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An Investigation of the factors underlying the
choice of treatment modalities
used by students in the
Victoria University Osteopathic Clinic
& practicing osteopaths

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Abstract

Background: Osteopathy is a system of manual health care, with a fundamental philosophy that centres on the individual patient. There is, however, a paucity of research regarding the osteopath's perception of the integration of factors which govern the choice of treatment techniques.

Objectives: To survey osteopathic students and qualified osteopaths to identify the factors that are considered when making a decision on treatment technique, and to assess the importance attached to individual factors in clinical decision-making. Of particular note was the effect that experience had on the construction of clinical thought processes.

Methods: Participants included 32 final year osteopathic students at Victoria University and 43 randomly selected, registered and practicing osteopaths within Victoria. A researcher-designed questionnaire was developed containing eighteen chief items in which to grade the importance of these factors. The return rate of questionnaires was 42.16% for the qualified osteopaths.

Results: Both students and qualified osteopaths recognised that indications/ contraindications to the use of treatment was the most important factor to consider, (student: $4.66 \text{ (mean)} \pm 0.55 \text{ (SD)}$; osteopath: 4.40 ± 0.91), followed by acuity/chronicity of patient's condition (student: 4.16 ± 0.68 ; osteopath: 4.07 ± 0.67). Independent t-tests determined that these means were not significantly different between the two groups.

The most commonly used treatment techniques for osteopaths included HVLA (16.74%), MET (15.81%), ST (14.88%), ART (9.77%) and CS (7.44%); and similarly for students were HVLA (19.38%), MET (17.50%), ST (16.88%), CS (16.25%), ART (14.38%).

Conclusion: The results of this study indicated surprisingly little difference between experienced practicing osteopaths and osteopathic students in terms of both the factors considered when choosing treatment techniques and the frequency of use of treatment modalities. This suggests that experience is not a major factor in determining treatment choice.

Keywords: Osteopathy, Osteopathic philosophy, treatment techniques,

Introduction

Osteopathy, founded by Andrew Taylor Still in 1854, is “a system of manual health care with a philosophy that centres on the needs of the patient.”¹ Osteopathic medicine is a philosophy, a science and an art. Its philosophy embraces the concept of the unity of the body structure and function in health and disease. Its science includes the behavioural, chemical, physical, and biological sciences related to the maintenance of health and the prevention and alleviation of disease. Its art is the application of the philosophy and the science in the practice of osteopathic medicine.^{2,3,4}

A.T. Still devised a set of principles to be applied to one’s knowledge of anatomy, physiology, and pathology, to tailor a treatment based on the individual patient, not the disease or dysfunction they present with. Still’s primary focus was on the patient, and his aim was to influence the reparative and healing capacity of the individual.⁵ He did not have a model of the perfect human body that he wanted to impose upon patients. The norm for which he was looking was to be found within each person.¹

The essence of Still’s philosophy is summarised in the 4th tenet, that rational treatment is based on the understanding of body unity, self-regulation, and the interrelationship of structure and function. It is this fourth principle that defines osteopathy and makes its approach a unique alternative to other modalities of medicine.^{3,4,6}

Still did not present his philosophy as dogma, but rather aimed to provide the world a start in a philosophy to be used as a guide in the future.⁷ At present, osteopathy has an emerging professional identity, with an identifiable solid core of patient type, diagnostic consistency, technique employed, and scope of practice.⁸

According to Greenman, the concept of holism describes the integration of the total human rather than a summation of parts.² It is therefore imperative, according to osteopathic philosophy, that osteopaths remember their role is primarily in treating the patient, and not the disease.

McKone states that unlike the allopathic medical profession, in which a diagnosis is formed on the basis of being able to name a disease or pathological process so that the appropriate remedy can be administered, the osteopathic view-point of diagnosis is to consider each patient as an individual presenting a new problem.⁷ It is more important to know what sort of patient has a disease rather than to know what sort of disease a patient has.⁹ This is not to say that osteopaths ignore disease and pathology. Indeed, identifying pathology is important, but the osteopath is also interested in the causative, aggravating and maintaining factors of the condition, and these may vary greatly from patient to patient, even for the same disease or pathology. To the osteopath, therefore, it may be necessary to apply differing treatments for the same condition, depending on other factors related to the patient.

Osteopathic manipulative treatment (OMT) is an umbrella term that describes the series of manual techniques used as part of the armamentarium of the osteopath. OMT encompasses many types of osteopathic manual techniques, including articulation, muscle energy, high velocity low amplitude (HVLA), counterstrain, functional, cranial, visceral, lymphatic, soft tissue, inhibition, myofascial release, and balanced ligamentous tension.¹⁰ According to Kuchera, OMT is applied on the basis of factors, not the disease classification.¹¹ OMT is performed as part of an overall patient management plan in conjunction with lifestyle, exercise, ergonomic, and dietary advice. However, although osteopaths are considered to vary their choice of technique according to the individual case, there are identifiable trends in frequency of technique use. Johnson et al identified the most commonly used techniques as soft tissue, high-velocity low-amplitude thrust, and muscle energy techniques.¹²

Similarly, preliminary results from the 2004 Australian Osteopathic Census revealed the treatment range of the 341 responding osteopaths was extensive; however, soft tissue (71%), joint articulation (57%) and HVLA (51%) formed the three most frequently used modalities.⁸

These results are broadly consistent with a 1991 survey of osteopaths registered with the Australian Osteopathic Association. The osteopathic therapies most routinely employed (defined as being used daily) included general osteopathic technique (GOT) and soft tissue, followed by articulation, HVLA/mobilisation with impulse, and muscle energy technique.¹³ Interestingly, although GOT is comprised of a series of articulatory techniques, most osteopaths appeared to see it as an overall treatment approach, as opposed to articulation, which was viewed as a single technique.

Currently, there is a paucity of existing research relating to students' perceptions of how they integrate fundamental osteopathic principles in their thought processes when formulating diagnoses and treatment plans. There is also a lack of literature relating to the factors that *students* consider when selecting a technique. These issues prompted the need for this study.

Osteopathic principles are taught in the early years of most of the osteopathic courses, with clinical training occurring later in the courses. According to Johnson et al, in reference to the osteopathic system in America, there is a lack of integration between the traditional osteopathic principles and clinical-based curriculum of osteopathic courses.¹⁴ This may lead to a situation where students have forgotten many of their osteopathic principles by the time they actually come to treat patients. The result may be the application of "recipe" treatments.

There is anecdotal evidence to support the notion that osteopathic students prefer a "recipe" approach, in which they are given guidelines, or more correctly, algorithms, for the most appropriate way in which to manage a given condition. Some would argue that as a student, there is a need for course structure to provide guidance and a foundation for confidence. However, this kind of approach contradicts the underlying philosophy of osteopathy, which suggests that the same condition cannot always be treated the same way in all patients. It is essential that students learn to formulate a systematic assessment based on clinical judgement and avoid using treatment techniques in a routine and formulaic way.

An unpublished survey of osteopaths working at Victoria University in 1997, performed with the aim of identifying, for teaching purposes, factors taken into account in the selection of treatment techniques, identified four main categories of factors considered by those osteopaths. These included factors related to the patient's presenting condition, such as acuity, chronicity and pain levels; other patient-related factors such as expectations and motivations; external influences such as time and financial constraints; and practitioner-based factors, including perceived competency with techniques.¹⁵

These categories are echoed by Johnson et al who identified the choice of OMT technique to be based on multiple factors, including the age and physical condition of the patient, effectiveness of previous treatment/s and the practitioner's experience and expertise with various techniques.¹² In addition, some patients have further issues which complicate treatment. Among these are severity of the illness, duration or chronicity of the condition, as well as the existence and extent of co-morbidities and psychosocial factors.^{11,16} As a student, however, the level of experience and expertise are minimal, so it is possible that students may take different factors into account compared to experienced practitioners when deciding on the treatment techniques to be used.

Osteopathic treatment rationale is based on identifying the dysfunction, formulating a diagnosis and subsequently developing an appropriate treatment plan suitable for the individual case. If a student develops an understanding of the factors that affect choice of treatment modality and can integrate these factors when systematically assessing a patient, then their degree of inexperience becomes subordinate.¹⁵

A recent case-based survey of techniques used by osteopathic students supported to some extent the contention that there are *no* set protocols in osteopathy. The study found a wide variation in the techniques suggested to treat a number of conditions in standardised cases. However, this study also found that, although there was a large variance among the types of techniques selected, there were techniques chosen more *frequently* than others.¹⁷ This would also be in keeping with the statement by Johnson et al, that there was a clear trend in the frequency of techniques used by osteopaths.¹²

That said, however, it is notable when examining osteopathic literature that standard treatment protocols for common conditions are rarely suggested. In osteopathic medicine, this lack of standardised procedure for common musculoskeletal conditions supports the fundamental philosophy of osteopathy. Other manual therapies, such as chiropractic and physiotherapy share similar viewpoints to osteopathy, in relation to treating the patient as an individual. However, both chiropractors and physiotherapists have fixed guidelines and protocols for the treatment and management of patients with common conditions, suggesting a fundamental difference in approach.^{18,19,20,21,22}

Current literature only provides a minimal listing of factors underlying choice of treatment, indicated in broad terms. A more specific listing of factors was derived from the previously mentioned 1997 survey involving consultation with qualified osteopathic staff members at Victoria University, including both lecturers and clinicians, as to the factors they considered when deciding on treatment modality.¹⁵ These factors include:

Patient-based factors:

- Previous osteopathy treatment experience – positive or negative
- Acuity versus chronicity of the presenting condition
- Age and size of patient
- Indications and contraindications to specific treatment modalities
- The patient's expectations and motivations

Practitioner-based factors:

- Experience and confidence with the technique
- Perceived proficiency with the technique
- Practitioner size as compared to the patient
- Physical health and state of mind

These factors were used as the basis in the formulation of the questionnaire for this current study.

Skovholt and Ronnestad examined stages and themes in therapist and counsellor development, and revealed there is a sureness and confidence that comes out of long-term experience.

Experience produces a significantly reduced sense of anxiety about work performance and more flexibility and creativity in applying clinical knowledge to unique patient problems. Additionally, interpersonal experiences gained through life experience strongly impact professional development.²³ These findings formed the foundation for determining the effect of experience among osteopathic practitioners, when compared with students.

This study aimed to:

1. Identify the factors underlying the choice of osteopathic technique in an osteopathic clinic.
2. Determine the extent with which osteopathic students and experienced practitioners take these factors into consideration when choosing a technique.
3. Compare the student findings with those of the qualified, practicing osteopaths in order to assess whether experience in practice influences the way in which practitioners choose techniques.

Method

Participants

The researcher invited fifth year students to participate in this study at the commencement of an osteopathic technique class attended by all students. The assumption of comparable level of skill of the fifth year students was made on the basis that all participants had received the same standard of education, having attended the same university.

The questionnaire was also sent via mail to 102 qualified and practicing osteopaths who were randomly selected from the Yellow Pages online business directory.

A total of 32 fifth year students and 43 qualified practicing osteopaths responded to the questionnaire. With a response rate of 42.16% for the qualified osteopaths, the proposed two week follow-up questionnaire was not re-sent to participants. Additionally, four questionnaires were returned, marked as ‘return to sender.’

Questionnaire

Validity was achieved by pilot-testing the questionnaire on five practicing osteopaths, and five current fifth year osteopathic students for relevance and clarity.

The survey material included an ‘Information for Participants’ letter with a statement that completion of the questionnaire was held to imply consent to participation. (Refer to Appendix 1 and 2.) To ensure anonymity of participants, there were no identifiers on the questionnaire which could reveal a participant’s identity. Participation involved completion of the researcher-designed questionnaire, which was based on factors for technique selection identified from the existing literature and the 1997 survey of VU staff. The questionnaire was largely clinically based as this is the setting in which both practitioners and students must formulate their diagnosis and subsequent treatment plan and rationale.

Procedure

Participants were firstly asked to consider if the specific factor was taken into consideration when choosing treatment techniques to use on their patients. If this factor was considered, then the participant was required to determine the importance of the factor when choosing the treatment technique. The survey questions predominantly required responses in a 6-point Likert scale format. For the eighteen major question items, the responses included a factor that is: “often the most important” (5), “usually very important” (4), “generally important, but not a major determinant in most cases” (3), “sometimes, but not usually important” (2), and, “rarely important” (1). If the participant did not take the factor into consideration, then it was scored as 0.

Secondly, participants were asked to list what they considered to be the three most important factors when choosing a treatment technique, followed by the five techniques they most commonly used, which formed the third (open-ended part) of the questionnaire

Information obtained in the questionnaire for all participants included: (see attached questionnaire)

- Age and gender

- Relevant tertiary courses completed prior to commencement of the combined Bachelor of Clinical Sciences (Osteopathy)/Master of Osteopathy course at Victoria University, (for the osteopathic students) or for qualified practicing osteopaths, the details of their osteopathic tertiary qualifications.

Questions relating specifically to qualified osteopaths included:

- Number of years in practice
- The type of clinical setting in which they work (principal practitioner, associate, sole practice, multidisciplinary clinic, combination of above)
- The particular focus or specialties of the practitioner (structural, cranial, indirect, combination, other)
- Details of osteopathic courses that have been completed since qualifying (ie. seminars, short-courses)

Analysis

Frequencies were calculated for the general demographic data. For each of the eighteen items, descriptive statistics including the mean and median were used. Standard deviations quantified the distribution of the importance of each factor, while histograms illustrated the distributions of the responses.

In addition, to analyse the means for each of the major items for both students and osteopaths, eighteen separate independent t-tests were run using SPSS. As this was an exploratory study, no Bonferroni adjustment was made to the alpha level.

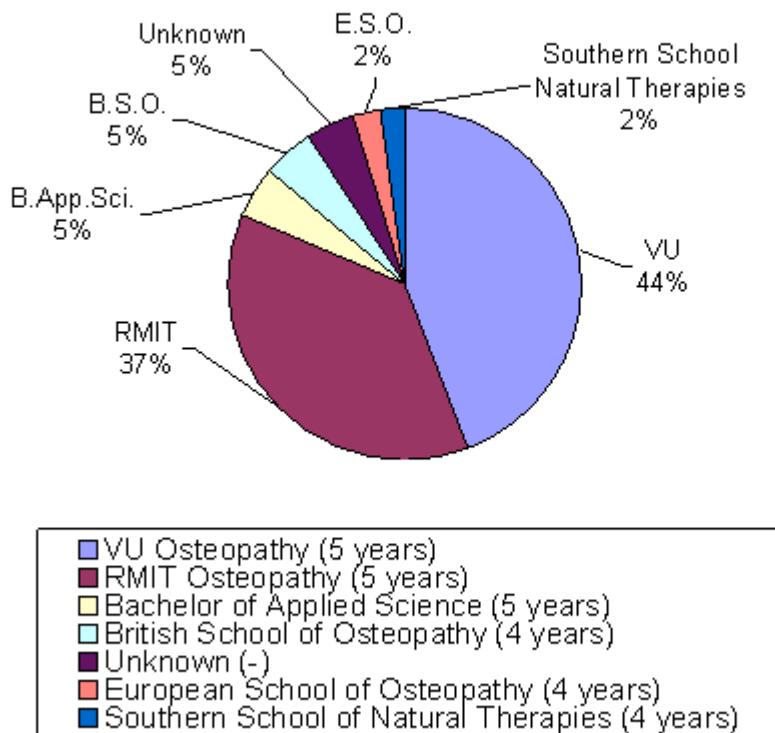
Results

Participant demographics

Victoria University and RMIT University were the dominant institutions from which the osteopathic qualifications were obtained, with 44.19% and 37.21% respectively.

Those who trained abroad (British School of Osteopathy; European School of Osteopathy) accounted for 6.98% of the total. (Refer to Graph 1.) A five-year training program had been undertaken by 86% of the qualified participants.

Graph 1. Distribution of Osteopathic Qualifications



The mean age of students was 23.75 years compared to osteopaths, which was 31.30 years; a difference of 7.55 years. (Refer to Table 1.) The responding osteopaths had an average of 6.71 ± 6.54 years of osteopathic practice.

A significant gender difference was noted among both groups. 69.77% of qualified osteopaths were female, with an almost equal number for female students (68.75%).

Table 1

Participant age and gender

Group	n	Age (years)	Gender
Students	32	23.75 ± 2.84	Female: n = 22; Male: n = 10
Osteopaths	43	31.30 ± 6.84	Female: n = 30; Male: n = 13

Principal practitioners made up the greatest percentage of osteopaths at 30.23%, followed by associates at 25.58% and sole practitioners at 16.28%. In combination, principal practitioners in multidisciplinary practice made up the highest percentage with 13.95%. (Refer to Table 2.)

Table 2

Descriptive data for Clinical Setting of Qualified Osteopaths

Practitioner Type	Frequency	Percentage
Principal Practitioner	13	30.23%
Associate	11	25.58%
Sole Practitioner	7	16.28%
In Multi-disciplinary clinic	2	4.65%
COMBINED:		
Principal Practitioner/Multi-Discip.	6	13.95%
Associate/Multi-Discip.	2	4.65%
Associate/Sole	1	2.33%
Sole practitioner/Multi-Discip.	1	2.33%
Total: 43		= 100%

Structurally-based practitioners were the most dominant in terms of the osteopath's particular field of practice with 18 participants recording this response (41.86%), followed closely by a combination of structural/cranial/indirect techniques (n = 17; 39.53%). There were no osteopaths who reported their focus of osteopathic practice solely as "other", however, grouped responses included exercise programs, education, emotional healing, and rehabilitation, in conjunction with "structural" and "combination." Two participants considered cranial (n = 1; 2.33%) and indirect (n = 1; 2.33%) techniques as best describing their field of practice.

The trend in continuing professional development (CPD) courses completed since graduating as osteopaths included those such as cranial courses, including Sutherland Cranial Teaching Foundations Courses (20.93%), AOA seminars in which to obtain CPD points (9.30%), Caroline Stone Obstetric and Gynaecological courses (9.30%), and AOA Convocation (6.98%). Almost half of the participants had not completed/undertaken any courses since qualifying (46.51%).

Non-osteopathic tertiary qualifications of one year duration or greater, had been undertaken by 12.50% of students ($n = 4$), which included Myotherapy ($n = 1$), Remedial Massage ($n = 1$), and Bachelor of Science ($n = 2$). Non-osteopathic qualifications of practicing osteopaths had been undertaken by 15 participants (34.88%), and included Engineering ($n = 1$) and Law ($n = 1$) among other more health science-based courses (Acupuncture, Nursing, Reiki, Bachelor of Science.)

Factors influencing technique selection

Descriptive statistics, including the means and standard deviations of the importance of factors, and the subsequent ranking of factors, for both students and osteopaths are presented in Table 3.

Table 3

Mean (\pm SD) and ranking of importance of factors for both students and osteopaths

Item Number & Factor Description	Students		Osteopaths	
	Mean \pm SD	Rank	Mean \pm SD	Rank
1. Acuity/Chronicity	4.16 \pm 0.68	2	4.07 \pm 0.67	2
2. Age of patient	3.50 \pm 0.76	5	3.60 \pm 0.88	3
3. Size of patient	3.20 \pm 1.12	6	2.60 \pm 1.22	11
4. Indications/Contraindications	4.66 \pm 0.55	1	4.40 \pm 0.91	1
5. Investigations/tests	3.10 \pm 0.91	10	3.00 \pm 1.18	7
6. Patient's wants vs. needs	2.70 \pm 1.00	14	2.50 \pm 1.30	12
7. Patient's motivation/compliance	3.50 \pm 1.02	4	2.80 \pm 1.38	9
8. Patient's previous treatment experience	3.00 \pm 1.05	11	3.00 \pm 0.98	8
9. Patient's knowledge of osteopathy	2.10 \pm 1.25	15	1.90 \pm 1.32	17
10. Patient's emotional state	3.20 \pm 1.11	8	3.50 \pm 1.08	4
11. Patient's financial state	1.90 \pm 1.49	16	2.70 \pm 1.28	10
12. Treatment setting	0.80 \pm 1.44	18	1.30 \pm 1.52	18
13. Time constraints	2.90 \pm 1.37	12	2.40 \pm 1.42	13
14. Practitioner's experience with technique	3.50 \pm 1.02	4	3.30 \pm 1.15	6
15. Practitioner's size/body type	3.20 \pm 1.48	8	2.40 \pm 1.35	14
16. Practitioner's physical condition	2.80 \pm 1.56	13	2.50 \pm 1.45	12
17. Practitioner's state of mind	1.80 \pm 1.40	17	1.90 \pm 1.62	16
18. Perceived proficiency	3.70 \pm 1.08	3	3.40 \pm 1.41	5

Analysis with independent t-tests revealed there was no significant difference between the means of each factor for students compared with osteopaths. (See Appendix 4 for SPSS outputs)

In terms of the five techniques most commonly used, the principal techniques for practising osteopaths were HVLA (16.74%), MET (15.81%), ST (14.88%), ART (9.77%) and CS (7.44%), with an expansive range of other techniques such as exercise prescription, breathing rehabilitation, Feldenkrais technique. Table 4 and 5 details the complete list for both osteopaths and students, respectively. A narrower range was recorded for the students, with a total of fourteen different techniques. The major five osteopathic techniques were again the most dominant; HVLA (19.38%), MET (17.50%), ST (16.88%), CS (16.25%), ART (14.38%).

Tables 6 and 7 demonstrate the open-ended question in which students and osteopaths, respectively, outlined in no specific order, the three factors that they considered to be most important when selecting a treatment technique to use. This was documented to show whether participants considered factors that had not been mentioned in the eighteen chief items. These tables show that the responses were similar to those analysed via the 18 t-tests, with factors relating to ‘patient’s presenting complaint’ forming the majority of the factors considered.

Information for Participants

We invite you to participate in a study investigating the factors underlying the choice of treatment techniques used by students and qualified practicing osteopaths.

Osteopathy is a system of manual health care, with a philosophy that focuses on the individual needs of the patient. The founder of Osteopathy, Andrew Taylor Still, devised a set of principles that define Osteopathy. As Osteopathy develops as a profession, it is essential that these fundamental principles and the philosophy continue to govern the choice of treatment techniques.

There is a lack of literature, to date, on the factors that osteopaths take into account when choosing treatment techniques. The purpose of this study is to survey osteopathic students and qualified osteopaths to identify the factors that are most frequently considered when making decisions on treatment modalities, and the degree of importance attached to each factor.

Of particular note in this study, is the effect that experience has on the construction of clinical thought processes of the qualified practicing osteopath, when compared to the osteopathic student.

A questionnaire will be used to collect the information required for this study. Your participation will involve you completing this anonymous and confidential questionnaire. This study is being conducted at Victoria University.

Participation in the study is entirely voluntary. Consequently, you are not asked to provide any identifying information and the questionnaire may be returned completely anonymously. All information that you supply is kept strictly confidential and accessed only by the researchers.

If you wish to participate, please complete the following questionnaire. It is anticipated that the survey will take approximately six minutes to complete. Completion and return of the questionnaire will be held to imply that you have consented to participating in the research.

For 5th Year Students:

The questionnaire will be available for you at the commencement of one of your Osteopathic technique classes. Upon completion of the questionnaire, I ask that you place it in the labelled, sealed box at the Student Clinic, located on Level 4, 301 Flinders Lane.

For Qualified, Practicing Osteopaths:

Please complete the questionnaire and return it in the postage-paid envelope provided. Your participation in this study and the return of surveys by 30th June 2005 is greatly appreciated.

For all participants:

Age: _____

Gender: Female
 Male

In what year did you complete year 12? _____

Indicate your osteopathic tertiary qualification(s):

Name of course _____
Length of study _____
Country of study _____

Do you have any non-osteopathic tertiary qualification(s)?

Name of course _____
Length of study _____
Country of study _____

For qualified osteopaths:

How many years have you been in Osteopathic practice: _____ years.

Are you: (tick all appropriate boxes)

A principal practitioner
 An associate

Combination of the above

Other _____

For all participants:

Firstly, consider ***if*** you take these factors into consideration when choosing treatment techniques to use on your patients. If you do, **tick** the box beside “Is this considered?” and then continue on to tick the **most appropriate** answer in relation to the importance you attach to each factor in your clinical decision making.

If you **do not** take that factor into consideration, mark **X** in the box beside “Is this considered?” and move onto the next question.

Patient's presenting condition

How important are the following factors in determining your choice of treatment modality/technique?

1. Acuity/chronicity of the patient's condition: Is this ever considered? |

- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important
- A factor that is rarely important

2. Age of the patient: Is this ever considered?

- A factor that is often the most important
- A factor that is usually very important

- A factor that is generally important, but not often a major determinant in most cases
 - A factor that is sometimes, but not usually important
 - A factor that is rarely important
4. Indications/contraindications to the use of treatment in relation to the presenting complaint (eg. presence of spinal metastases contraindicating HVLA)
- Is this ever considered?
 - A factor that is often the most important
 - A factor that is usually very important
 - A factor that is generally important, but not often a major determinant in most cases
 - A factor that is sometimes, but not usually important
 - A factor that is rarely important
5. The need for further investigations or tests before proceeding with treatment:
- Is this ever considered?
 - A factor that is often the most important
 - A factor that is usually very important
 - A factor that is generally important, but not often a major determinant in most cases
 - A factor that is sometimes, but not usually important
 - A factor that is rarely important

determinant in most cases

- A factor that is sometimes, but not usually important
- A factor that is rarely important

7. Patient's level of motivation/compliance to improve or be cured:

- Is this considered?
- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important
- A factor that is rarely important

8. Patient's previous treatment experience with osteopathy or manual therapy

- Is this considered?
- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important
- A factor that is rarely important

- A factor that is rarely important

10. Patient's emotional state: Is this considered?

- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important
- A factor that is rarely important

11. Patient's financial state and how many treatments they realistically can afford

- Is this considered?
- A factor that is often the most important
 - A factor that is usually very important
 - A factor that is generally important, but not often a major determinant in most cases
 - A factor that is sometimes, but not usually important
 - A factor that is rarely important

External factors

How important are the following factors in determining your choice of treatment modality/technique? |

13. Time constraints (including both length of time available for each consultation, and number of times patient can attend): Is this considered?

- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important
- A factor that is rarely important

Practitioner factors

How important are the following factors in determining your choice of treatment modality/technique? |

14. Your experience with a particular technique: Is this considered?

- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important

- A factor that is rarely important

16. Your own physical condition at the time of treatment: Is this considered?

- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important
- A factor that is rarely important

17. Your own state of mind at the time of treatment: Is this considered?

- A factor that is often the most important
- A factor that is usually very important
- A factor that is generally important, but not often a major determinant in most cases
- A factor that is sometimes, but not usually important
- A factor that is rarely important

A factor that is rarely important

List the 3 factors that you consider to be most important when choosing a treatment technique.

1. _____
2. _____
3. _____

List the 5 treatment techniques/modalities you most commonly use.

1. _____
2. _____
3. _____
4. _____
5. _____

Appendices

Appendix 1.

Information to Participants

Appendix 2.

Questionnaire

Appendix 3.

Raw Data – Excel

Appendix 4.

SPSS Outputs

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