

Part B – About you and your practice

Please answer all questions as best you can. You must answer each question before you can move on to the next.

Section 1 – Who are you?

B1 What sex are you?

- Male Female

B2 Your age in years:

- 20 – 29
 30 – 39
 40 – 49
 50 – 59
 60 – 64
 65 – 69
 70 – 79
 80 or older

B3 Language fluency:

	Fluent	Good	Some/limited	None
German	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romansh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2 – Your osteopathic training

B4 In what year have you completed your osteopathic training?

Year: _ _ _ _

B5 In which country did you receive your qualifications as an osteopath?

Country: _____

B6 Academic qualifications
(tick all applicable boxes)

	Diploma	Bachelor	Master	PhD	CAS	DAS	MAS
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health care profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humanities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B7 What type of GDK-CDS exam have you passed?
(tick all applicable boxes)

- Exam organised for osteopaths who were in practice prior to the GDK-CDS regulations (up to 2012)
- 1st GDK-CDS exam (basic knowledge)
- 2nd GDK-CDS exam (clinical)
- Applying for recognition of international statutory registration - equivalence to 1st exam

B8 What year did you pass your most recent GDK-CDS exam or register for statutory recognition of your qualifications?

Year: _ _ _ _

B9 Have you worked as an osteopathic practitioner in 2016?

- Yes (go to Section 4 – Your professional activities as a practicing osteopathic practitioner)
- No (go to Section 3 – Your professional activities as a non-practicing osteopath)

Section 3 – Your professional activities as a non-practicing osteopath

B10 What year did you stop practising osteopathy?

Year: _ _ _ _ _

B11 Why?

(tick all applicable boxes)

- For a parental leave
- To study
- Retirement
- Health problems
- Other clinical work
- Teaching/research
- Work in an unrelated field
- Other (please specify): _____

(go to B29)

Section 4 – Your professional activities as a practicing osteopathic practitioner

B12 How many weeks did you work as an osteopathic practitioner in 2016?

(Tip: to know how many weeks you worked, deduct the weeks of holidays you had from 52.)

Weeks: __

B13 In a typical working week in 2016, how many hours per week did you spend with the following activities?

	hours
Osteopathic clinical practice	--
Supervision of other osteopaths	--
Practice management/administrative duties	--

B14 What was your employment status in 2016?

(tick all applicable boxes)

- Self-employed osteopath
- Employee–assistant in an osteopathic practice
- Employee–associate in an osteopathic practice
- Voluntary osteopathic work
- Other (please specify): _____

B15 What proportion of a standard working week (42h), did you spend practising in these places?

(Please round up to the closest 10%)

	Never	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Dedicated individual private practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group private practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dedicated room in your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared domestic/clinical room at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients' homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social care centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B16 In which linguistic region did you regularly practice osteopathy in 2016?

(tick all applicable boxes)

- French-speaking Switzerland
- German-speaking Switzerland
- Italian-speaking Switzerland
- Romansh-speaking Switzerland

B17 In which type of area did you regularly practice osteopathy in 2016?

(tick all applicable boxes)

- Urban (agglomerations with 20'000 or more inhabitants.)
- Rural

B18 Do you have any co-workers with whom you can discuss anonymised patient cases?

(in or outside your place(s) of work)

- Yes
 No (go to B19)

B18b Who do you discuss these with?

(tick all applicable boxes)

	<u>At your working places(s)</u>	<u>Outside of your working place(s)</u>
Osteopath assistant(s)	<input type="checkbox"/>	<input type="checkbox"/>
Osteopath supervisor(s)	<input type="checkbox"/>	<input type="checkbox"/>
Osteopath colleague(s)	<input type="checkbox"/>	<input type="checkbox"/>
General practitioner(s)	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecologist/obstetrician(s)	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrician(s)	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatologist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Sports medicine specialist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Dentist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other medical specialist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractor(s)	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Psychomotor therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Midwife(ves)	<input type="checkbox"/>	<input type="checkbox"/>
Other allied health professionals	<input type="checkbox"/>	<input type="checkbox"/>

Acupuncturist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Homeopath(s) / Naturopath(s)	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiologist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Bioenergy therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other complementary therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>

B19 On which registry were you listed for patient reimbursements from private insurance providers in 2016?

(tick all applicable boxes)

- EMR/RME
- ASCA
- EGK/SNE
- NVS
- Visana Group
- Helsana Group
- SVO-FSO ongoing training list
- None of the above

B20 In 2016, how many patients did you see as an osteopathic practitioner?

	Amount
In a typical week (Mon-Fri)	_ _ _ _
On a typical weekend (Sat+Sun)	_ _

B21 How many new patients would you estimate have you had in a typical week of 2016?

Amount: _ _ _ _

B22 In your daily schedule, how much time do you allocate to the following appointment types and how much do you usually charge?

(Enter 0 if you do not provide the type of appointment)

New patient	__ min	CHF ___
Returning patient with a new episode or complaint	__ min	CHF ___
Returning patient during the same episode (follow-up)	__ min	CHF ___
Short emergency consultation	__ min	CHF ___
Home visit	__ min	CHF ___

B23 In 2016, did you offer any patients a reduced treatment fee if you knew that they were in financial difficulty?

Always	Often	Sometimes	Never	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B24 For your osteopathic clinical practice during 2016, please estimate the percentage of your patients with whom you used each of the following techniques and treatments:

	0%	1-10%	11-50%	51-90%	91-100%
Soft tissue techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulatory techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HVLA thrust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cranial techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strain/counterstrain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General osteopathic treatment (GOT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visceral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myofascial release (MFR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhibition techniques (e.g. trigger points)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biodynamic approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No hands-on treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise – strengthening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise – stretching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise – proprioception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise – mindfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain neuroscience education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietary advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-medication advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry needling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applied or clinical kinesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bio-resonance therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electro-therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription of medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please name): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B25 In your estimation, what proportion of your patients has complementary insurance cover that includes osteopathic care?

(Please round to the closest 10%)

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B26 What percentage of your time in osteopathic practice in an average week in 2016 did you spend treating the following groups?

(Please round up to the closest 10%. Given we are rounding up, it might be normal that your total is more than 100%).

	None	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Infants (<1 year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children (1–12 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescents (13-17 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sportsmen /women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing artists (e.g. dancers, musicians)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older people (65 + years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adults (18-64 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B27 In 2016, did you carry out any of the following intimate examinations?

	Yes	No
Genital examinations	<input type="radio"/>	<input type="radio"/>
Rectal examinations	<input type="radio"/>	<input type="radio"/>
Breast examinations	<input type="radio"/>	<input type="radio"/>
Oral cavity examinations	<input type="radio"/>	<input type="radio"/>
Ear canal examinations	<input type="radio"/>	<input type="radio"/>

(If you answered 'no' to all five questions, go to B28)

B27b How do you usually obtain specific consent before performing any of the following intimate examinations?

	Implied Consent	Verbal	Written	Written and verbal	No consent taken	N/A
Genital examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral cavity examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear canal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B27c How often did you ask the patient if they would prefer to be accompanied by a chaperone?

	Always	Usually	Sometimes	Never	N/A
Genital examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral cavity examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear canal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B28 Did you usually discuss or communicate any of the following with patients?

	Yes	No
Cancellation policy	<input type="radio"/>	<input type="radio"/>
Data handling policy	<input type="radio"/>	<input type="radio"/>
Confidentiality policy	<input type="radio"/>	<input type="radio"/>
The presenting complaint (Agreement on which complaint is to be addressed in priority.)	<input type="radio"/>	<input type="radio"/>
Treatment options for the complaint	<input type="radio"/>	<input type="radio"/>
Possible risks and side effects of treatment	<input type="radio"/>	<input type="radio"/>
Anticipated response to treatment	<input type="radio"/>	<input type="radio"/>
Anticipated number of treatments	<input type="radio"/>	<input type="radio"/>
Ways to avoid recurrences in the future	<input type="radio"/>	<input type="radio"/>

B29 Which of the following professional osteopathic organisations were you a member of in 2016?

(tick all applicable boxes)

- Swiss Federation of Osteopaths SVO-FSO (incl. cantonal sections)
- SwissOsteo
- SAGOM/SAMM
- Other (please specify): _____

B30 In 2016, did you perform any other professional activity alongside your osteopathic practice?

(tick all applicable boxes)

- None
- Provision of other non-osteopathic health services (please specify):

- Teaching student osteopaths
- Teaching other health care students
- Research
- Studying as a registered student
- Working in an unrelated field
- Other (please specify): _____

B31 How many hours of professional development in the following topics have you approximately completed in 2016?

(Please enter "0" if you have not attended any CPD in the field)

Structured osteopathic training courses	__ hours
Structured non-osteopathic courses	__ hours
Lectures	__ hours
Group or practice meetings	__ hours
Higher education	__ hours
Teaching/mentoring/tutorials	__ hours
Publishing	__ hours
Distance learning	__ hours
Reviewing and reading scientific articles	__ hours
Congress / conference	__ hours
Internet research	__ hours
Other (please specify): _____	__ hours

Thank you for taking your time to read and complete Part B of the survey. Please continue with Part C.

If you have any questions or problems, please contact Roy Macdonald during normal office hours on Wednesday, on Thursday afternoons or on Friday mornings at +41 (0)26 429 6113 or at roy.macdonald@hefr.ch.