

CMT CPG Survey

Dear Clinician,

Thank you for your interest in the APTA Section on Pediatrics' knowledge translation initiatives. This survey will help to determine the knowledge base and implementation skills of physical therapists and other clinicians interested in the Congenital Muscular Torticollis Clinical Practice Guideline. Your participation and comments are most important to us, and will help us to plan educational, service and guideline revision activities to promote knowledge translation of these guidelines and other evidence based documents.

Completion of this survey is voluntary and confidential. All responses will be reported in the aggregate as group data, with no individual responses. Your submission of the survey indicates your voluntary desire to participate in this study, and your understanding that there are no benefits or consequences to participating or not participating. You may leave the survey at any time and return to it at a later time, as long as you use the same computer to log on. You may leave the survey at any time and not complete it, though we hope you will. The survey should take about 25 minutes to complete. Please note that at the end of the survey there is a link to a webpage where you may enter your email address to enter a drawing for an IPAD Mini.

Thank you again for your interest in the APTA Section on Pediatrics' knowledge translation initiatives, and specifically the Congenital Muscular Torticollis Clinical Practice Guideline. If you have any questions about the survey, you may contact any of us at the addresses below.

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Please tell us a little bit about your practice experience and awareness of the Congenital Muscular Torticollis Clinical Practice Guideline (CMT-CPG). Thank you.

CMT CPG Survey

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

☐ Yes

☐ No

2. Are you a member of the Section on Pediatrics of the APTA?

☐ Yes

☐ No

3. How many years have you been in practice as a physical therapist?

4. How many infants with Congenital Muscular Torticollis (CMT) have you worked with over the past 8 weeks?

5. Have you read the Clinical Practice Guidelines (CPG) for CMT (Pediatric Physical Therapy; 25: 348-394)?

☐ Yes

☐ No

6. Have you attended a continuing education course on the CMT CPG?

☐ Yes

☐ No

7. Did you attend the SoPAC 2013 session on goal setting for implementing the CMT CPG?

☐ Yes

☐ No

The following are questions about the frequency with which you implement the CMT-CPG recommendations in your practice. On the left, we ask you to indicate what you did prior to the October, 2013 publication of the CPG, and on the right, what you do now, following the publication or your reading of the CPG.

8. Please indicate your level of implementation of this recommendation prior to and since the publication of the CPG on CMT.

1. IDENTIFY NEWBORNS AT RISK FOR CMT. Physicians, nurse midwives, obstetrical nurses, nurse practitioners, lactation specialists, physical therapists (PTs), or any clinician or family member must assess the presence of neck and/or facial or cranial asymmetry within the first 2 days of birth, using passive cervical rotation, passive lateral flexion, and/or visual observation as their respective training supports, when in the newborn nursery or at time of delivery.

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

9. Please indicate your level of implementation prior to and since the publication of the CPG on CMT for the following recommendation.

2: REFER INFANTS WITH ASYMMETRIES TO PHYSICIAN AND PHYSICAL THERAPIST. Physicians, nurse midwives, obstetrical nurses, nurse practitioners, lactation specialists, PTs, or any clinician or family member should refer infants identified as having positional preference, reduced cervical range of motion, sternocleidomastoid masses, facial asymmetry and/or plagiocephaly to the primary pediatrician, and a PT as soon as the asymmetry is noted.

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

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10. Please indicate your level of implementation of this recommendation prior to and since the publication of the CPG on CMT.

3: DOCUMENT INFANT HISTORY. Physical therapists should obtain a general medical and developmental history of the infant prior to an initial screening, including 9 specific health history factors: age at initial visit, age of symptom onset, pregnancy history, delivery history including birth presentation and use of assistance, head posture/preference, family history of CMT, other known or suspected medical conditions, and developmental milestones.

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

11. Please indicate your level of implementation of this recommendation prior to and since the publication of the CPG on CMT.

4: SCREEN INFANTS. When a clinician, parent, or caretaker indicates concern about head or neck posture and/or developmental progression, PTs should perform a screen of the neurological, musculoskeletal, integumentary, and cardiopulmonary systems, including screens of vision, gastrointestinal functions, positional preference and the structural and movement symmetry of the neck, face, and head, spine and trunk, hips, upper and lower extremities, consistent with state practice acts.

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

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12. Please indicate your level of implementation of this recommendation prior to and since the publication of the CPG on CMT.

5: REFER INFANTS FROM PHYSICAL THERAPIST TO PHYSICIAN IF RED FLAGS ARE IDENTIFIED. Physical therapists should refer infants to the primary pediatrician for additional diagnostic testing when a screen or evaluation identifies red flags (eg, poor visual tracking, abnormal muscle tone, extramuscular masses, or other asymmetries inconsistent with CMT), or when, after 4 to 6 weeks of initial intense intervention, in the absence of red flags, little or no progress in neck asymmetry is noted.

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|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

13. Please indicate your level of implementation of this recommendation prior to and since the publication of the CPG on CMT.

6: REQUEST IMAGES AND REPORTS. Physical therapists should obtain copies of all images and interpretive reports, completed for the diagnostic workup of an infant suspected of having or diagnosed with CMT, to inform prognosis.

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| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

14. Please indicate your level of implementation for EACH part of recommendation 7 prior to and since the publication of the CPG on CMT.

7: EXAMINE BODY STRUCTURES. Physical therapists should document the initial examination and evaluation of infants with suspected or diagnosed CMT for the following body structures:

• Infant posture and tolerance to positioning in supine, prone, sitting, and standing for body symmetry, with or without support, as appropriate for age.

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

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15. Please indicate your level of implementation for each part of recommendation 7 prior to and since the publication of the CPG on CMT.

7: EXAMINE BODY STRUCTURES. Physical therapists should document the initial examination and evaluation of infants with suspected or diagnosed CMT for the following body structures:

• **Bilateral passive cervical rotation and lateral flexion.**

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

16. Please indicate your level of implementation for each part of recommendation 7 prior to and since the publication of the CPG on CMT.

7: EXAMINE BODY STRUCTURES. Physical therapists should document the initial examination and evaluation of infants with suspected or diagnosed CMT for the following body structures:

• **Bilateral active cervical rotation and lateral flexion.**

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

17. Please indicate your level of implementation for each part of recommendation 7 prior to and since the publication of the CPG on CMT.

7: EXAMINE BODY STRUCTURES. Physical therapists should document the initial examination and evaluation of infants with suspected or diagnosed CMT for the following body structures:

• **Passive range of motion (PROM) and active range of motion (AROM) of the upper and lower extremities, inclusive of screening for possible hip dysplasia or spine/vertebral asymmetry.**

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| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

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18. Please indicate your level of implementation for each part of recommendation 7 prior to and since the publication of the CPG on CMT.

7: EXAMINE BODY STRUCTURES. Physical therapists should document the initial examination and evaluation of infants with suspected or diagnosed CMT for the following body structures:

• **Pain or discomfort at rest, and during passive and active movement.**

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|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

19. Please indicate your level of implementation for each part of recommendation 7 prior to and since the publication of the CPG on CMT.

7: EXAMINE BODY STRUCTURES. Physical therapists should document the initial examination and evaluation of infants with suspected or diagnosed CMT for the following body structures:

• **Skin integrity, symmetry of neck and hip skin folds, presence and location of an SCM mass, and size, shape, and elasticity of the SCM muscle and secondary muscles.**

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

20. Please indicate your level of implementation for each part of recommendation 7 prior to and since the publication of the CPG on CMT.

7: EXAMINE BODY STRUCTURES. Physical therapists should document the initial examination and evaluation of infants with suspected or diagnosed CMT for the following body structures:

• **Craniofacial asymmetries and head/skull shape.**

- | | |
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| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

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21. Please indicate your level of implementation of this recommendation prior to and since the publication of the CPG on CMT.

8: CLASSIFY THE LEVEL OF SEVERITY. Physical therapists and other health care providers should classify the level of CMT severity choosing 1 of 7 proposed grades

- | | |
|--|---|
| <input type="checkbox"/> Prior to October 2013, Never | <input type="checkbox"/> After October 2013, Never |
| <input type="checkbox"/> Prior to October 2013, Rarely | <input type="checkbox"/> After October 2013, Rarely |
| <input type="checkbox"/> Prior to October 2013, Frequently | <input type="checkbox"/> After October 2013, Frequently |
| <input type="checkbox"/> Prior to October 2013, Always | <input type="checkbox"/> After October 2013, Always |

22. How effective have you been at facilitating the following updates related to the CMT CPG in your workplace: Screening and referral procedures

- ☐ Not effective at all
- ☐ Minimally effective
- ☐ Very effective
- ☐ Not applicable

