

# Optional demographic questions for hand therapy surveys

There are 12 questions in this survey.

## Optional Demographic Questions

What is the zip code or postal code at your primary work site?

Please write your answer here:

## Which of the following certificates or certifications do you currently have?

🗨 Comment only when you choose an answer.

Please choose all that apply and provide a comment:

Certified Athletic Trainer (ATC)

Certified Ergonomic Assessment Specialist (CEAS)

Certified Ergonomic Evaluation Specialist (CEES)

Certified Kinesio Tape Practitioner (CKTP)

Certified Massage Therapist (CMT)

Certified in Neuro-Developmental Treatment (NDT)

Certified Orthotist or Prosthetist

Certified Strength and Conditioning Specialist (CSCS)

Certified Vocational Evaluator (CVE)

Certified Work Capacity Evaluator (CWCE)

Certified Orthopedic Manual Therapist (COMT)

Certified Diabetic Educator

Certified in Lymphedema management

Certified in Manual Therapy

Dry Needling Certification

Certified Wound Management Clinical Specialist

Certified Therapeutic Pain Specialist

Board Certification from the American Board of Physical Therapy Specialists

Board Certification from the American Occupational Therapy Association

None

Other:

During the time you have identified as an upper limb therapist, how many years have you maintained a caseload of 50% or more upper quarter patients?

❗ Choose one of the following answers

Please choose **only one** of the following:

Less than 1 year

1

2

3

4

5

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- 42
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- 44
- 45
- 46
- 47
- 48
- 49
- 50+

## Which of the following best describes your present position?

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- Staff therapist
- Senior therapist
- Clinical specialist
- Clinical supervisor
- Manager/Director
- Administrator
- Sole practitioner
- Educator
- Researcher
- Practice owner
- Independent contractor
- Per diem employee (includes permanent per diem)
- Other

## What percentage of your reimbursement comes from the following sources?

ⓘ Only numbers may be entered in these fields.

Please write your answer(s) here:

Private health insurance

Motor vehicle insurance

Self-pay

Medicare, Medicaid or public health insurance

Workers' compensation / work injury insurance

Military service

Veterans' Affairs

Your answers should add up to 100%

## In percentages, how often are the following service delivery models used in your primary work setting?

❗ Only numbers may be entered in these fields.

Please write your answer(s) here:

1 : 1 therapist to client ratio

Partial supervision (one therapist, several clients)

Group (formal structured activities in a group format)

Your answers should add up to 100%

## What societies for hand therapy are you currently a member of?

❗ Check all that apply

Please choose **all** that apply:

ASHT

CSHT

BAHT

Other:

## Additional Setting Questions



## Is a specialist referral required to obtain services in this setting?

Please choose **all** that apply:

Yes

No

Varies by funding source

Other:

## Are you the only hand therapist in this setting?

Please choose **only one** of the following:

Yes

No

## How are hand therapy services offered in this setting?

Please choose **only one** of the following:

Both OT and PT offer hand therapy services, and clients are seen interchangeably by both disciplines

Both OT and PT offer hand therapy services, but client is seen primarily by one discipline

Both OT and PT offer hand therapy services, but client is seen by only one discipline

Only OT or PT offers hand therapy services

## Do you work in another practice setting at present?

Please choose **only one** of the following:

- Yes
- No

## What is your current secondary practice setting?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '11 [S004]' (Do you work in another practice setting at present?)

Please choose **only one** of the following:

- Hospital-based outpatient clinic
- Academic-based hospital clinic setting (outpatient)
- Physician-owned outpatient clinic
- Therapist-owned outpatient clinic
- Corporate-owned freestanding outpatient clinic
- Private practice, independent contractor
- Inpatient: Hospital
- Inpatient: Rehabilitation or skilled nursing facility
- Home health care system
- Military Health System
- Veterans Health Administration System
- Academia
- Research
- Industry
- Other

Submit your survey.

Thank you for completing this survey.