

Title:

Practice Patterns of Physical Therapists and Physical Therapist Assistants Treating Patients with Breast Cancer Related Lymphedema

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Online Resource 1. Demographic and practice pattern survey**Implementation of Breast Cancer-Related Lymphedema Clinical Practice Guidelines among Physical Therapists: A Mixed-Methods Study**

Please indicate your agreement to participate in this research study. Please note that if you agree to participate, you can stop participating at any time.

- ☐ I voluntarily agree to participate.
- ☐ I do not agree to participate.

Are you a licensed physical therapist or physical therapist assistant?

- ☐ Yes
- ☐ No

Do you currently treat patients with breast cancer-related lymphedema? Please answer yes even if you only see a small number of patients per year.

- ☐ Yes
- ☐ No

What is your professional designation?

- ☐ Physical Therapist
- ☐ Physical Therapist Assistant

How many years have you been a licensed physical therapist or licensed physical therapist assistant?

- ☐ <1 year

- 1-5 years
- 6-10 years
- 11-20 years
- 20-30 years
- >30 years

What is your age, in years, at your last birthday?

What is your gender?

- Male
- Female
- Non-binary/Third gender
- Prefer not to say

What is your race?

- White or Caucasian
- Black or African American
- Hispanic or Latin
- Asian
- American Indian
- Alaska Native
- Hawaiian or other Pacific Islander
- Other
- Prefer not to say

What is your ethnicity?

- Hispanic origin
- Not of Hispanic origin

What is your entry-level physical therapy or physical therapist assistant degree?

- Associate's Degree
- Certificate
- Baccalaureate Degree
- Master's Degree
- Doctor of Physical Therapy Degree (DPT)

What is your highest earned degree beyond entry-level physical therapy degree?

- Advanced Master's in Physical Therapy
- Other Master's Degree
- Transitional Doctor of Physical Therapy Degree
- Doctoral Degree (e.g. PhD, DSc, EdD)
- No degree beyond entry level

Are you a member of the American Physical Therapy Association (APTA)?

- ☐ Yes
- ☐ No

Are you a member of any APTA Academies or Sections? (Check all that apply)

- ☐ Acute Care
- ☐ Aquatics
- ☐ Cardiovascular and Pulmonary
- ☐ Clinical Electrophysiology and Wound Management
- ☐ Education
- ☐ Federal
- ☐ Geriatrics
- ☐ Hand and Upper Extremity
- ☐ Health Policy and Administration
- ☐ Home Health
- ☐ Neurology
- ☐ Oncology
- ☐ Orthopaedics
- ☐ Pediatrics
- ☐ Pelvic Health
- ☐ Private Practice
- ☐ Research
- ☐ Sports
- ☐ Not a member of any academies or sections

Do you hold any ABPTS specialty certifications? (Check all that apply)

- ☐ Cardiopulmonary
- ☐ Electrophysiologic
- ☐ Geriatric
- ☐ Neurologic
- ☐ Oncologic
- ☐ Orthopedic
- ☐ Pediatric
- ☐ Sports
- ☐ Women's Health
- ☐ None

Do you hold any lymphedema certifications? (Check all that apply)

- ☐ Certified lymphedema therapist (CLT)
- ☐ Lymphology Association of North America
- ☐ Certified Lymphedema Therapist (CLT-LANA)

- Other
- None

Which of the following best describes your lymphedema training?

- 135+ hours training program
- 80+ hours training program prior to 1999
- Less than 135 hours training program after 1999
- In-house facility specific lymphedema training
- Other

In what US state, US territory, or Canadian Province is your primary clinical setting?

Which setting is your clinical practice located in?

- Urban
- Suburban
- Rural

Which of the following best describes your primary clinical practice setting?

- Acute care
- Inpatient rehabilitation facility
- Skilled nursing facility
- Outpatient
- Home care
- Other

Which of the following type of healthcare center best describes your primary employer?

- A clinical rehabilitation department of a hospital or healthcare system (non-academic)
- A clinical rehabilitation department of a hospital or healthcare system (academic)
- A PT department in an academic setting
- A non-PT department in an academic setting
- A cancer center in a hospital of a healthcare system
- Private rehabilitation practice
- Private oncology practice
- A national rehabilitation company
- Health and wellness facility
- Research center
- Other

What is your primary role at your workplace?

- Staff Therapist
- Supervisor or Manager
- Department Director

- Researcher
- Academic Faculty
- Other

What is the total number of years you have been working with patients seeking treatment for breast cancer-related lymphedema?

- < 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- 20-30 years
- >30 years

How much time do you spend dedicated to treating breast cancer-related lymphedema given a full-time week (>32 hours)?

- < or equal to 25%
- 26%-50%
- 51%-75%
- > or equal to 76%

How often are you taking a continuing education on breast cancer-related lymphedema?

- Once a year course
- Every 2 years
- Every 4 years
- Every 6 years
- No continuing education beyond initial lymphedema training
- Other

Does your clinical practice setting employ a prospective surveillance model to identify subclinical (Stage 0) lymphedema?

- Yes
- No

For each stage of lymphedema (Stage 0-III), please indicate which breast cancer-related diagnostic tools you use most frequently in your clinical setting. If a diagnostic tool does not apply to your clinical setting, please check 'Not Used'. (Check all that apply.)

	Stage 0	Stage I	Stage II	Stage III	Not Used
Clinical examination					
Bioimpedance analysis					
Circumferential measurement using 2 cm difference					
Circumferential measurement with calculation of volume difference					
Water displacement					

Perometry					
3-D camera imaging					
Tissue dielectric constant					
Ultrasound					
DEXA					
Computed Tomography (CT)					
Magnetic Resonance Imaging (MRI)					
Lymphoscintigraphy					
Lymphography					
Patient reported outcome measures					

Please specify which patient reported outcome measures your clinical practice utilizes for the evaluation of BCRL. (Check all that apply)

- ☐ Functional Assessment of Cancer Therapy (FACT)+4
- ☐ Lymphedema and Breast Cancer Questionnaire (LBCQ)
- ☐ Lymphedema Symptom Intensity and Distress Survey-Arm (LSIDS-A)
- ☐ Morbidity Screening Tool
- ☐ Norman Questionnaire
- ☐ Other

For each stage of lymphedema (Stage 0-III), please indicate which interventions you generally recommend to your patients. If an intervention does not apply to your clinical setting, please check 'Not Used.' (Check all that apply.)

	Stage 0	Stage I	Stage II	Stage III	Not Used
Use of compression garments					
Instruction in an exercise program					
Education					
Complete Decongestive Therapy					
Manual lymphatic drainage					
Compression bandaging					
Myofascial techniques					
Acupuncture					
Kinesiology taping					
Pneumatic compression device					
Low level laser therapy					