

The Alberta Motor Vehicle Accident Massage Therapy Task Force

Alberta MVA Massage Therapy Services Survey

INTRODUCTION

The four massage therapy groups in Alberta, alphabetically the AMTWP, ARMTS, MTAA, and RMTA, have been working together as the Motor Vehicle Accident Massage Therapy Task Force in order to represent the needs of massage therapists to the government and insurance groups at the Alberta government Motor Vehicle Insurance Act Working Group Committees.

To best represent you at those meetings, the Massage Therapy Task Force needs to gather fundamental information on your Motor Vehicle Accident (MVA) massage therapy practice.

If you provide any MVA work, please fill out and return this survey by **September 1, 2006**.

Print out and **mail** your survey to
Christy Kasur,
MVA MT Task Force,
c/o #600-10339 124 Street,
Edmonton, AB, T5N 3W1

or **fax it to: 780 484 3605**

OR download the Rich Text Format file (survey.rtf) and clearly mark your answers on the file. Save it, and **email it to Christy Kasur at chair@mtmva.org**

Ms. Kasur is the Chair of the Task Force and is directly accountable to each organization's Task Force representative. If you have any questions, contact your organization's MVA Massage Therapy Task force representative, or the Task Force Chair at chair@mtmva.org More information can be found at **www.mtmva.org**

PLEASE NOTE:

The request for your name at the bottom of the survey page **is for verification purposes only**. The Task Force Chair, who is gathering the surveys, will be the only person who shall see your name. That line of the survey will be cut off and destroyed by the Chair on September 2, 2006, the day the surveys are sent for analysis.

The Task Force Chair will release **NO INFORMATION** that can link your name to your responses. The Task Force Chair is bound by confidentiality and privacy policies. For more information, please contact your MVA association representative.

Alberta MVA Massage Therapy Services Survey

SECTION I — DEMOGRAPHICS

1. Please indicate the estimated population of the area in which you practice:
 1. under 10000
 2. 10,000-99,999
 3. 100,000 and up

2. Please indicate the setting in which you practice: % of time
 1. I work out of my own home _____
 2. I work alone, out of my own clinic _____
 3. I have a mobile practice (house calls) _____
 4. I am self-employed and work in a spa _____
 5. I am considered an employee in the establishment where I work _____
 6. I am self-employed and work in a clinic setting with
other health care/complementary & alternative health care practitioners _____

3. If your work setting includes other allied professionals, check as many as are applicable:
 1. Physiotherapist
 2. Massage Therapist
 3. Chiropractor
 4. Athletic Therapist
 5. Other

4. How many years have you been treating motor vehicle accident patients?
 1. less than 1 year
 2. 1–2 years
 3. 3–5 years
 4. 6–10 years
 5. more than 10 years

SECTION II — SECTION B SYSTEM: NEW CHANGES EFFECTIVE OCTOBER 1, 2004

1. Has the change to the new system affected your amount of MVA business?
 1. Increased
 2. Decreased
 3. Stayed the same
 By _____%

- 2a. Since the change to the new system, has as your time spent maintaining MVA client files:
 1. Increased
 2. Decreased
 3. Stayed the same
 By _____ hours/month.
- 2b. Since the change to the new system, has as your time spent on MVA insurance or legal reports:
 1. Increased
 2. Decreased
 3. Stayed the same
 By _____ hours/month.

- 3a. Approximately how many patients do you now treat monthly that are MVA-related? _____
- 3b. Average number of visits per patient’s MVA treatment plan: _____
- 3c. What percent of your monthly client base is MVA-related?
 1. 0–25%
 2. 26–50%
 3. 51–75%
 4. >75%

4. Since the change to the new system, how many hours a week do you spend working directly with MVA clients?
 1. Less than 5 hours
 2. 5–9 hours
 3. 10–14 hours
 4. 15–19 hours
 5. 20–29 hours
 6. 30 hours and over

5. Please fill in the following as it applies to your MVA practice. Put an “na” where not applicable:

Treatment time	Treatment Cost	% of MVA Treatments
Half-hour sessions	\$ _____	_____ %
Three-quarter hour sessions	\$ _____	_____ %
One-hour sessions	\$ _____	_____ %
One & one half hour sessions	\$ _____	_____ %

Your Name, for identification purposes only (please print): _____
 —This section will be cut off. Please see the cover letter for details, and how to submit the survey.