Supplemental File

Characteristics and practice patterns of US Veterans Health Administration Doctor of Chiropractic: A cross-sectional survey

Stephanie M Halloran, DC, MS
Brian C Coleman, DC
Todd Kawecki, DC
Cynthia R Long, PhD
Christine Goertz, DC, PhD
Anthony J Lisi, DC

Journal of Manipulative and Physiological Therapeutics

Green: fill in the blank
Blue: drop down menu
Red: check box
Purple: radio button

PART 1: Demographics

Date of birth: [mm/dd/yyyy]

Sex: [male/female/prefer not to answer]

Race: [American Indian or Alaskan native/Asian/native Hawaiian or other pacific islander/black or African American/white/prefer not to answer]

Ethnicity: [Hispanic or Latino/Non-Hispanic or Latino/prefer not to answer]

Current Marital status: [married and living with significant other/divorced or separated/widowed/never been married/prefer not to answer]

Are you a US military veteran?
[] Yes [] No

In which branch of the US military did you serve? (check all that apply)
[] Army [] Navy [] Air Force [] Marines [] Coast Guard

PART 2: Education and Professional Activities

Institution that conferred your Doctor of Chiropractic degree: (radio buttons)
[] Anglo-European College of Chiropractic
[] Canadian Memorial Chiropractic College
[] Cleveland University, Kansas City (Cleveland Chiropractic College)
[] Cleveland Chiropractic College, Los Angeles
[] D'Youville University
[] Institut Franco-European de Chiropractique
[] Life University, College of Chiropractic (Life College)
[] Life University, West
[] Lincoln College of Chiropractic
[] Logan College of Chiropractic
[] Macquarie University (Sydney College of Chiropractic)
[] Murdoch University (School of Chiropractic)
[] National University of Health Sciences, Illinois (National College of Chiropractic)
[] National University of Health Sciences, Florida
[] New York Chiropractic College
[] New Zealand College of Chiropractic
[] Northwestern Health Sciences University (Northwestern College of Chiropractic)
[] Palmer College of Chiropractic, Davenport
[] Palmer College of Chiropractic, Florida
[] Palmer College of Chiropractic, West

[] Parker University, College of Chiropractic
[] Pennsylvania College of Straight Chiropractic
[] Quantum University (Southern California College of Chiropractic) (Pasadena College)
[] Royal Melbourne Institute of Technology (Phillip Institute of Technology)
[] Sherman College of Chiropractic
[] Southern California University of Health Sciences (Los Angeles College of Chiropractic
[] Syddansk Universitet Odense
[] Texas Chiropractic College
[] University of Bridgeport School of Chiropractic (University of Bridgeport College of Chiropractic)
[] Universite du Quebec a Trois-Rivieres
[] University of Western States (Western States Chiropractic College)
[] Other [specify]

What year did you graduate from chiropractic college/university? [text box]

What is the highest **academic** education you have attained? [high school/associate degree/bachelor degree/master degree/PhD]

In addition to your DC degree, what other **professional** degrees do you have? Check all that apply

[] MD	[] NP/APRN	[] EMT
[] DO	[] RN/LPN	[] ATC
[] PA	[] ND	[] Other, Specify [text box]
[] PT/DPT	[] LAc/MAOM	
[] OT	[] LMT	

What chiropractic diplomate certifications have you earned? (check all that apply)

[] DACBR	[] DACBN	[] DABCI	[] DICPA
[] DABCO	[] DIPAC	[] DACNB	[] DPhCS
[] DACO	[] DACS	[] DIBCN	[] DACRB
[] DACBSP	[] DABFE	[] DACBOH	[] DCUCD

To which national organizations do you belong? (Check all that apply)

[] ACA
[] ICA
[] WFC
[] NASS
[] Other [text box]
[] I do not belong to a national organization

Prior to working in VA, did you complete any of the following **training** experiences? (check all that apply)

[] Hospital-based chiropractic student rotation
[] Hospital-based chiropractic residency program
[] Other formal hospital-based training [specify]
[] None of the above

Prior to working in VA, did you **practice** chiropractic in any other setting? (radio button)

[] Yes [] No

If yes, did your prior **practice** experience include any of the following settings? (check all that apply)

[] Hospital
[] Ambulatory care center
[] Group private practice including MD/DO providers
[] None of the above

How many peer-reviewed publications have you authored or co-authored in your career to date? [number field]

On how many funded research projects have you been the principal investigator? [0, 1-5, 6-10, more than 10]

On how many funded research projects have you been a co-investigator? [0, 1-5, 6-10, more than 10]

How many years have you been in active practice? [0-5, 6-10, 11-15, 16-20, 21-25, more than 25]

Part 3: Your work at VA

How long have you been working at VA? [number field]

What type of VA appointment do you have? (Radio button)

[] VA employee
[] Contracted provider
[] Fee basis consultant
[] Without compensation (WOC)

Is your VA appointment full-time or part-time? (Radio button)

[] Full time (40 hours per week)
[] Part time, [specify hours] hours

How many days per week do you work at your VA facility? [1/2/3/4/5/on call as needed]

What is your VA Grade? [Associate/Full/Intermediate/Senior/Chief/not applicable (not a boarded employee)]

What is the MCG complexity rating of your facility? [1a/1b/1c/2/3/ Unsure)

What percentage of your VA work time is allocated to the following responsibilities? (must total 100%)

Clinical/patient care	___%
Administrative	___%
Education	___%
Research	___%
Other [specify]	___%

How frequently in the past 12 months have you participated in any of the following activities at your VA facility?					
	Never	*Seldom*	*Sometimes*	*Often*	*Regularly*

		<1x/mth	1-2x/mth	1-2x/wk	>2x/wk
a. Hospital Committees	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Multidisciplinary rounds/presentations	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. In-service presentations	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Train/supervise chiropractic student trainees	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. Train/supervise chiropractic residents/fellows	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. Train/supervise MD/DO students/residents/fellows	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. Train/supervise other healthcare discipline students/residents/fellows	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h. Quality improvement activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i. Research activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
j. Other	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Do you provide patient care? Y/N→ logic questions

If No: Skip to [NOTE: If you would like to offer an explanation to comment on any answer you provided, please do so here [text box]] and end survey

If Yes:

In which type of facility do you provide the majority of your clinical care? (radio button)

- VA Medical Center
- CBOC
- Domiciliary
- Other [specify]
- Not applicable/do not provide clinical care

In what service line is your clinic overseen administratively?

- Rehabilitation/Physical Medicine & Rehabilitation
- Pain Medicine/Pain Management
- Primary Care
- Whole Health
- Geriatrics/Extended Care
- Spinal Cord Injury
- Orthopedic Surgery
- Other [specify]

Other than yourself, how many additional DCs provide clinical care at your VA facility? (include DCs from any of your facility sites of care (medical center, CBOC, etc.), and with any appointment (full-time/part-time, etc.) [0/1/2/3/4/5/6/7/8/9/10]

Which of the following clinical staff contribute to patient care with you? (Check all that apply)

- [] Nursing staff
- [] Chiropractic assistant
- [] None
- [] Other, specify: [text box]

On average, how many **new patient consult visits** do you personally see during a typical week? [0, 1-5, 6-10, 11-15, 16-20, >20

On average, how many **established patient follow-up visits** do you personally see during a typical week? [0-15/16-30/31-45/46-60/61-75/76-90/>90]

On average, how much total time (records review, patient interaction, encounter documentation) do you spend on a **new patient consult**? [0-15 minutes/16-30 minutes/31-45 minutes/45-60 minutes/more than 1 hour]

On average, how much total time (records review, patient interaction, encounter documentation) do you spend on an **established patient follow-up**? [0-15 minutes/16-30 minutes/31-45 minutes/45-60 minutes/more than 1 hour]

How frequently in the past 12 months have new patient consults originated from the following services?					
	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
Primary Care	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Physiatry/PM&R	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Orthopedic surgery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Rheumatology	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Neurology	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Neurosurgery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Spinal Cord Injury	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pain Medicine/Pain Management	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Emergency Department	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Podiatry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Dentistry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Optometry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Other [specify]	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

How frequently in the past 12 months have you personally referred patients (either as a follow-up or by placing a new consult) to the following services?					
	Never	Rarely	Sometimes	Often	Routinely

		<1/month	1-3/month	1-2/week	>2/week
Primary Care	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Physiatry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Orthopedic surgery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Rheumatology	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Neurology	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Neurosurgery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Spinal Cord Injury	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pain Management	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Emergency Department	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Podiatry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Dentistry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Optometry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Other [specify]	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

How frequently in the past 12 months have you seen patients in each age range?					
	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
≤ 40	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
41-50	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
51-66	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
≥ 65	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

How frequently in the past 12 months have you treated the following conditions:					
	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
Low back condition with radiculopathy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Low back condition without radiculopathy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Cervical condition with radiculopathy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Cervical condition without radiculopathy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Upper Extremity condition	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Lower Extremity condition	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
HA: Migraine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
HA: Cervicogenic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
HA: Tension-type	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

1. How frequently in the past 12 months have you personally performed the following in your diagnostic work-up for new patients?

	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
a. Medical record review	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
b. Review of patient-entered medical information (intake and/or outcomes forms)	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
c. Taking Vital signs	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
d. Patient interview/history	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
e. Range of motion examination	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
f. Orthopedic examination	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
g. Neurological examination	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
h. Abdominal examination	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
i. Heart/lung examination	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
j. Electrocardiography	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
k. Eye/ear examination	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
l. Posture assessment	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
m. Thermography	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
n. Galvanic skin response	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
o. Motion palpation	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
p. End-play palpation	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
q. Joint palpation (for tenderness and/or alignment)	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
r. Soft tissue palpation (for tone and/or tenderness)	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
s. Review of existing imaging	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
t. Ordered new imaging	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
u. Review of existing laboratory or special studies	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
v. Ordered new laboratory or special studies	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
w. Perform electrodiagnostic studies	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]
x. Review existing electrodiagnostic studies	☐[1]	☐[2]	☐[3]	☐[4]	☐[5]

2. How frequently in the past 12 months have you ordered x-rays of patients for the following reasons?					
	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
y. Diagnosis (clinical suspicion of disease such as foraminal stenosis, fracture, inflammatory arthropathy, metastisis, etc.)	☐1	☐2	☐3	☐4	☐5
z. Exclusion or contraindications (to rule out congenital anomalies or other contraindications in patients without clinical suspicion of diseases above)	☐1	☐2	☐3	☐4	☐5
aa. Prognosis (to assess the likelihood of a patient improving with chiropractic care)	☐1	☐2	☐3	☐4	☐5
bb. Indication for therapy (to determine a listing or other information that determines adjusting direction)	☐1	☐2	☐3	☐4	☐5
cc. Stature analysis (to look for postural distortions indicative of underlying problems)	☐1	☐2	☐3	☐4	☐5
dd. Follow-up (to assess outcomes of care)	☐1	☐2	☐3	☐4	☐5

3. How frequently in the past 12 months have you personally used the **diagnostic protocol** of the following chiropractic or other techniques?					
	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
a. Activator	☐1	☐2	☐3	☐4	☐5
b. Cox Flexion-Distraction	☐1	☐2	☐3	☐4	☐5
c. Diversified	☐1	☐2	☐3	☐4	☐5
d. Gonstead	☐1	☐2	☐3	☐4	☐5
e. AK/Kinsiology	☐1	☐2	☐3	☐4	☐5
f. Logan Basic	☐1	☐2	☐3	☐4	☐5
g. Meric	☐1	☐2	☐3	☐4	☐5
h. Nimmo-Receptor Tonus	☐1	☐2	☐3	☐4	☐5
i. Pettibon	☐1	☐2	☐3	☐4	☐5
j. Pierce-Stillwagon	☐1	☐2	☐3	☐4	☐5
k. Cranial/SOT	☐1	☐2	☐3	☐4	☐5
l. Specific Upper Cervical	☐1	☐2	☐3	☐4	☐5
m. Thompson/Drop Table	☐1	☐2	☐3	☐4	☐5

n. Manual Mobilization	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
o. Mechanical Diagnosis and Therapy (McKenzie)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
p. Other [Specify]	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. How frequently in the past 12 months have you personally used the **treatment procedures** of the following chiropractic or other techniques?

	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
q. Activator	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
r. Cox Flexion-Distraction	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
s. Diversified	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
t. Gonstead	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
u. AK/Kinsiology	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
v. Logan Basic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
w. Meric	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
x. Nimmo-Receptor Tonus	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
y. Pettibon	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
z. Pierce-Stillwagon	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
aa. Cranial/SOT	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
bb. Specific Upper Cervical	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
cc. Thompson/Drop Table	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
dd. Manual Mobilization	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
ee. Mechanical Diagnosis and Therapy (McKenzie)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
ff. Other [Specify]	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. How frequently in the past 12 months have you personally delivered the following other treatment procedures?

	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
a. Acupuncture	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Manual myofascial techniques (ischemic compression/trigger point therapy, cross-friction massage, effleurage, etc.)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

c. *Instrument-assisted myofascial techniques (IASTM, Graston, etc.)*	☐1	☐2	☐3	☐4	☐5
d. *Active Release/Pin-and-stretch*	☐1	☐2	☐3	☐4	☐5
e. *Neuromuscular re-education (PIR, resisted contraction, etc.)*	☐1	☐2	☐3	☐4	☐5
f. *Dry needling*	☐1	☐2	☐3	☐4	☐5
g. *Microcurrent*	☐1	☐2	☐3	☐4	☐5
h. *Mechanical traction*	☐1	☐2	☐3	☐4	☐5
i. *Ultrasound*	☐1	☐2	☐3	☐4	☐5
j. *Electrical Stimulation*	☐1	☐2	☐3	☐4	☐5
k. *Hot/cold packs*	☐1	☐2	☐3	☐4	☐5
l. *Kinesio taping/functional taping*	☐1	☐2	☐3	☐4	☐5
m. *TENS*	☐1	☐2	☐3	☐4	☐5
n. *Braces/orthoses/supports*	☐1	☐2	☐3	☐4	☐5
o. *Cold Laser*	☐1	☐2	☐3	☐4	☐5
p. *Other [Specify]*	☐1	☐2	☐3	☐4	☐5

How frequently in the past 12 months have you personally provided and/or instructed patients in the following?					
	Never	Rarely <1/month	Sometimes 1-3/month	Often 1-2/week	Routinely >2/week
k. *Therapeutic exercise (in office and/or home instruction)*	☐1	☐2	☐3	☐4	☐5
l. *Nutritional counseling/supplementation*	☐1	☐2	☐3	☐4	☐5
m. *Ergonomics/Activities of Daily Living modifications*	☐1	☐2	☐3	☐4	☐5
n. *Behavioral techniques (instruction in self-relaxation, CBT principles, etc.)*	☐1	☐2	☐3	☐4	☐5
o. *Lifestyle counseling (exercise promotion, smoking cessation)*	☐1	☐2	☐3	☐4	☐5
p. *Patient education on disease factors and/or natural history*	☐1	☐2	☐3	☐4	☐5
q. *Self-management advice*	☐1	☐2	☐3	☐4	☐5
r. *Other [Specify]*	☐1	☐2	☐3	☐4	☐5

NOTE: If you would like to offer an explanation to comment on any answer you provided, please do so here [text box]