

Practice Descriptors Survey of Alberta's Complementary and Alternative Medicine Manual Therapy Providers

Note: This survey is for practitioners of manual therapies not currently recognized as part of standard health care and that are provided as the primary purpose of the client / patient visit. Page 4 has a list of examples of such therapies.

Licensed medical practitioners such as chiropractors, nurses, or physiotherapists are not included in this project.

Contact Information

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Write: Manual Therapy Survey
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Calgary, Alberta. T2N 4N1



Survey of CAM Manual Therapy Provider Practice Descriptors

This survey is for all providers of manual therapy services that are not yet part of the standard medical system, including massage therapy, shiatsu, reflexology, cranial sacral therapy, and other hands-on therapies, and receiving those therapies is the primary purpose of a client's visit. A more descriptive list of therapies is on page 4 of this survey.

If you have received this survey and you did not request it, it is because:

1. your organization has agreed to assist me by sending the survey on my behalf, so I never get your contact information; OR
2. I found your name and contact information on a manual therapy organization website, listing practitioners of specific therapies; OR
3. your Spa manger/owner agreed to distribute the survey to you.

Why am I contacting you ?

Many Canadians use your complementary and alternative medicine manual therapy services. Little is known about these services, limiting research and wide-spread adoption. Important questions are:

- What is the scope of your professional services and your training to provide those services?
- What is the role and potential impact of your services on your clients' health care?

Who am I ?

I am a Doctoral student at the University of Calgary who is a past professional manual therapist. My interest is in advancing research and research literacy in manual therapies. I am not affiliated with any manual therapy organizations.

What am I asking you ?

The survey asks questions about different areas of your practice, including the therapies you provide, the time it took to learn them, time spent providing them, and an optional section on practice income. The answers you provide are vital for understanding manual therapy services.

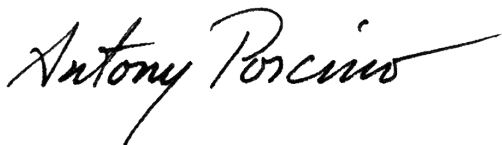
What does your participation require ?

This 4-page survey should take less than 20 minutes to complete. An application for a draw to win one of three \$50 certificates is on the next page. Mail the completed survey and draw application in the provided self-addressed stamped envelope. No personal information will be linked to your answers, and all information you provide will remain confidential. Anonymous survey results will be available to everyone in summary format, available on www.manualtherapysurvey.ca/results

What is the included volunteer form on the back of the next page ?

I am looking for 25 practitioners who practice multiple therapies to participate in personal interviews. You will be compensated for your time for the interviews. **There is an additional draw for one of two \$50 book certificates for the interview volunteers.** For more information, please see page 7 and the enclosed yellow sheet, or go to www.manualtherapysurvey.ca/volunteer.html

Thank you for your vital assistance in this work.



Survey of CAM Manual Therapy Provider Practice Descriptors

If you have any questions, please contact the researcher:

Antony Porcino

Phone: 403 220-7813

Email: info@manualtherapysurvey.ca

Write: Manual Therapy Survey

Department of Community Health Sciences, University of Calgary

3330 Hospital Drive NW, Calgary, Alberta, T2N 4N1

**Because manual therapy providers are so diverse,
it is difficult to contact all potential participants.**

If you know of any practitioners who may be interested in participating or learning more about this survey, please direct them to the website: www.manualtherapysurvey.ca or have them contact the primary researcher to request a copy of the survey—the contact information is above.

Your voluntary assistance with this is very much appreciated.

If you are interested in participating in the in-depth interviews, please fill out the volunteering form on the back side of this page, and return this page with your survey.

To participate in a draw for 1 of 3 Chapters-Indigo gift certificates,
please provide the following information and return this page with your survey.

Print your name _____

and a contact phone number or email _____



The draw will be on August 29, 2008.

The winners will be contacted directly.

**This page will be separated from the survey upon receipt
to preserve the anonymity of your survey answers.**

Survey of CAM Manual Therapy Provider Practice Descriptors

Volunteer form for practitioners with training in multiple therapies —two or more boxes checked on page 2 of the survey— interested in participating in the in-depth interviews

The interviews are to gather information about what practices with multiple therapies are like:

- How do you combine, or keep separate, different therapies ?
- How do you make decisions regarding therapy and technique choices ?
- How do you incorporate clinical assessment during a treatment ?

We aim to interview practitioners from different practice settings, and with different combinations of therapies. **All volunteers will be entered in a draw for 1 of 2 Chapters-Indigo \$50 gift certificates.**

The interviews will take about one hour.

For those interviewed, a cash honorarium of \$40 will be offered for your time.

To volunteer for the interviews, please provide the following information and **mail this form with the survey.** It will be immediately separated from the survey to preserve the anonymity of your answers.

You can also volunteer by filling the form in at www.manualtherapysurvey.ca/volunteer

- **Your name (please print)** _____
- **A contact phone number () _____ – _____**
the best times to contact you at this number: _____

- **An email address** _____
- **Your municipality(s) where you practice** _____
- **Your type(s) of practice (solo or multiple-person clinic, spa, club, on-site, etc.)**

- **The therapies that you practice. Indicate which you would consider your “main” or “primary” therapy**
a: _____
b: _____
c: _____
d: _____
e: _____
f: _____
g: _____
h: _____



All volunteers will be entered in a draw for 1 of 2 Chapters-Indigo gift certificates.

Survey of CAM Manual Therapy Provider Practice Descriptors

Section I Practice Descriptors

These questions are to gather information about manual therapy practice businesses.

- ① Per week, approximately how many hours do you spend working directly with clients ? _____ hrs.
- ② Approximately what percentage (%) of your clients are female? _____%
- ③ Considering females and males separately, approximate the percentage of your practice clientele's age range.

	Under 20 years old	_____%
Females	20–40 years old	_____%
	41–65 years old	_____%
	Over 65 years old	_____%
	Total	100%

	Under 20 years old	_____%
Males	20–40 years old	_____%
	41–65 years old	_____%
	Over 65 years old	_____%
	Total	100%

Manual therapists may be self-employed, work for others as an employee, or work in both situations.

- ④ For each work setting that applies to you, please indicate the percentage of time spent in each setting.

Work Setting	Self-employed % of work	Employee % of work	Health professionals you work with in this setting.
Private practice clinic / office			
Private practice at home			
Spa			
Chiropractor office			
Outcalls / mobile practice			
Beauty salon			
Fitness centre / health club			
Holistic health centre			
Physical therapy office			
Resort / hotel / cruise ship			
Medical practice (MD office / hospital)			
Corporation onsite			
Sports medicine facility			
Other _____			
Other _____			

Survey of CAM Manual Therapy Provider Practice Descriptors

Section II Education and Practice

The following questions are to provide information on the therapies being used by the public for personal health care.

⑤ From the following list of common manual therapies, put an X in the box of each therapy you have been trained in.

- | | |
|--|---|
| <input type="checkbox"/> 1 acupressure | <input type="checkbox"/> 35 Orthobionomy |
| <input type="checkbox"/> 2 Alexander Technique™ | <input type="checkbox"/> 36 Orthotherapy |
| <input type="checkbox"/> 3 amma / anma massage | <input type="checkbox"/> 37 pædiatric massage |
| <input type="checkbox"/> 4 Applied Kinesiology™ | <input type="checkbox"/> 38 Postural Integration |
| <input type="checkbox"/> 5 aromatherapy | <input type="checkbox"/> 39 PNF |
| <input type="checkbox"/> 6 A.R.T./Active Release | <input type="checkbox"/> 40 Raindrop Therapy / Technique™ |
| <input type="checkbox"/> 7 Aston Patterning™ | <input type="checkbox"/> 41 Rebalancing |
| <input type="checkbox"/> 8 Ayurvedic massage | <input type="checkbox"/> 42 reflexology |
| <input type="checkbox"/> 9 Bonnie Prudden Myotherapy™ | <input type="checkbox"/> 43 Reflexology Deep Muscle Massage |
| <input type="checkbox"/> 10 Bowen work (any type) | <input type="checkbox"/> 44 Rolfing™ |
| <input type="checkbox"/> 11 Breema | <input type="checkbox"/> 45 Rosen Method™ |
| <input type="checkbox"/> 12 chair massage | <input type="checkbox"/> 46 Rubenfeld Synergy™ Method |
| <input type="checkbox"/> 13 Chi Nei Tsang | <input type="checkbox"/> 47 Russian massage |
| <input type="checkbox"/> 14 Core Bodywork™ | <input type="checkbox"/> 48 shiatsu |
| <input type="checkbox"/> 15 Craniosacral™ or cranial sacral therapy | <input type="checkbox"/> 49 Soma Neuromuscular Integration |
| <input type="checkbox"/> 16 Esalen™ massage | <input type="checkbox"/> 50 sports massage |
| <input type="checkbox"/> 17 Feldenkrais™ | <input type="checkbox"/> 51 St. John Neuromuscular Therapy |
| <input type="checkbox"/> 18 geriatric massage | <input type="checkbox"/> 52 structural integration |
| <input type="checkbox"/> 19 Hellerwork™ | <input type="checkbox"/> 53 Swedish/spa massage |
| <input type="checkbox"/> 20 hot / cold stones massage | <input type="checkbox"/> 54 Tantsu™ |
| <input type="checkbox"/> 21 Hurley/Osborn Technique™ | <input type="checkbox"/> 55 Thai Massage / Thai Yoga / Nuad Bo-rarn |
| <input type="checkbox"/> 22 hydrotherapy | <input type="checkbox"/> 56 Tibetan massage |
| <input type="checkbox"/> 23 Jin Shin Do™ | <input type="checkbox"/> 57 TMJ therapy |
| <input type="checkbox"/> 24 Kinesis Myofascial Integration | <input type="checkbox"/> 58 Touch for Health™ |
| <input type="checkbox"/> 25 Lomi Lomi | <input type="checkbox"/> 59 tsubo therapy |
| <input type="checkbox"/> 26 Looyenwork™ | <input type="checkbox"/> 60 Trager™ |
| <input type="checkbox"/> 27 lymphatic drainage massage or
manual lymph drainage | <input type="checkbox"/> 61 trigger point therapy |
| <input type="checkbox"/> 28 massage therapy | <input type="checkbox"/> 62 tuina |
| <input type="checkbox"/> 29 maternal / pregnancy massage | <input type="checkbox"/> 63 Visceral Manipulation™ |
| <input type="checkbox"/> 30 Mitzvah Technique | <input type="checkbox"/> 64 Watsu™ |
| <input type="checkbox"/> 31 myofascial release | <input type="checkbox"/> 65 Zero Balancing™ |
| <input type="checkbox"/> 32 myomassology | <input type="checkbox"/> 67 Other _____ |
| <input type="checkbox"/> 33 Neuromuscular Technique | <input type="checkbox"/> 67 Other _____ |
| <input type="checkbox"/> 34 Onsen™ | <input type="checkbox"/> 68 Other _____ |

Questionnaire: A Descriptive Combined Methods Study Of Alberta's Complementary And Alternative Medicine Manual Therapy Providers

⑥ For the therapies you marked in Question ⑤, list the therapies you **currently** use in your practice, and the frequency you use them in your practice.

For example: a: # 48 (shiatsu, Question ⑤) Frequently; b: #65 (Watsu™ Question ⑤) Occasionally.

	Always	Frequently	Occasionally	Rarely
a: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h: all others, #s _____				

⑦ Did training for any of the therapies you marked in Question ⑥ include training in other therapies in the Question ⑤ or Question ⑥ list?

For example: your shiatsu course (#48 of Question ⑥) may have included aromatherapy (#5 of Question ⑤) and chair massage (#12 of Question ⑤).

If yes: # 48 included the following therapies: #s 5, 12

If yes: # _____ included the following therapies: #s _____

If yes: # _____ included the following therapies: #s _____

If yes: # _____ included the following therapies: #s _____

If yes: # _____ included the following therapies: #s _____

⑧ For the therapies you listed in Question ⑥, indicate the initial training hours, and any additional / advanced (post initial) training hours you took **in that therapy**.

For example: your initial shiatsu training (#48, listed as "a" in Question ⑥) may have been 1000 hours, plus you have done a further 400 hours of advanced shiatsu.

a: # 48 training hours: 1000 advanced training hours: 400

a: # _____ training hours: _____ advanced training hours: _____

b: # _____ training hours: _____ advanced training hours: _____

c: # _____ training hours: _____ advanced training hours: _____

d: # _____ training hours: _____ advanced training hours: _____

e: # _____ training hours: _____ advanced training hours: _____

f: # _____ training hours: _____ advanced training hours: _____


g: # _____ training hours: _____ advanced training hours: _____

h: all others, #s _____ (no hours, continuing education hours needed)

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⑨A Do you provide wellness-based services (health maintenance, stress / tension reduction — compare with 9B)?

No

Yes  what percentage of your time is spent on these services? _____%

⑨B Do you provide treatment-based services (meant to alter processes of disease, disorders, or physiological damage, or to specifically enhance functioning or performance — compare with 9A)?

No


Yes  what percentage of your time is spent on these services? _____%

Total 9A and 9B

100%


⑩ Do you treat people who would not be able to continue employment without your treatments?

No

Yes  what percentage of your time is spent on these treatments? _____%

⑪ Do you treat people who would not be able to perform daily living activities without your treatments?

No

Yes  what percentage of your time is spent on these treatments? _____%

III About You

⑫ Please indicate your gender:

Female

Male

⑬ What year were you born ? 19_____

⑭ How many years have you been in practice ? _____

⑮ What is the estimated population of the municipality in which you practise ? _____

⑯ Did you receive this survey

in the mail. If so, which organization(s) sent it to you ? _____

at work

by requesting a copy from the research project

other _____

⑰ Did you receive email messages about this survey ? Yes No

⑱ If you have any comments, please write them here.

This is the end of the survey. Thank you for participating.