

Supplemental file

**Covid-19 Infectious Disease Prevention and Mitigation Practices by Chiropractic Physicians and  
Licensed Massage Therapists in Mississippi: A Needs Assessment to Inform Health Education and  
Promotion**

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# Survey of Doctors of Chiropractic and Massage Therapy Practitioners in Mississippi on Infection Control Measures and Impacts of COVID-19

## Introduction

Doctors of chiropractic are considered essential healthcare providers under the Homeland Security directive related to the pandemic created by COVID-19 infections. Massage therapists are also manual therapy providers licensed in Mississippi and currently treating patients under guidelines established by the State of Mississippi. Both apply hands-on, direct contact with patients in order to help them with various physical conditions for which they seek care. Practice parameters are available for both infection control and COVID-19 specific prevention from the U.S. Centers for Disease Control and Prevention, the Mississippi Department of Health, Mississippi Board of Chiropractic Examiners and leading trade associations.

The purpose of this study is to perform a needs assessment related to infection control training among Mississippi practitioners of manual therapy. Further, to assess compliance with current prevention guidelines along with the economic impact of COVID-19 on the business aspects of the practices.

## Methods

An anonymous survey will be administered to every chiropractic and massage therapy license-holder in Mississippi. After establishing face validity for the survey, an electronic, e-mail-based survey tool will be utilized to reach practitioners. No practitioner will be required to complete the survey and voluntary participation will be stressed in the instructions. Essentially, a convenience sample of those willing to participate will be assessed. Information related to the survey will be used to develop needed training programs on reduction of infectious disease transmission within these specific clinical settings in Mississippi. Demographics and inferential statistics will be performed.

The purpose of this survey is to assess infection control measures utilized and economic impacts of COVID-10 on practitioners of chiropractic and massage therapy in Mississippi. You do not have to complete the survey and participation is completely voluntary. If you have questions related to the survey, you may contact XXX The survey has been approved by Mississippi State University HRPP/IRB as an Exempted Determination as IRB-2-207.

Please answer the following questions using the single best response unless otherwise indicated.

1. Have you continued to see patients as allowed during the COVID-19 pandemic?
  - a. Yes
  - b. No
  
2. If you answered yes to question 1., and thinking of your practice pattern and number of patients prior to the spread of COVID-19, how did a "Shelter in Place Order" affect your practice?
  - a. I am seeing more patients now than before
  - b. I am seeing about the same number of patients as before
  - c. I am seeing a few less patients than before
  - d. I am seeing a lot less patients than before
  - e. I am not seeing any patients at this time
  
3. If you are seeing fewer patients now than before the spread of COVID-19, which of the following explains why (choose all that apply):
  - a. I see fewer patients to maintain social distancing
  - b. I see fewer patients so I may sanitize surfaces and practice better infection control in between
  - c. Fewer patients want to be seen at this time due to COVID-19
  - d. I am only seeing those with acute pain
  - e. I cannot get needed personal protective equipment to stay safe during COVID-19
  
4. If you are seeing patients, are you utilizing personal protective equipment in your practice at this time?
  - a. Yes
  - b. No
  
5. If you are not utilizing personal protective equipment in your practice at this time, and are seeing patients, which response best explains why you are not?
  - a. I don't need it because I am not sick and my patient is not sick
  - b. I don't need it due to use of social distancing
  - c. I cannot find it for purchase at this time
  - d. I don't know exactly what I am supposed to use
  - e. I cannot afford it at this time
  - f. Other – Please list the reason: \_\_\_\_\_
  
6. If you are utilizing personal protective equipment at this time in seeing patients, which of the following are you using? (Select all that apply)
  - a. Gloves
  - b. Face mask
  - c. Gown
  - d. Hand washing or hand sanitizing
  - e. Table surface sanitizing
  - f. All of the above

7. If you are utilizing gloves, masks, or gowns, which best describes how you are using them?
  - a. I use a new pair or set with every patient
  - b. I use a new pair or set after a few patients
  - c. I use a new pair or set after several patients
  - d. I use the same pair or set all day, but sanitize as best I can
  - e. I'm not using any of these
  
8. If you are washing and sanitizing your hands, how often are you doing this?
  - a. In between each patient
  - b. After seeing a few patients
  - c. After seeing several patients
  - d. As best I can in between patients
  - e. I am not washing or sanitizing hands at all
  
9. If you are seeing patients, which best describes the percent of patients who have no pain?
  - a. 0-20%
  - b. 21-40%
  - c. 41-60%
  - d. 61-80%
  - e. 81-100%
  
10. Regarding checking of patients' temperature as they enter your clinic or practice, how often are you checking temperature?
  - a. I am not checking patients' temperature
  - b. I am checking patients who do not feel good
  - c. I am spot checking some patients
  - d. I am checking every patient
  
11. Regarding patients while waiting in your office to see you, which best describes how you are practicing social distancing?
  - a. My patients are signing in and waiting in their car until we are ready for them
  - b. My patients wear face masks and are spaced every 6 feet in waiting areas
  - c. My patients are spaced every 6 feet but allowed to wait in my waiting area
  - d. My patients are waiting in the normal waiting room but must have a face mask
  - e. My patients are waiting in the normal waiting room setting as they would prior to the COVID-19 outbreak

12. Which best describes your sanitizing procedures for surfaces in your clinic or practice?
- Cleaning them before and after a patient enters the area, none of the time
  - Cleaning them before and after a patient enters the area, some of the time
  - Cleaning them before and after a patient enters the area, most of the time
  - Cleaning them before and after a patient enters the area, all of the time
13. If you are using hand-washing with soap in between patients, how long do you typically wash your hands?
- About 5 seconds
  - About 10 seconds
  - About 15 seconds
  - About 20 seconds
  - >20 seconds
14. Regarding seeing patients in your clinic or practice, about how many times is another family member or person present with the patient?
- None of the time
  - Some of the time
  - Most of the time
  - All of the time
15. Thinking of a patient that reports not feeling well, at what point would you refer them to another provider or ask them to self-quarantine?
- If they report shortness of breath or chest pain
  - If they have severe cough
  - If they have a chills/fever
  - If they have loss of taste or smell
  - If they have sore throat
  - If they have shaking
  - If they have any of the above
16. To what degree would you say COVID-19 has negatively impacted your business economically?
- Not at all
  - Somewhat
  - Significantly
  - Severely
17. Regarding your treatment table surface, which best describes your sanitizing of the surface?
- Cleaning them before and after a patient enters the area, none of the time
  - Cleaning them before and after a patient enters the area, some of the time
  - Cleaning them before and after a patient enters the area, most of the time
  - Cleaning them before and after a patient enters the area, all of the time

18. Which best describes your practice?
- Chiropractic
  - Chiropractic and Massage Therapy
  - Massage Therapy
19. If you are a chiropractic license holder, what chiropractic program did you graduate from?
- \_\_\_\_\_
20. If you are a chiropractic license holder, which best describes your education background?
- DC degree
  - DC and additional bachelor's degree
  - DC and additional master's degree
  - DC and additional public health degree
  - DC and additional professional or doctoral degree
21. If you are a Massage Therapist, which best describes your education background?
- MT Certification (State or National)
  - MT and additional bachelor's degree
  - MT and additional master's degree
  - MT and additional professional or doctoral degree
22. If you are a chiropractic license holder, what single response best describes your practice philosophy?
- Holistic
  - Narrow scope
  - Broad scope
  - Evidence-based
23. What is your age? \_\_\_\_\_
24. What is your gender?
- Male
  - Female
25. Are you a member of one or more of the following groups? (Select all that apply)
- Mississippi Chiropractic Association
  - Mississippi Massage Therapy Association
  - American Chiropractic Association
  - International Chiropractic Association
  - Specialty group or International College Fellow