Reasons for Referring Pets for Rehabilitation Care

1. How long have you been in practice?
   - < 2 years
   - 2-5 years
   - 6-10 years
   - 11-15 years
   - >15 years

2. Please select your position in your workplace
   - Practice owner
   - Associate

3. Please select your CURRENT area of practice
   - Referral/Specialty Practice
   - General Practice
   - Housecall Practice
   - Research
   - Industry/Pharmaceutical
   - Per Diem

4. In which region of the United States do you work? (select region and enter zip code)
   - Northeast
   - Southeast
   - Midwest
   - Southwest
   - West
   - Please enter your zip code____________________________

5. Please describe the types of cases that you have previously referred for rehabilitation care (Check ALL that apply)
   - Post-operative rehabilitation
   - Soft-tissue injury
   - Osteoarthritis
   - Unresolved Lameness
   - Weight management and Fitness
   - Neurologic Disorder
   - Underwater Treadmill therapy
   - Laser therapy
   - Shockwave therapy
   - I have never referred for rehabilitation care
   - Other (please specify)_________________________________
6. In the past 12 months, how many cases have you referred for rehabilitation?

- 0
- 1-2
- 3-5
- 6-8
- >8

7. Please select why you referred cases in the last 12 months (Check ALL that apply)

- Owner requested referral
- I heard or knew of successful outcomes after rehabilitation
- I felt the patient would recover better/faster with rehabilitation
- The patient had a chronic/unresolved lameness or mobility disorder
- Other (please specify)____________________________________

8. Please select the likelihood that you would refer to a Rehabilitation Facility for:

<table>
<thead>
<tr>
<th>Routine post-operative rehabilitation</th>
<th>very unlikely</th>
<th>somewhat unlikely</th>
<th>somewhat likely</th>
<th>very likely</th>
<th>most likely</th>
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</thead>
<tbody>
<tr>
<td>Management of osteoarthritis</td>
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<tr>
<td>Weight loss/Fitness</td>
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<td>Pain Management</td>
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<tr>
<td>Soft tissue injury</td>
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<td>Neurologic disorder</td>
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</tbody>
</table>

9. Please select the reasons why you have NOT referred cases to a Rehabilitation Facility (Check ALL that apply)

- I was not aware these services existed
- I was not aware of the benefits of rehabilitation
- Distance is too far to Rehabilitation Facility
- Concern for losing patient
- Fear of losing business that I can offer myself
- Cost
- Other (please specify)____________________________________

10. Is Continuing Education lacking for veterinary rehabilitation?

- Yes
- No

Please provide your email address if you wish to be entered for the prize drawing

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