The Physical Therapy Profile Questionnaire (PTPQ)

A. GENERAL INFORMATION SHEET

<table>
<thead>
<tr>
<th>Name (optional):</th>
<th>Age:</th>
</tr>
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<tbody>
<tr>
<td>Current Work Position:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Affiliation:</td>
<td>☐ Female  ☐ Male</td>
</tr>
</tbody>
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Email address (for sending invites to trainings in the future):

Please fill in the following details about yourself:

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**Educational Background/Training**

<table>
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<th>Education</th>
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<th>Location of School/ Region if within the Philippines; If outside the Philippines, please indicate which country</th>
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Age:

Current Work Position:

Affiliation:

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Please fill in the following details about yourself:

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B. PRACTICE PROFILE

Please circle your answers to the following questions:

1. How many years have you been in practice?
   A. < 2 years  
   B. 2 - 5 years  
   C. 5 – 10 years  
   D. >10 years

2. What is your current area of practice? (you can choose more than one answer)
   A. general practice  
   B. geriatric/neurologic  
   C. education  
   D. sports/musculoskeletal  
   E. pediatric therapy  
   F. cardiopulmonary rehabilitation  
   G. wellness/ health promotion  
   H. community development  
   I. research  
   J. others: ______________________________

3. What is your current workplace setting/ environment? (you can choose more than one answer)
   A. hospital  
   B. private clinic  
   C. home care  
   D. community clinic  
   E. school/university  
   F. wellness/ sports facilities  
   G. multidisciplinary setting  
   H. others: ______________________________

4. On a regular basis, how many professional colleagues do you work with in your workplace setting?
   A. 1 - 5  
   B. 6-10  
   C. 11 – 15  
   D. >15

5. The professional colleagues you work with in your workplace setting are: (you can choose more than one answer)
   A. PT practitioners  
   B. Medical doctors  
   C. OT practitioners  
   D. others: ______________________________

6. Do you engage with colleagues to discuss patient cases or updates in practice?
   A. Yes  
   B. No

7. If your answer to No. 6 is yes, how often do you have the discussions?
   A. weekly  
   B. monthly  
   C. as the need arises  
   D. others: ______________________________

8. What are the roles you perform in your practice? (you can choose more than one answer)
   A. clinician/practitioner  
   B. administrator  
   C. educator/researcher  
   D. others: ______________________________

9. On a weekly basis, how much time (in percent) do you spend for the roles you perform in Question 8? (e.g. 70% clinician, 30% administrator OR 50% administrator, 30% clinician and 20% educator)

   ____________________________________________________________________________
   ____________________________________________________________________________

* If you perform 100% administrative work, please stop here. Thank you for completing the survey

** If you perform ANY clinical work, please proceed to Sections C (Treatment preferences) and D (Basis for clinical work).

***If you perform ANY educational/research work, please proceed to Sections E (Basis for educational/research work).

Dizon, Grimmer-Somers and Kumar 2011
C. TREATMENT PREFERENCES

Which of the following treatment approaches do you often use and recommend in your practice? (you can choose more than one answer)

1. Manual Therapy techniques
   _____ soft tissue mobilization techniques
   _____ muscle energy techniques
   _____ positional techniques
   _____ Mulligan’s technique
   _____ massage
   _____ others (specify): ______________________________________________________________

2. Neuro development techniques
   _____ Bobath exercises
   _____ Brunnstrom technique
   _____ Proprioceptive Neuromuscular Facilitation techniques
   _____ Sensory integration techniques
   _____ others (specify): ______________________________________________________________

3. Cardiopulmonary therapy
   _____ breathing exercise
   _____ postural drainage
   _____ ADL retraining
   _____ lifestyle modification
   _____ others (specify): ______________________________________________________________

4. Therapeutic exercises
   _____ stability exercises
   _____ stretching exercises
   _____ strengthening exercises
   _____ endurance exercises
   _____ others (specify): ______________________________________________________________

5. Electrotherapeutic techniques
   _____ Ultrasound
   _____ Diathermy
   _____ Electrical Stimulation
   _____ TENS
   _____ Infrared radiation
   _____ Laser
   _____ Hot packs /Cold packs
   _____ others (specify): ______________________________________________________________

6. Others (please specify):
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
D. BASIS FOR CLINICAL WORK

1. In your daily practice, what informs your decisions about treatment choices? 
   *(Please rank from highest (1) to lowest)*

   ____ Undergraduate education
   ____ Masters/PhD education
   ____ Post graduate certification courses
   ____ Seminars/ Conferences attended
   ____ Hospital treatment protocol
   ____ Recommendations from colleagues
   ____ Doctor’s prescription
   ____ Journal articles/ research evidence
   ____ Textbooks and other reference materials
   ____ Experience
   ____ Others (specify): ________________________________

2. When you are faced with either a unique or new clinical case scenario, what informs your decisions about treatment choices? 
   *(Please rank from highest (1) to lowest)*

   ____ Undergraduate education
   ____ Masters/PhD education
   ____ Post graduate certification courses
   ____ Seminars/ Conferences attended
   ____ Hospital treatment protocol
   ____ Recommendations from colleagues
   ____ Doctor’s prescription
   ____ Journal articles/ research evidence
   ____ Textbooks and other reference materials
   ____ Experience
   ____ Others (specify): ________________________________

3. Do you have access to the internet? 
   A. Yes  
   B. No

4. If you answered YES to Q3, how often do you use the internet to search for information about your clinical work? 
   A. always (76-100% of the time)  
   B. most of the time (50-75% of the time)  
   C. sometimes (less than 50% of the time)  
   D. never

5. Do you have access to the library? 
   A. Yes  
   B. No

6. If you answered YES to Q5, how often do you go to the library to search for information about your clinical work? 
   A. always (76-100% of the time)  
   B. most of the time (50-75% of the time)  
   C. sometimes (less than 50% of the time)  
   D. never

7. Are you familiar with databases and evidence based resources? 
   A. Yes  
   B. No

Dizon, Grimmer-Somers and Kumar 2011
8. If you answered YES to Q7, which of the following databases do you search? (you can choose more than one answer)
   A. Cochrane Library   E. Science Direct
   B. Pub Med           F. CINAHL
   C. Medline           G. Google Scholar
   D. PEDro             H. others: _________________________________

9. Which of the following do you look for when identifying the best approach for clinical cases? (you can choose more than one answer)
   A. Clinical Guidelines   D. Any experimental study
   B. Systematic Reviews/ Meta Analyses   E. Descriptive/Observational studies
   C. Randomized controlled trials   F. Others: _________________________________

10. Do you spend time to plan treatment for your patients?
    A. Yes
    B. No

11. If you answered YES to Q10, how much time do you spend in planning the treatment for each patient?
    A. 1 – 10 minutes   C. 31-45 minutes
    B. 11 – 30 minutes   D. 46 – 60 minutes

12. Do you conduct regular meetings/ case conferences in your workplace setting?
    A. Yes
    B. No

13. If you answered YES to Q12, who are the people involved in the meetings? (you can choose more than one answer)
    A. PT practitioners
    B. Medical doctors
    C. OT practitioners
    D. Others: _________________________________

14. If you answered YES to Q13, in what format do you conduct the meeting? (you can choose more than one answer)
    A. case conference (SOAP of a case)
    B. lecture presentations
    C. journal presentation
    D. others: _________________________________

15. What do you think are the trainings/ resources/ opportunities which will help you in your work?
    (Please rank from highest (1) to lowest)
    1. Masters/PhD education
    2. Post graduate certification courses
    3. Seminars/ trainings
    4. Time to engage in the professional association
    5. Time and access to the literature/ databases/ research evidence
    6. Updated textbooks and other reference materials
    7. Exposure to local and international practice
    8. Others
       (specify): _________________________________

* If you perform 100% clinical work, please stop here. Thank you very much for completing this survey
**If you are a clinician with ANY educational or research work, please proceed to Section E
   (Basis for educational/research work)
E. BASIS FOR EDUCATIONAL/ RESEARCH WORK

1. In your daily work, what informs your teaching content AND/OR research work?  
(Please rank from highest (1) to lowest)

   ____ Undergraduate education  
   ____ Masters/PhD education  
   ____ Post graduate certification courses  
   ____ Seminars/ Conferences attended  
   ____ Recommendations from colleagues  
   ____ Journal articles/ research evidence  
   ____ Textbooks and other reference materials  
   ____ Experience  
   ____ Others (specify): ____________________________________________________

2. When faced with either a teaching/ tutorial/ lecture/ research project which is unique or new to you, what is your best approach to search for information?  (Please rank from highest (1) to lowest)

   ____ Undergraduate education  
   ____ Masters/PhD education  
   ____ Post graduate certification courses  
   ____ Seminars/ Conferences attended  
   ____ Recommendations from colleagues  
   ____ Journal articles/ research evidence  
   ____ Textbooks and other reference materials  
   ____ Experience  
   ____ Others (specify): ____________________________________________________

3. Do you have access to the internet?  
   A. Yes  
   B. No

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   D. Science Direct  
   E. Science Direct  
   F. CINAHL  
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   A. Clinical Guidelines
   B. Systematic Reviews/ Meta Analyses
   C. Randomized controlled trials
   D. Any experimental study
   E. Descriptive/ Observational studies
   F. Others: ____________________________________

10. Do you spend time to plan your educational/ research work?
    A. Yes
    B. No

11. If you answered YES to Q10, how much time do you spend in planning your work?
    A. < 30 minutes
    B. 1 – 3 hours
    C. half day
    D. one whole day
    E. others: ____________________________________

12. Do you conduct regular meetings/ planning sessions in your workplace setting?
    A. Yes
    B. No
    C. Not applicable

13. If you answered YES to Q12, who are the people involved in the meetings? (you can choose more than one answer)
    A. PT practitioners
    B. Medical doctors
    C. OT practitioners
    D. Instructors/ professors
    E. Others: ____________________________________

14. If you answered YES to Q13, in what format do you conduct the meeting? (you can choose more than one answer)
    A. case presentation
    B. group discussion
    C. lecture presentation
    D. others: ____________________________________

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    ______ Updated textbooks and other reference materials
    ______ Exposure to local and international practice
    ______ Others
     (specify): ____________________________________________________

* Thank you very much for completing this survey.