

Additional File 2. Investigations and intervention options for the five patient vignettes

1. Which investigations would you order, undertake or recommend for this patient at this visit? *Please tick all that apply:*

- Lumbosacral plain x-ray
- Lumbar CT scan
- Lumbar MRI
- Full spine plain x-ray
- Other 1 (*please specify*) _____
- Other 2 (*please specify*) _____
- Other 3 (*please specify*) _____
- None

2. Which interventions would you recommend or undertake for this patient at this visit? *Please tick all that apply:*

- Bed rest for ____ days (*please specify number of days*)
- Paracetamol
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Back exercises
- General exercise (e.g. walking)
- Advice to stay active
- Advice regarding alternate ways of moving or performing activities
- Advice to avoid pain provoking movements
- Work modification
- Spinal manipulation/adjustment
- Mobilisation
- Massage
- Lumbar supports
- Spinal traction
- Acupuncture
- Electrotherapy (e.g. TENS, interferential, ultrasound)
- Thermal modalities (e.g. heat, ice)
- Printed information (*please specify*) _____
- Other 1 (*please specify*) _____
- Other 2 (*please specify*) _____
- Other 3 (*please specify*) _____
- Referral to another health care provider (e.g. another chiropractor, general practitioner, pain clinic, specialist).
If yes, please specify _____

If you wish to comment on your management decisions, please do so here: