ITW Parent Survey

📖 Codebook ▼

📖 Data Dictionary Codebook

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
		Instrument: **ITW Parent Survey** (itw_parent_survey)	
1	record_id	Record ID	text
2	parent_intro	Please participate in this survey to assist in the development of a Clinical Practice Guideline for Idiopathic Toe Walking (ITW). A clinical practice guideline is a set of recommendations for the evaluation and treatment of a specific condition based on current research, expert opinion and parent/child values. This guideline is sponsored by the American Physical Therapy Association (APTA). Idiopathic Toe Walking is defined as toe walking in children over two years of age who do not have another medical condition that can cause toe walking. In other words, a child with ITW does not have a diagnosis of autism, cerebral palsy, spina bifida, muscular dystrophy, or tethered cord, for example. The purpose of this survey is to determine patient and family priorities for the clinical recommendations that are provided in the clinical practice guideline for ITW. Thank you!	descriptive

3	parent_consent	Section Header: *Consent to Participate in Survey*	descriptive
		University of New Mexico Health Sciences Center	
		Stakeholders' Perspectives Regarding Desired Outcomes of an American Physical Therapy Association Clinical Practice Guideline for Children with Idiopathic Toe Walking	
		Dr. Marybeth Barkocy, PT, DPT, PCS from the Department of Orthopedics and Rehabilitation at the University of New Mexico is conducting this research study. The purpose of the study is to gather information about what would be most useful and beneficial to include in a clinical practice guideline to provide recommendations for the diagnosis, examination, and treatment of children with idiopathic toe walking (ITW). You are being asked to participate in this study because your role is important for the gathering of information for this guideline.	
		Your participation will involve completing an online survey to determine priorities for managing the care of children with ITW. The survey should take 10-15 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. There are no names or identifying information associated with this survey.	
		Although you will be required to answer all the questions, some have responses such as "unsure," "n/a" (not applicable), or "other." There is a section for comments as well.	
		There are no known risks in this study, but some individuals could experience emotional discomfort if answering questions that trigger a negative experience. All data will be collected and stored in REDCap, a secure, HIPAA compliant database within the University of New Mexico Health Science Center. For more information, see https://hsc-ctscapps.health.unm.edu/redcap/. Participation in the study will not impact healthcare you are entitled to receive.	
		The findings from this project will provide information to guide the development of a clinical practice guideline that can improve the management of children with ITW. The results will be incorporated into the American Physical Therapy Association (APTA) Clinical Practice Guideline for ITW and may be published in summary form in the Pediatric Physical Therapy journal.	
		If you have any questions about this research project, please feel free to call Marybeth Barkocy, PT, DPT, PCS at (505) 272-9870 or at mbarkocy@salud.unm.edu.	
		If you have questions regarding your legal rights as a research subject, you may call the UNMHSC Office of Human Research Protections at (505) 272-1129.	
		By completing the survey, you will be agreeing to participate in the above described research study.	
4	howdx	Section Header: *Section 1- How important are each of the following topics to parents of children with Idiopathic Toe Walking (ITW) regarding the diagnosis and referral process for ITW?* How a diagnosis of ITW is made	radio (Matrix), Required | 1	Very Important
2	Somewhat Important
3	Not Important	 Question number: 1.1

5	whodx	Knowing which healthcare providers diagnose ITW	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 1.2
6	whotx	Knowing which healthcare providers treat ITW	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 1.3
7	howpt	How to access physical therapy services for ITW	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 1.4
8	comments	Comments:	notes Custom alignment: LV
9	itw_concern	Section Header: *Section 2- Please answer the following questions in regards to your experience with the diagnosis and referral process for ITW.* Who first expressed a concern about your child's toe walking?	radio, Required
			1 Parent
			2 Daycare provider
			3 Teacher
			4 Family Member
			5 Coach
			6 Medical provider
			7 Other
			Question number: 2.1
10	other_specify Show the field ONLY if: [itw_concern] = '7'	If other, please specify	text (text_64c)

11	child_age	How old was your child (in years) when you first discussed concerns about his/her toe walking with a medical provider?	dropdown (autocomplete), Required

child_age dropdown options:

1	< 1
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8
10	9
11	10
12	11
13	12
14	13
15	14
16	15
17	16
18	17
19	18
20	N/A

Custom alignment: RH
Question number: 2.2

12	outgrow_itw	Has your child's medical provider ever stated that your child will likely "outgrow" toe walking and no additional further referrals for are needed?	radio, Required

1	Yes
2	No
3	Unsure

Question number: 2.3

| 13 | first_refer_eval | What medical provider(s) were you first referred to for evaluation and/or treatment of your child's toe walking?
Choose all that apply. | checkbox, Required |
|---|---|---|---|

1	first_refer_eval___1	Physical Therapy
2	first_refer_eval___2	Physiatry (PM&R)/Rehab Medicine
3	first_refer_eval___3	Orthopedics
4	first_refer_eval___4	Neurology
5	first_refer_eval___5	Occupational Therapy
6	first_refer_eval___6	Vision Therapy
7	first_refer_eval___7	Chiropractic
8	first_refer_eval___8	Orthotics
9	first_refer_eval___9	Other
10	first_refer_eval___10	Not seen by another medical provider

Question number: 2.4

| 14 | other_first_refer

Show the field ONLY if:
[first_refer_eval(9)] = '1'	If other, please specify	text (text_32c)

15	age_refer_pt	How old was your child when first referred to physical therapy for evaluation and treatment of his/her toe walking?	dropdown (autocomplete), Required

1	< 1
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8
10	9
11	10
12	11
13	12
14	13
15	14
16	15
17	16
18	17
19	18
20	N/A

Custom alignment: RH
Question number: 2.5

16	age_refer_other	How old was your child when first referred to any other medical professional for evaluation and treatment of his/her toe walking?	dropdown (autocomplete), Required

1	< 1
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8
10	9
11	10
12	11
13	12
14	13
15	14
16	15
17	16
18	17
19	18
20	N/A

Custom alignment: RH
Question number: 2.6

17	comments2	Comments:	notes Custom alignment: LV

18	expect_pteval	Section Header: *Section 3- How important are the following topics regarding the physical therapy (PT) evaluation and treatment for parents of children with ITW?* Expectations for PT evaluation	radio (Matrix), Required 1 Very Important 2 Somewhat Important 3 Not Important Question number: 3.1
19	ptfind_recom	Findings from a PT evaluation that result in a recommendation for PT treatment	radio (Matrix), Required 1 Very Important 2 Somewhat Important 3 Not Important Question number: 3.2
20	ptrecom_freq	Recommended frequency of PT treatment (# of visits/week) to achieve a good outcome	radio (Matrix), Required 1 Very Important 2 Somewhat Important 3 Not Important Question number: 3.3
21	ptrecom_dur	Recommended duration (number of months) of PT treatment to achieve a good outcome	radio (Matrix), Required 1 Very Important 2 Somewhat Important 3 Not Important Question number: 3.4
22	comments3	Comments:	notes Custom alignment: LV
23	refer_besttime	Section Header: *Section 4- Please answer the following questions in regards to your experience during your child's physical therapy evaluation.* Do you feel that your child was referred to physical therapy at the best time (age of child) for successful treatment?	radio, Required 1 Yes 2 No 3 Unsure Question number: 4.1
24	rec_pt_findings	Do you feel that you received information from your therapist about the findings from the PT evaluation that was performed on your child?	radio, Required 1 Yes 2 No 3 Unsure Question number: 4.2
25	itw_edu	Do you feel you were educated on ITW?	radio, Required 1 Yes 2 No 3 Unsure Question number: 4.3
26	rec_tx	Do you feel you were recommended treatments for your child?	radio, Required 1 Yes 2 No 3 Unsure Question number: 4.4

27	rec_outcome	Do you feel you were recommended possible outcomes for your child?	radio, Required
			1 Yes
			2 No
			3 Unsure
			Question number: 4.5
28	pt_txplan	Was the physical therapy treatment plan discussed with you during the evaluation?	radio, Required
			1 Yes
			2 No
			3 Unsure
			Question number: 4.6
29	pt_freq_dur	Was the physical therapy treatment frequency and duration discussed with you during the evaluation?	radio, Required
			1 Yes
			2 No
			3 Unsure
			Question number: 4.7
30	comments4	Comments:	notes Custom alignment: LV
31	wait_see	Section Header: *Section 5- How important are the following topics to parents of children with ITW regarding treatment options for ITW?* "Wait and see" approach	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.1
32	stretch_pt	Stretching exercises provided by a physical therapist or other qualified medical provider	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.2
33	strength_pt	Strengthening exercises provided by a physical therapist or other qualified medical provider	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.3
34	scasting_pt	Serial casting provided by a physical therapist or other qualified medical provider	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.4
35	braces_pt	Leg, ankle, or foot braces provided by a physical therapist or orthotist (person who makes braces)	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.5

36	gait_pt	Gait (walking) training by a physical therapist or other qualified medical provider	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.6
37	bal_pos_pt	Balance and postural training by a physical therapist or other qualified medical provider	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.7
38	sensory_tx	Sensory treatments provided by a physical therapist, occupational therapist, or other qualified professional	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.8
39	vision_tx	Vision therapy provided by an optometrist, ophthalmologist, or vision therapist	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.9
40	botox	Botox injections provided by a qualified medical professional	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.10
41	surg_int	Surgical interventions provided by a qualified medical professional	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.11
42	hep_pt	Home exercise program provided by a physical therapist or other qualified professional	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 5.12
43	comments5	Comments:	notes Custom alignment: LV
44	tx_info	Section Header: *Section 6- Please answer the following questions in regards to your experience during your child's physical therapy treatment.* Were you provided with information on all interventions that you felt were important to your child's treatment for ITW?	radio, Required
			1 Yes
			2 No
			3 Unsure
			Question number: 6.1

45	best_tx_opt	Did the physical therapist seek your input in determining the best treatment options for your child?	radio, Required
			1 Yes
			2 No
			3 Unsure
			Question number: 6.2
46	pt_ability	Did you feel confident in your physical therapist's ability to treat your child?	radio, Required
			1 Very Confident
			2 Somewhat Confident
			3 Not Confident
			4 N/A
			Question number: 6.3
47	child_goals	Did the physical therapist incorporate your and your child's priorities and goals into the treatment plan of care?	radio, Required
			1 Yes
			2 No
			3 Unsure
			Question number: 6.4
48	comments6	Comments:	notes Custom alignment: LV
49	expect_outcomes	Section Header: *Section 7- How important are the following topics for parents of children with ITW regarding discharge from therapy and follow-up?* Expected outcomes from PT treatment	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 7.1
50	why_discharge	Reasons for discharge from PT	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 7.2
51	hep_after_dis	Home program recommendations after discharge from PT	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 7.3
52	followup_after_dis	Recommendations for follow-up with PT after discharge	radio (Matrix), Required
			1 Very Important
			2 Somewhat Important
			3 Not Important
			Question number: 7.4
53	comments7	Comments:	notes Custom alignment: LV
54	pt_reassess	Section Header: *Section 8- Please answer the following questions in regards to your experience during your child's physical therapy discharge and follow up.* Did the physical therapist provide recommendations to follow up for a reassessment visit after treatment ended?	radio, Required
			1 Yes
			2 No
			3 Unsure
			4 N/A
			Question number: 8.1

55	pt_gait_ed	Did the physical therapist provide education about how children typically develop walking skills or what a typical walking ("gait") pattern is?	radio, Required 1 Yes 2 No 3 Unsure Question number: 8.2
56	recom_return_pt	Did the physical therapist provide recommendations for when to return to physical therapy if there are new or ongoing concerns about your child's toe walking?	radio, Required 1 Yes 2 No 3 Unsure 4 N/A Question number: 8.3
57	child_sex	Section Header: *Section 9- Child Demographics* What is the sex of your child with ITW?	radio, Required 1 Male 2 Female 3 Other Question number: 9.1
58	other_sex Show the field ONLY if: [child_sex] = '3'	If other, please specify	text (text_64c)
59	prior_pt	My child has received physical therapy services as their primary treatment for ITW	radio, Required 1 Yes 2 No 3 Unsure Question number: 9.2
60	other_provider	What other medical providers have been involved in evaluation and treatment of your child's toe walking? *Choose all that apply.*	checkbox, Required 1 other_provider___1 Physical Therapy 2 other_provider___2 Physiatry (PM&R)/Rehab Medicine 3 other_provider___3 Orthopedics 4 other_provider___4 Neurology 5 other_provider___5 Occupational Therapy 6 other_provider___6 Vision Therapy 7 other_provider___7 Chiropractic 8 other_provider___8 Orthotics 9 other_provider___9 Other 10 other_provider___10 N/A Question number: 9.3
61	other_provider_2 Show the field ONLY if: [other_provider(9)] = '1'	If other, please specify	text (text_32c)
62	satisfy_pt	How satisfied are you with the physical therapy treatment your child received?	radio, Required 1 Very Satisfied 2 Somewhat Satisfied 3 Not Satisfied 4 N/A Question number: 9.4

63	complete_pt	Has your child completed physical therapy treatment at this time?	radio, Required
				1	Yes
				2	No
				3	N/A
			Question number: 9.5
64	pt_effect	If your child has completed physical therapy treatment, how effective was physical therapy in correcting his/her toe walking?	radio, Required
			1	Very Effective
			2	Somewhat Effective
			3	Not Effective
			4	N/A
			Question number: 9.6
65	comments9	Comments:	notes Custom alignment: LV
66	child_priorfunction	Section Header: *Section 10* How did your child feel about their walking, pain, and/or function prior to physical therapy?	notes, Required Custom alignment: LV Question number: 10.1
67	child_functionafter	How did your child feel about their walking, pain, and/or function at the completion of physical therapy?	notes, Required Custom alignment: LV Question number: 10.2
68	child_likept	What did your child like about physical therapy?	notes, Required Custom alignment: LV Question number: 10.3
69	child_dislikept	What did your child dislike about physical therapy?	notes, Required Custom alignment: LV Question number: 10.4
70	itw_parent_survey_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete