

Supplementary material

Appendix 1 (Survey Questions)

1. Please select your job role?

Gastroenterologist []

Surgeon []

Nurse endoscopist []

Others (please specify) []

2. Please select your age group?

20-30 []

31-40 []

41-50 []

51-60 []

>60 []

3. Gender?

Female []

Male []

Other (please specify) []

4. In which country are you based?

Please specify []

5. How you would describe your hospital or health practice?

District hospital/community practice with less than 5 specialists performing endoscopy []

District hospital/community practice with equal or more than 5 specialists performing endoscopy []

Teaching hospital/academic practice (University-affiliated group with less than 5 specialists performing endoscopy) []

Teaching hospital/academic practice (University-affiliated group with equal or more than 5 specialists performing []

6. Do you perform colonoscopy independently?

Yes []

No []

7. Which type of video endoscopy system you usually use?

Olympus []

Pentax []

Fujifilm []

Other (please specify) []

8. Please document the approximate total number of colonoscopies you have performed throughout your career?

Please specify []

9. How many colonoscopies do you perform per year on average?

0-50 []

50-100 []

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- 100-150 []
- 150-200 []
- 200-300 []
- 300-400 []
- >400 []
- Others (please specify) []

10. How many hours/week usually spent performing colonoscopies?

- 0-5 []
- 6-10 []
- 11-15 []
- 16-20 []
- 21-25 []
- 26-30 []
- 30-40 []
- >40 []
- Other (please specify) []

11. How many years have you have been performing colonoscopy?

- 0-5 []
- 6-10 []
- 11-15 []
- 16-20 []
- 21-25 []
- 26-30 []
- >30 []

12. Have you ever experienced musculoskeletal injury (pain, numbness, deformity, tendon problems, etc) in your neck, back, or upper or lower limbs?

- Yes []
- No []
- Not applicable []

13. Details about injury (click all that can apply)?

- Right fingers []
- Right thumb []
- Right hand []
- Right wrist []
- Right elbow []
- Right shoulder []
- Left fingers []
- Left thumb []
- Left hand []
- Left wrist []
- Left elbow []
- Left shoulder []
- Neck []
- Upper back []
- Lower back []
- Hip []

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Right lower limb []

Left lower limb []

Not applicable []

Other injuries/comments [free text)

14. Was the injury caused by performing colonoscopy?

Yes []

No []

May be []

15. Did you ever take time off work due to definite or possible colonoscopy-related injury(ies)?

Yes []

No []

16. If Yes to above, what is the longest consecutive amount of time you have taken off work because of a musculoskeletal injury perceived to be related to colonoscopy?

Free text []

17. What do you think is the causative mechanism for the presumed Colonoscopy-Related Injuries (click all that apply)?

Torquing the scope []

Turning the control wheels []

Lengthy standing []

Awkward wrist, shoulder, and neck postures []

Incorrect bed height []

Stiff Colonoscope []

Repetitive hand motion []

Other (please specify) []

18. Have you ever had to modify your practice due to occupational injury?

Yes []

No []

19. If you experienced musculoskeletal pain/injury related to colonoscopy, what modifications have you made to your endoscopic practice? (click all that apply)

None []

Stretching exercises []

Using adjustable examination table []

Appropriate positioning of the video monitor []

Wearing orthopedic shoes/sneakers []

Reducing the total number of patients per session/list []

Sitting during colonoscopy []

Colonoscopy with assistant []

Stand on rubber mat []

Using towel for better grip of the scope []

Taking regular breaks []

Other (please specify) []

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20. What treatment(s) have you ever received for your injury(ies)? (click all that apply)

No treatment []

Short course medications []

Life-long medications []

Physiotherapy []

Steroid intra-articular injection []

Rest []

Splint []

Surgery []

Other (please specify) []