is the statement: *"Clinical practice guidelines don't recommend electrotherapy modalities to manage low back pain. Physiotherapists should instead consider other interventions to manage low back pain, for example exercise prescription and education"* going to be included in our statement, if so I like this recommendation.	4	2.2
Not area of expertise	I don't know the latest evidence to comment here.	3	1.7

SECTION FIVE

RECOMMENDATION: Don't use ongoing manual therapy for patients following acute adhesive capsulitis of the shoulder.

QUESTION: Do you agree that physiotherapists should not use ongoing manual therapy for patients following acute adhesive capsulitis of the shoulder?

Code description	Example	N	%*

Response suggests disagreement			
Blanket rules are inappropriate	Another concern with the wording is that limited manual therapy may be used to improve scapula position and control which is usually a problem in these cases.	43	30.1
Clinical experience is more valuable than evidence	In the subacute to chronic setting I have effectively used manual therapy to improve shoulder range. I am at a loss as to how this evidence was derived. In the acute setting I agree, but this statement appears to put a blanket ban on all manual therapy for all such shoulders.	28	19.6
Threat to autonomy or the profession	It does not matter what works in 2 or 3 studies, physiotherapists must be free to choose a variety of techniques and use more than one and education for each patient. Look at the way sports people are treated. I am thinking specific exercise type angles, timing and repetitions. Your committee could do well to stop 10 reps practice for all patients of all ages in hospital. More fruitful than this witch hunt against Private Practice practitioners.	7	4.9
Appropriate to use as adjunct to evidence-based care	This is never performed in isolation, but in conjunction with appropriate range of motion and strengthening exercises as range returns.	7	4.9
New evidence might change recommendations	As the recent Cochrane review concluded that *"No trial compared a combination of manual therapy and exercise versus placebo or no intervention"* I don't think we can dismiss the use of manual therapy so quickly in the management of this condition.	6	4.2
Response suggests agreement			
No further comment	Respect the process of physiology with this disorder	23	16.1
Other evidence-based treatments may be available	Hydrodilatation should be utilised by medical staff on a more regular basis.	14	9.8
No evidence manual therapy alters natural history	There is clear evidence that not only does manual therapy not facilitate recovery, but may actually impede recovery. Ongoing manual treatment reduces patients' self-efficacy and promotes dependency.	4	2.8
Feedback on wording			
Better define the disease presentation and manual therapy provided	Not sure here what is meant by ongoing how ongoing days. Months, years?	27	18.9
Unqualified statements are inappropriate	I don't think we know enough about this condition to be making clear and decisive statements. Maybe a statement saying "*Don't use ongoing manual therapy for patients (who do not respond) with adhesive capsulitis of the shoulder."* Ideally, we shouldn't be doing anything ongoing if the patient does not respond.	10	7.0

Not area of expertise	I can't comment on this clinically as I'm not across the evidence for this	12	8.4

SECTION SIX

RECOMMENDATION: Don't use ongoing physiotherapy in cases where there isn't improvement in measurable patient outcomes.

QUESTION: Do you agree that physiotherapists should not use ongoing physiotherapy in cases where there is no improvement in measurable patient outcomes?

Code description	Example	N	%*
Response suggests disagreement			
Physiotherapy could prevent/reduce deterioration in symptoms	I work with a number of patients with palliative conditions. For them, the goal may be MAINTAINING as opposed to IMPROVING function. In these cases, it can be hard to anticipate the trajectory of the disease progression, but I think physiotherapy still plays a vital role in maintaining the patients' independence.	46	29.9
Blanket rules are inappropriate	Occasionally there are chronic patients with chronic conditions that still need our help/support/advice/symptomatic relief. Do we just turn our backs on them?	39	25.3
Concern over use of outcome measures	What you can objectively measure and the response or benefit the patient receives, are often quite divergent. What I mean is that if the patient doesn't believe they are getting anywhere and the physiotherapist is ethical, of course they would cease treatment. However, if the patient 'feels better' by getting physiotherapy intervention, who are you to say they can't access it. After all it is their money they are spending.	18	11.7
Threat to autonomy or the profession	I have seen it time and again where physio has been written off because of failed physio interventions - however the failure has not been because physio cannot work, but because ineffective, non-evidence-based strategies have been administered often by junior or burnt-out physios.	17	11.0
Response suggests agreement			
No further comment	Patient and therapist both have better things to do.	38	24.7
Physiotherapy should focus on outcomes and try to reduce overtreatment	Absolutely, it diminishes the value of our profession and gives the appearance we are revenue raising, when treatment is continued when there is no change in measureable outcomes (or in fact I suspect sometimes, no initial assessment of outcome measures to review).	15	9.7

Feedback on wording			
Better define ambiguous terms	I feel this is too vague and doesn't really mean anything. There is no time limit imposed and in some cases there won't be improvement, but rather a prevention of decline in outcomes. Also, what is meant by	27	17.5

	physiotherapy - is this just the application of physical interventions, or a broader scope of practice like education, self-management support , cognitive behavioural therapy, etc.		
Unqualified statements are inappropriate	To say 'Don't' worries me. Obviously we want to achieve positive client outcomes and these might include their own functional improvement, validated outcome scores, subjective and objective findings. My concern is that this statement needs qualification in that it appears that if outcome scores are not improving then physio should cease.	5	3.2
Shift framing from negative to positive	For a start the facilitation and empowerment is physiotherapy! Needs rewording to something like physiotherapy management should focus on.....	4	2.6
<u>Unclear response</u>	I am unsure and the details of a service that HCF audited and confirmed that 8 years of exercise therapy, twice weekly was appropriate for average back patients. Are there any normative statistics of the average length of back care programs in our industry?	1	0.6

N: number of respondents; *: percent of respondents that completed the free-text field for this question.