Cervical Spine Disease in Surgeons Performing Endoscopy

1. Welcome!

Thank you for your help. This survey should take 5 to 10 minutes to complete.

This is an IRB approved study. Your personal information will not be linked to your responses.

Please note that for the following questions "endoscopy" refers to either arthroscopy, laparoscopy, or any procedure that places a camera into a hollow organ or cavity.

2. Demographics

1. What is your current age?

- < 30 years
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 70
- > 70 years

2. How would you describe your gender?

- Male
- Female
- Transgender

3. Which of the following best describes your race and ethnicity? (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Other (please specify)

3. Practice

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1. How many years have you practiced medicine, including residency?

2. Do you currently practice:

- Full time
- Part time

3. What percentage of your practice is:

Clinical

Administrative

4. Residency & Fellowship

1. What residency did you train in?

- Orthopaedic Surgery
- General Surgery
- Urology
- Obstetrics & Gynecology

2. What fellowship did you train in?

	Orthopaedic Surgery	General Surgery	OB/GYN	Urology
Primary Subspecialty				
Secondary Subspecialty (if applicable)				

Other (please specify)

3. Did you have experience in residency and/or fellowship with endoscopy?

- Yes
- No

5. Residency

1. How many years during RESIDENCY did you have experience with endoscopy? (if no experience, answer 0)

2. Stationary monitors are placed on a stand and typically require the OR support staff to move. Boom monitors are connected to the ceiling and typically can be moved by the surgeon.

How many years during RESIDENCY did you have experience stationary vs boom monitors? (if no experience, answer 0)

Stationary monitors

Boom monitors

6. Fellowship

1. How many years during FELLOWSHIP did you have experience with endoscopy? (if no experience, answer 0)

2. How many years during FELLOWSHIP did you have experience with stationary vs boom monitors? (if no experience, answer 0)

Stationary monitors

Boom monitors

7. Endoscopy Experience

1. Have you performed endoscopy since residency and fellowship?

- Yes
- No

8. Endoscopy Experience 2

1. How many years have you performed endoscopy since residency and fellowship? (if none, answer 0)?

2. What percentage of surgeries you currently perform are endoscopic?

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

9. Endoscopy Practice

1. Please estimate how many endoscopies you currently perform per week.

2. Of the endoscopy types you perform, what percentage of your endoscopy practice is:

	Percentage of Scoping Practice
Knee	
Shoulder	
Elbow	
Hip	
Ankle	
Wrist	
Abdomen	
Thorax	
Female Reproductive System	
Male Reproductive System	
Other	

Other (please specify)

10. Digital OR

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1. Do you currently use an all digital OR (Boom monitor)?

- Yes
- No

2. If yes, for how many years have you used an all digital OR?

11. Neck Pathology Diagnosis

1. Have you ever been diagnosed with the following cervical spine diseases? (check all that apply)

- Cervical Spine Sprain / Strain
- Cervical Herniated Disc
- Cervical Degenerative Disc Disease
- Cervical Foraminal Stenosis
- Cervical Spondylolisthesis
- Cervical Spine Trauma
- Cervical Spine Tumor
- Cervical Spine Infection
- Other Cervical Spine Pathology

Other (please specify)

12. Neck Pain

1. Have you ever experienced significant NECK PAIN?

- Yes
- No

13. Neck Pain 2

1. Would you describe the neck pain as:

- Acute
- Chronic

2. How long ago did your neck pain begin?

Years

Months

3. For how long did the neck pain last?

Years

Months

4. Did the neck pain resolve?

- Yes
- No

5. If the neck pain you experienced was related to a prior accident or injury, please describe in your own words what happened.

14. Treatment for Neck Pain

1. Have you tried any form of TREATMENT for the NECK PAIN?

- Yes
- No

15. Medications for Neck Pain

1. What MEDICATIONS have you tried and did it help with your NECK PAIN? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
Tylenol					
NSAIDs					
COX-2 inhibitors					
Opiate analgesics					
Muscle relaxants					
Antidepressants					
Oral corticosteroids					
Other					

Other (please specify)

16. Conservative Treatment Measures for Neck Pain

1. What CONSERVATIVE MEASURES have you tried and did it help with NECK PAIN? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
Physical therapy	☐	☐	☐	☐	☐
Chiropractic care	☐	☐	☐	☐	☐
Acupuncture	☐	☐	☐	☐	☐
Heat or Ice	☐	☐	☐	☐	☐
Changing mattress pad	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

Other (please specify)

17. Invasive Treatments for Neck Pain

1. Have you ever have an EPIDURAL and/or NERVE BLOCK for NECK PAIN? If so, did it help?

- ☐ Yes, no help
- ☐ Yes, little help
- ☐ Yes, moderately helped
- ☐ Yes, greatly helped
- ☐ No, did not attempt

2. Have you had neck SURGERY for NECK PAIN?

- ☐ Yes
- ☐ No

18. Surgery for Neck Pain

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1. What TYPE OF NECK SURGERY did you have and did it help with your symptoms? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
ACDF (Anterior cervical decompression and fusion)	☐	☐	☐	☐	☐
Cervical disk replacement	☐	☐	☐	☐	☐
Posterior decompression - laminoforaminotomy	☐	☐	☐	☐	☐
Laminectomy without fusion	☐	☐	☐	☐	☐
Laminectomy with fusion	☐	☐	☐	☐	☐
Laminoplasty	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

Other (please specify)

19. Changing of Practice for Neck Pain

1. Have you adjusted your surgery practice to reduce your NECK PAIN?

☐ Yes

☐ No

2. Which of the following have you tried and did it help with your NECK PAIN? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
Positioning monitor in ergonomic fashion	☐	☐	☐	☐	☐
Stretching neck into lordosis by looking at ceiling during scoping procedure	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

Other (please specify)

20. Neck Radiculopathy/Myelopathy

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1. Radiculopathy is nerve root damage. Myelopathy is spinal cord damage. Both can result in pain, weakness, numbness or difficulty controlling specific muscles.

Has a doctor or other medical professional ever told you that you had RADICULOPATHY/MYELOPATHY in your upper extremities?

- Yes
- No

21. Neck Radiculopathy/Myelopathy 2

1. Would you describe your radiculopathy/myelopathy as:

- Acute
- Chronic

2. How long ago did the radiculopathy/myelopathy begin?

Years
Months

3. For how long did the radiculopathy/myelopathy last?

Years
Months

4. Did the radiculopathy/myelopathy resolve?

- Yes
- No

5. If the radiculopathy/myelopathy you experienced was related to a prior accident or injury, please describe in your own words what happened.

22. Treatment for Radiculopathy/Myelopathy

1. Have you tried any form of TREATMENT for the RADICULOPATHY/MYELOPATHY in your upper extremities?

- Yes
- No

23. Medications for Radiculopathy/ Myelopathy

1. What MEDICATIONS have you tried and did it help with the RADICULOPATHY/MYELOPATHY? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
Tylenol					
NSAIDs					
COX-2 inhibitors					
Opiate analgesics					
Muscle relaxants					
Antidepressants					
Oral corticosteroids					
Other					

Other (please specify)

24. Conservative Treatment Measures for Radiculopathy/ Myelopathy

1. What CONSERVATIVE MEASURES have you tried and did it help with the RADICULOPATHY/MYELOPATHY? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
Physical therapy					
Chiropractic care					
Acupuncture					
Heat or Ice					
Changing mattress pad					
Other					

Other (please specify)

25. Invasive Treatments for Radiculopathy/Myelopathy of Upper Extremity(ies)

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1. Have you ever have an EPIDURAL and/or NERVE BLOCKS for RADICULOPATHY/MYELOPATHY? If so, did it help?

- Yes, no help
- Yes, little help
- Yes, moderately helped
- Yes, greatly helped
- No, did not attempt

2. Have you had neck SURGERY for RADICULOPATHY/MYELOPATHY of upper extremities?

- Yes
- No

26. Surgery for Radiculopathy/Myelopathy of Upper Extremity(ies)

1. What TYPE OF NECK SURGERY did you have and did it help with your symptoms? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
ACDF (Anterior cervical decompression and fusion)					
Cervical disk replacement					
Posterior decompression - laminoforaminotomy					
Laminectomy without fusion					
Laminectomy with fusion					
Laminoplasty					
Other					

Other (please specify)

27. Changing of Practice for Radiculopathy/Myelopathy

1. Have you adjusted your surgery practice to reduce your RADICULOPATHY/MYELOPATHY?

- Yes
- No

2. Which of the following have you tried and did it help with your RADICULOPATHY/MYELOPATHY? (check all that apply)

	Did not attempt	No help	Little help	Moderately helped	Greatly helped
Positioning monitor in ergonomic fashion	¢	¢	¢	¢	¢
Stretching neck into lordosis by looking at ceiling during scoping procedure	¢	¢	¢	¢	¢
Other	¢	¢	¢	¢	¢

Other (please specify)

28. Anthropometrics

1. What is your height?

Feet

Inches

2. What is your weight?

Pounds

29. Activity Level

1. On average, how many HOURS PER DAY do you spend doing the following activities? (if none, answer 0)

Sitting

Standing

Walking

2. On average, how many DAYS PER WEEK do you spend doing the following physical activities?

	Per Week
MILD exercise (i.e. less than 15 minutes of walking)	
MODERATE exercise (i.e. more than 15 minutes of walking)	
STRENUOUS exercise (i.e. more than 15 minutes of running)	

30. Smoking

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1. Do you currently smoke cigarettes, even occasionally?

- Yes
- No

2. If yes, how often do you smoke? (quantify)

3. If yes, how many total YEARS have you smoked?

4. If no, have you ever smoked?

- Yes
- No

5. If yes, for how many YEARS did you smoke?

31. Stress

1. How much stress do you experience in your job, on a 0-5 scale?

- 0 - No stress
- 1 - Very little stress
- 2 - Little stress
- 3 - Moderate stress
- 4 - High stress
- 5 - Very high stress

2. How much stress do you experience in all other ares of your life, besides your job, on a 0-5 scale?

- 0 - No stress
- 1 - Very little stress
- 2 - Little stress
- 3 - Moderate stress
- 4 - High stress
- 5 - Very high stress

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32. Final Page

Thank you for taking the time to complete this survey. We appreciate any feedback.

1. Final comments or critiques...