

# What are your questions for research around occupational therapy for people living with musculoskeletal conditions and arthritis?

Do you have a musculoskeletal (MSK) condition or arthritis or care for someone with such a condition? Are you an occupational therapist or do you work closely with occupational therapists? What are your questions about research and occupational therapy? Tell us what matters to you!

#### Why are we doing this study?

Individuals living with an MSK health condition may or may not have access to occupational therapy as part of their care plan to promote opportunities to engage in the activities they need and/or want to do.

We need your help to identify the most important questions for research on occupational therapy with persons living with MSK conditions and arthritis in Canada. This information will help us guide future studies that could benefit people living with MSK conditions and arthritis who may have issues doing the things they need and/or want to do as a result of their condition.

We want to know your most pressing question(s) around occupational therapy for MSK conditions and arthritis because they will help us focus on what really matters to you.

#### Who should take part in this study?

We would like to hear from:

- People of any age living with MSK conditions or arthritis who may have functional challenges as a result of their condition and/or their living situation
- Unpaid family/friend who provides care and support to people with MSK conditions or arthritis as above
- Occupational therapists
- Occupational therapy assistants
- Members of occupational therapy and MSK conditions and arthritis organizations in Canada
- Other service providers working closely with occupational therapists
- Others in the community (e.g., peer support, patient leader) communicating closely with people who live with MSK conditions or arthritis

#### What is occupational therapy?

Occupational therapy aims to enable people living with MSK conditions and arthritis to participate in daily activities and meaningful life roles at home, work, for leisure and in their communities to enhance well-being and quality of life. It involves the use of individualized assessment and customized interventions, such as splints, assistive devices and a variety of other



strategies to help manage symptoms (e.g. pain, fatigue, brain fog). Occupational therapists partner with people living with MSK conditions and arthritis to develop, recover, or maintain engagement in activities they find meaningful with the people who matter to them.

#### What is an MSK condition?

MSK conditions and arthritis include the wide range of diseases, illnesses, and injuries affecting bones, joints, muscles, connective tissue, skin as well as the mouth, teeth and craniofacial (face and head) region.

### What's involved if I take part in the study?

There are three steps to this study. Participation is voluntary, you may take part in as many or as few steps as desired. For example, if you participate in step one, there's no obligation to participate in steps two and three. If you don't participate in step one, you can still participate in step two or three.

First, we'd like you to complete the online survey below. This survey is the first step in collecting your questions, and it will be open until January 2<sup>nd</sup>, 2023. After this, we will check that your questions haven't already been answered by previous research.

#### Will my answers be kept confidential?

All personal information will remain confidential. Your survey answers will be anonymous which means we will not be able to identify you. When we release the results of this survey, we will never identify any individual who took part in this survey. Your information will be kept safely in a password protected computer file that only the study team can use.

#### Who can I contact for more information?

If you need more information, please contact the project coordinator, Emma Guyonnet at researchcoordinator@caot.ca.

By completing the questionnaire, you are agreeing to participate in the study.



## Part A: Your questions about occupational therapy for MSK conditions or arthritis

Tell us your question(s) about occupational therapy for MSK conditions or arthritis.

Your questions can be about anything that is important to you, such as needs, services and service delivery, interventions or outcomes. Some other things to help you brainstorm: everyday activities, life at work or school, family responsibilities, personal care, paid or unpaid work, leisure, well-being, community engagement, sexual health, learning how to manage your condition and symptoms, such as fatigue and brain fog, or anything else that matters to you.

Here are some ideas that may help you brainstorm and think of questions, or you may use your own:

People living with MSK conditions need...

Does occupational therapy help...

What is the best way that occupational therapy can ...

How can occupational therapy change...

I would like to know more about...

Enter question(s) here (you can write as many sentences/ideas as you would like):



# Part B: About you

We would like to know a little more about you to make sure we have heard from all groups. This information will be kept anonymous. You don't have to answer any of these questions if you don't want to.

Are you filling in the survey on behalf of someone else? $\Box$ Yes $\Box$ No
Please answer the questions below about you or whomever you are completing this for.
1. Which one of these three categories do you belong to?
☐ Person living with an MSK condition or arthritis
- What is your primary condition?
☐ Unpaid caregiver
- What is the primary condition of the person you're caring for?
☐ Paid healthcare provider
- What is your area of practice?
2. Where do you live?
☐ Alberta
☐ British Columbia
☐ Manitoba
□ New Brunswick
☐ Newfoundland and Labrador
☐ Northwest Territories
□ Nova Scotia
□ Nunavut
□ Ontario
☐ Prince Edward Island
□ Quebec
☐ Saskatchewan
☐ Yukon
3. Which of these categories best describes the general area in which you live?
□ Urban
□ Suburban
□ Rural
□ Remote
4. What is your age?



5 How would you describe your conder?
5. How would you describe your gender?
□ Man
□ Woman □ Gender fluid
☐ Nonbinary
☐ Trans man
☐ Trans woman
☐ Two-Spirit
☐ Questioning
☐ Other
☐ Prefer to self-describe
☐ Prefer not to answer
6. How do you identify your ethnicity?
□ Arab
□ Black
☐ Chinese
□ Filipino
☐ Indigenous (First Nations, Inuk (Inuit) or Métis)
□ Japanese
☐ Korean
☐ Latin American
☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan)
☐ Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
□ West Asian (e.g., Iranian, Afghan)
□ White
☐ More than one group
☐ Prefer to self-describe my community
□ Prefer not to answer
1 Teref not to unswer
7. What is your highest level of education?
□ No Schooling
☐ Limited formal education
☐ Elementary, junior high school or high school
☐ Trade school, college, CEGEP or other non-university institution
☐ University
□ Prefer not to say



# Part C: Stay in touch

We would like to stay in touch with you to keep you updated on the progress of the project and the results.

the results.
1. I'd like to be kept informed on the progress of the project and the results.
□ Yes □ No
Also, when we have the survey results, we would like to get back in touch with you and share a second survey to rank the questions in order of importance. You will be able to vote even if you haven't submitted any questions or taken part in this survey.
2. I'd like to be involved in the next survey to put the research questions in order of importance:
□ Yes □ No
After our questions are ranked, we will invite participants to a virtual/online workshop to help us make a top 10 list of the unanswered questions. The list will be shared with researchers and the public and will be used to guide future research studies.
If you answered yes to either question, please let us know your contact details. Your details will only be used to keep you informed and involved in this project. We'll store them confidentially and securely, separate from the survey data, and delete them at the end of the project.
Name:
Organisation if applicable:
Email Address:

Thank you for taking the time to complete this survey. If you have people in your network or community that you think might also have ideas we should hear, please share the original survey link with them.