Thomson, O.P., McLeod, G.A., Fleischmann, M. and Vaughan, B., 2024. Development and adaptation of the Osteopaths’ Therapeutic Approaches Questionnaire (Osteo-TAQ) for the Australian osteopathic profession-a cognitive Interview study. *International Journal of Osteopathic Medicine*, p.100723. <https://doi.org/10.1016/j.ijosm.2024.100723>

**Development and adaptation of the Osteopaths’ Therapeutic Approaches Questionnaire (Osteo-TAQ) for the Australian osteopathic profession - a cognitive Interview study**

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**Abstract:**

**Background**: The Osteopaths’ Therapeutic Approaches Questionnaire (Osteo-TAQ) is a novel 36-item instrument developed from qualitative grounded theory research with osteopaths in the United Kingdom. The Osteo-TAQ has the potential to measure multiple domains of osteopaths’ practice including therapeutic approach, clinical decision-making and therapeutic relationship. It is unknown how well the items in the Osteo-TAQ relate to the practice of Australian osteopaths.

**Aims**: To assess and improve the quality of the Osteo-TAQ survey items prior to utilising the Osteo-TAQ amongst the Australian osteopathic profession.

**Methods**: Cognitive interviews with six Australian registered osteopaths (n=6) were used to generate data on how participants interpreted and understood the Osteo-TAQ items. Interviews were transcribed verbatim and content analysis was used to identify issues of comprehension and ‘problem areas’ relating to the Osteo-TAQ.

**Results:** Three relatively minor problems were identified in relation to the core aspects of clinical practice (the patient, examination, treatment and management), use of possessive pronouns and Likert scale frequency response options.

**Conclusion**: These problem areas may reflect the similarities in osteopathic practice in the UK and Australia, but also indicate subtle differences in the terminology utilised by osteopaths to describe and communicate areas of their clinical practice.

Key words: Cognitive interview; Survey design; Content analysis; Osteopathic Medicine

**Introduction**

As osteopathy evolves as a profession, it is important to critically reflect and challenge long-held assumptions in order to gain a deeper understanding of the nature of practice and the complexity of osteopath-patient clinical interactions [(O’Keeffe et al. 2016; Banton and Vogel 2024)](https://paperpile.com/c/NqkVng/GAYI+2vIi), so that care can be optimised. To date, there has been very little research conducted into the nature of osteopaths’ clinical practice, nor how the different approaches taken to clinical practice relates to patient outcomes. In Australia, osteopathy is a government-registered allied health profession regulated by a statutory professional board, the Osteopathy Board of Australia [(“Osteopathy Board of Australia,” n.d.)](https://paperpile.com/c/NqkVng/NVTM). As of June 2023, there were 3147 registered osteopaths in Australia, a 6.6% increase over the previous year, with just over half identifying as female (54.3%) [(“Osteopathy Board of Australia,” n.d.)](https://paperpile.com/c/NqkVng/NVTM). The minimum requirement to become a registered osteopath in Australia is a four-year-long university education at a Bachelor's or Master's level that includes the medical and health sciences, research and supervised clinical placements. The current osteopathy curriculum is informed by national accreditation standards [(“AOAC,” n.d.)](https://paperpile.com/c/NqkVng/cOU6), in line with other Australian registered health professions.

The majority of Australian osteopaths work in private clinical practice where they see patients experiencing primarily musculoskeletal conditions [(Adams et al. 2018)](https://paperpile.com/c/NqkVng/F2BO). However, precise details of their clinical practice is not well understood, prompting the need for an up to date exploration of osteopathic clinical practice in Australia. Adams et al’s Australian osteopathic workforce [(Adams et al. 2018)](https://paperpile.com/c/NqkVng/F2BO) survey has provided descriptions in regards to practise characteristics of osteopaths such as conditions commonly treated, practice location, clinical experience and level of osteopathic training. Workforce surveys of this kind and similar in other countries [(Ellwood and Carnes 2021)](https://paperpile.com/c/NqkVng/lAor) including France [(Wagner et al. 2023)](https://paperpile.com/c/NqkVng/LgO2), Portugal [(Santiago et al. 2022)](https://paperpile.com/c/NqkVng/xLSt) and the UK [(Plunkett, Fawkes, and Carnes 2022)](https://paperpile.com/c/NqkVng/bTlT) provide an important overview of some features of osteopathy and osteopaths so that the profession can have an enhanced understanding on how and where to position and prepare itself in relation to the healthcare system. Furthermore, national workforce surveys have an important role in providing regulatory authorities and lobby groups important information to support regulatory processes in counties where osteopathy is still undergoing professionalisation (as in the current case of Spain [(Alvarez et al. 2020)](https://paperpile.com/c/NqkVng/j2WX) and Belgium [(van Dun et al. 2022)](https://paperpile.com/c/NqkVng/kdmG).

*Theoretical underpinning of the Osteo-TAQ*

Thomson et al. [(O. P. Thomson, Petty, and Moore 2014b, 2014a)](https://paperpile.com/c/NqkVng/jWen+jAkR) have presented a grounded theory that offers an in-depth explanation of the complexity and multidimensionality of osteopaths' clinical practice. This theory, goes beyond a mere description of the various manual therapy techniques utilised by osteopaths but delves into their decision-making processes. Through this grounded theory study, the concept of 'therapeutic approach' was introduced as a multi-dimensional construct encompassing an osteopath's professional identity, clinical decision-making approach, perceived therapeutic role, the focus of their patient interaction and personal view of health and disease [(O. P. Thomson, Petty, and Moore 2014b; O. Thomson 2013)](https://paperpile.com/c/NqkVng/jWen+4Q6Xq). After analysing the data and taking into account existing theories [(Della Fish 1998; Delia Fish and Coles 1998; Schön 1987)](https://paperpile.com/c/NqkVng/MqVR+VCz1+iAQi), the core category of "conception of practice" was identified. This category strongly influences the type of therapeutic approach that an osteopath may adopt. In short, the term 'conception of practice' refers to an osteopath's understanding of their practice, including their views on the nature of their skills and knowledge. This can range from a more ‘technical rationality’ approach to a more ‘professional artistry’ [(O. P. Thomson, Petty, and Moore 2014a)](https://paperpile.com/c/NqkVng/jAkR).

*Osteopaths’ Therapeutic Approach Questionnaire (Osteo-TAQ)*

Preliminary research [(O. P. Thomson and Anstiss 2020)](https://paperpile.com/c/NqkVng/CXTB), generated draft items from the original theory to form the Osteo-TAQ based on the methodology by Pincus et al., [(Pincus et al. 2006)](https://paperpile.com/c/NqkVng/yiCf). Osteo-TAQ is a 36-item tool exploring a range of behaviours and activities that osteopaths undertake in their day-to-day practice with participants allocating their response on a 4-point unipolar frequency scale (always to never). The Osteo-TAQ takes approximately 10 minutes to complete. Our previous studies have established the face [(O. P. Thomson and Anstiss 2020)](https://paperpile.com/c/NqkVng/CXTB) and content validity [(O. P. Thomson et al. 2022)](https://paperpile.com/c/NqkVng/cfEL) of the Osteo-TAQ. However, the underpinning theory of Osteo-TAQ was developed from UK osteopaths and maintains that osteopathic clinical practice is complex and expertise is multidimensional; thus the intended original meaning of the Osteo-TAQ cannot be assumed to translate to to a different sociocultural context (i.e Australian osteopathic practice). In accordance with best practice methods for questionnaire design [(Ryan, Gannon-Slater, and Culbertson 2012)](https://paperpile.com/c/NqkVng/Ieyl), this current study presents a continued effort to refine the previously published Osteo-TAQ [(O. P. Thomson and Anstiss 2020; O. P. Thomson et al. 2022)](https://paperpile.com/c/NqkVng/CXTB+cfEL) with the aim of employing cognitive interviews as a method to assess and improve the quality of the Osteo-TAQ survey items prior to utilising the Osteo-TAQ amongst the Australian osteopathic profession.

**Methods**

*Ethical approval*

This study was approved by the Human Research Ethics Committee of the University of Melbourne (Application number 23587).

*Study design*

The Cognitive Interview Reporting Framework (CIRF) was used to structure the methods of this research report [(Boeije and Willis 2013)](https://paperpile.com/c/NqkVng/xZUN). Cognitive interviewing is an established method to evaluate targeted survey questions, with the goal of modifying these questions when indicated [(P. C. Beatty and Willis 2007)](https://paperpile.com/c/NqkVng/W11b). Cognitive interviews were used to develop an understanding of how a sample of Australian osteopaths interpreted and understood the questions contained within the Osteo-TAQ including their thought processes, any difficulties in comprehension of the items and in what way the Osteo-TAQ related to their osteopathic practice.

*Recruitment and sampling*

Adverts informing potential participants were shared on the social media platforms of the research team and also Osteopathy Australia. The adverts provided a summary of the study and invited those interested in taking part to contact a member of the research team for further information about the study. Those interested were then sent an invitation pack for the study including a participants information form and a consent form relating to participant agreement with statements pertaining to current registration and practising as an Australian-based osteopath. As an incentive to take part in interviews, participants were awarded a 50 AUD gift card. Sampling followed a purposeful approach [(Coyne 1997)](https://paperpile.com/c/NqkVng/k25t), whereby interested participants were intentionally selected based on their age, gender, practice background and clinical experience to ensure data was generated from a variety of perspectives.

*Data collection*

Semi-structured interviews with participants were used to generate data for this study. Participants were invited to complete the Osteo-TAQ before the scheduled interview. Our objective during the interview process was to gain valuable insights and opinions from participants about the survey questions. Specifically, this study utilised two established approaches to cognitive interviewing namely ‘think aloud approach’ and a more ‘probe-based’ approach [(P. Beatty 2004)](https://paperpile.com/c/NqkVng/3fFr). In the think aloud approach, questions from researchers invited participants to talk through their thinking processes as they completed the Osteo-TAQ. The think aloud approach enabled researchers to obtain an interpretative portrayal of the thought/cognitive processes of participants as they considered each item on the Osteo-TAQ. The probing approach involved asking participants direct questions about their responses to the Osteo-TAQ to obtain a deeper understanding of the nature of data the questionnaire sought to capture. Two researchers OT and GM conducted three interviews respectively and were both experienced qualitative researchers with expertise in semi-structured interview methods. Table 1 below provides an illustration of the questions asked to participants during the cognitive interviews.

Table 1. Example Interview guide

|  |
| --- |
| 1. *What were your initial thoughts and feelings having completed the Osteo-TAQ?* 2. *What does the term ‘therapeutic approach’ mean to you?* 3. *What do you think of when I say the words [from the Osteo-TAQ questionnaire] …(eg ‘collaboration’, ‘assessment of a patients’ bodies, ‘relying on palpation’)?* 4. *Can you repeat the question I just read out in your own words (interviewer will read out a specific question from the Osteo-TAQ).* 5. *What does it mean for you to decide on a treatment approach for a patient?* 6. *What does it mean for you to individualise your treatment approach?* 7. *What does it mean to you to be ‘led by the patient’?*   **Follow up questions:**  How did you arrive at that answer?  Was that easy or hard to answer? Can you say how and why?  Can you tell me more about your thoughts behind that answer?  What came to mind when you answered that question? |

*Data analysis*

Interview recordings were transcribed verbatim using Otter.ai [(“Otter.Ai - Voice Meeting Notes & Real-Time Transcription,” n.d.)](https://paperpile.com/c/NqkVng/5sVO) transcription software. Generated transcriptions were cross-checked with the audio-recording for accuracy. Data analysis involved three phases. In the first phase two researchers (OT and GM) independently read and re-read all six interview transcripts using qualitative content analysis [(Kleinheksel et al. 2020)](https://paperpile.com/c/NqkVng/4im2) to identify any problems with the structure, phrasing and accessibility of the Osteo-TAQ items as identified by participants [(Bengtsson 2016)](https://paperpile.com/c/NqkVng/KVDl). Briefly, content analysis was chosen as it was able to systemically locate the data about the Osteo-TAQ within predefined categories, rather than other interpretivist qualitative methodologies which seek to build in-depth theories, narratives and descriptions inductively from data such as grounded theory and phenomenology [(Petty, Thomson, and Stew 2012)](https://paperpile.com/c/NqkVng/nUMz); and this feature of content analysis was appropriate for the study’s aims to assess and improve the quality of the Osteo-TAQ survey items prior to utilising the Osteo-TAQ amongst the Australian osteopathic profession.

During this analytical phase the researchers examined the data in relation to the predefined areas of ‘patient’, ‘examination’, ‘treatment’ and ‘management’, which were considered by the research team to be core concepts underpinning the Osteo-TAQ, as based on the Thomson’s original theory [(O. P. Thomson, Petty, and Moore 2014b)](https://paperpile.com/c/NqkVng/jWen). Furthermore, they scrutinised the interviews for any potential issues of clarity and ambiguity. At the end of Phase 1 both researchers (OT and GM) met to discuss their analysis and identify any major problems. They jointly developed a single ‘problem framework’ that was reviewed by a third researcher (MF) in Phase 2. During this second phase, MF reviewed the framework and ensured interviewee data and the researchers' perspectives were consistent and provided further analytical comments. These comments were discussed in the third phase of data analysis. During the third and final phase, the researchers comprising OT, GM, MF and BV collectively discussed the problems identified in the previous phases and reached a consensus on which items required amendments and the exact nature of any amendments to the Osteo-TAQ (Table 3, column 6).

**Results**

Participants

A purposive sample of six Australian registered osteopaths (n = 6) participated in this study, exhibiting variation in their professional characteristics such as clinical experience, clinical interests, and practice setting, as well as age and gender. The backgrounds of participants are summarised in Table 2.

Table 2. Professional and demographic background of participants

|  |  |
| --- | --- |
| **Gender** | |
| Female | 2 |
| Male | 4 |
| **Age** | |
| 20-29 | 1 |
| 30-39 | 4 |
| 40-49 | 1 |
| **Clinical Setting** |  |
| Private/Solo practice |  |
| Private Group practice | 6 |
| **Hours in clinical practice per week** | |
| < 10 |  |
| 10-19 | 1 |
| 20-29 | 2 |
| 30-39 | 2 |
| 40+ | 1 |
| **Clinical area** |  |
| Generalist | 2 |
| Advanced Practice (OA Recognition)**1** | 3 |
| **Area of Advanced Practice** | |
| Paediatrics | 1 |
| Sports Management | 2 |
| Exercise-based Rehab | 1 |
| Pain Management | 2 |
| **Main clinical area of interest** | |
| Generalist | 4 |
| Paediatrics | 1 |
| Sports Management | 4 |
| Exercise-based Rehab | 2 |
| Pain Management | 3 |
| **Osteopathic education** | |
| University | 6 |
| Private Educational Institution |  |
| **Years since graduation** |  |
| 1-4 |  |
| 5-10 | 3 |
| 11-15 | 2 |
| 16-19 |  |
| 20-25 | 1 |
| **Highest education level achieved** |  |
| Undergraduate/Bachelor | 2 |
| Post-Graduate (Certificate or Diploma) |  |
| Masters | 4 |
| PhD |  |

*Problem 1. Clinical practice*

Data analysis identified a number of ‘problems areas’ related to how the core notions of participants’ experience of clinical practice, namely ‘patient’, ‘treatment’, and ‘examination’ and ‘management’. These problem areas resulted in thirty items being amended, with six requiring no change. The problem areas and revised items are summarised in Table 3 and detailed in supplementary material 1.

Table 3. Summary of problem areas with example of original wording and revised wording in bold and underlined). \*Amended to possessive pronoun

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical practice problem area** | **Example of original wording** | **Example of revised wording (revisions bold underlined)** | **Reason for change** | **Supporting quotation** | **Items revised** (discussed and agreed at round 3 of data analysis) |
| **The patient** | I focus on finding the tissues causing symptoms during my examination of the patient | I focus on finding the tissues causing symptoms during my examination of **my\*** patients | Participants frequently referred to their patients. Replacing ‘the patient’ with ‘my patient’ meant that the possessive pronoun ‘my’ personalised the item and located it in the practice reality of the clinician completing the Osteo-TAQ. | *I'm actually trying to set my patients up for a long term, supportive relationship with the babies (P6)* | 1-7, 9, 10, 11, 12, 13, 14, 16, 17, 19, 21-24, 26-28, 31-33, 35, 36 |
| **Examination** | I use observation of the patient’s body to direct my treatment | I use observation of **my\*** patients' **postural alignment** to direct my treatment | Ambiguous wording and unclear what aspect of examination items were referring to. | *I interpreted observation to mean anything to do with watching patient during treatment’ (eg facial expressions, body tensing etc) – rather than postural observation (P2)* | 12, 25 |
| **Treatment** | I use palpation and joint assessment to direct treatment to address dysfunctions | I use palpation and joint assessment to direct **hands-on** treatment to address dysfunctions | Adding the term ‘hands-on’ distinguishes treatment from other management approaches*.* | *a lot of what I do is hands on treatment (P5)* | 3, 17, 20, 22, 28, 29 |
| **Management** | I provide the patient an opportunity to decide the treatment they would like to receive | I provide **my\*** patients with an opportunity to decide the **type of osteopathic care** they would like to receive | Adding the term ‘type of osteopathic care’ captures treatment/management options as a package of care/complex intervention. | *I'd say that the treatment options is quite a big bucket (P3)* | 9, 23, 27 |
| **Items where there were no changes** | 2, 8, 15, 18, 30, 34 | | | | |

*Problem 2. Possessive pronouns*

Related to the problem area of ‘patient’ was the use of possessive pronouns by participants throughout the interviews. It was observed that participants often referred to their practice and patients using the possessive pronoun 'my', despite the use of demonstrative pronouns (such as 'the patient') in the Osteo-TAQ. This pattern was identified during phases 1 and 2 of data analysis, leading to a decision in phase 3 to update all Osteo-TAQ items to incorporate possessive pronouns instead of demonstrative pronouns (items 1, 3-7, 9, 10-14, 16, 17, 19, 21-24, 26-28, 31-33, 35, 36) and is illustrated in Table 3.

*Problem 3. Likert scale response option*

Participants generally found it easy to allocate their decision to one of the four response options (always, sometimes, rarely, never). However, one problem that was encountered was the response option of ‘sometimes’ and some participants suggested that this terminology was ambiguous and failed to differentiate sufficiently between ‘sometimes’ and ‘rarely’, for example:

*I think ‘sometimes’ is interpreted as less. You think of it as a negative frequency rather than closer to really than it is to always does that make sense? So it's almost like I feel invalidated by choosing sometimes because it's like, why I do it most of the time (P4)*

*‘Sometimes’ isn't a strong enough response, I’d prefer ‘often’ (P2)*

In light of this, the research team discussed this problem in round 3 of data analysis and it was agreed to replace the response option of ‘sometimes’ to ‘often’.

**Discussion**

This study aimed to evaluate and enhance the quality of the Osteo-TAQ questionnaire, using a pilot sample of registered Australian osteopaths. Although participants in the study identified some problem areas, the subtle nature of these issues indicates that the Osteo-TAQ questionnaire, which was developed from qualitative research conducted in the UK [(O. P. Thomson, Petty, and Moore 2014b, 2014a)](https://paperpile.com/c/NqkVng/jWen+jAkR) is contemporary and resonates with practising osteopaths in Australia.

After evaluating the Osteo-TAQ, we discovered several problem areas that required attention. Analysis revealed that participants favoured the use of possessive pronouns such as ‘my’ practice and ‘my’ patient while referring to different aspects of their practice. To address this issue, we made certain adaptations to the Osteo-TAQ during the third round of our group analysis. By utilising possessive pronouns instead of demonstrative pronouns such as ‘the’ patient, it is anticipated that a stronger sense of ownership and connection will be created, which significantly increases respondents’ engagement in locating the question to their own practice reality and providing more accurate data [(Jones, Baxter, and Khanduja 2013)](https://paperpile.com/c/NqkVng/PHaz).

Additionally, the findings revealed potential problem areas in relation to the patient, examination, treatment and management, suggesting osteopaths in Australia may have a nuanced perspective on these aspects of their practice. In particular, the participants often made a distinction between ‘treatment’ and ‘management’, with the former referring to hands-on manual therapy and the latter encompassing other therapeutic options like exercise and mental health support. Current surveys which describe osteopathic practice in Australia [(Adams et al. 2018)](https://paperpile.com/c/NqkVng/F2BO) and the UK [(Plunkett, Fawkes, and Carnes 2022)](https://paperpile.com/c/NqkVng/bTlT) make similar distinctions between hands-on treatment techniques and other longer term management and supportive strategies. It might be that the separation of ‘treatment’ from ‘management’ reflects the primary role that hands-on treatment has in osteopathic practice in Australia and globally [(Ellwood and Carnes 2021)](https://paperpile.com/c/NqkVng/lAor), and how for some osteopaths hands-on care is an important if not defining feature of osteopathy [(Grace, Fleischmann, and Vaughan 2021)](https://paperpile.com/c/NqkVng/3cl1). However, further research should explore specifically osteopaths' conceptions of treatment and management and the assumed meanings and impacts of such discourse.

A finding from the analysis of the cognitive interviews was the 'distance' between the response options. In the current work, it appears that the participants had trouble distinguishing when 'sometimes' should be selected and preferred a more definitive option. The original Osteo-TAQ used ‘sometimes’ as a response option on the Likert scale, and the amended version changed this response option to ‘often’ to be consistent with the items, that is the frequency at which a behaviour was exhibited. The literature on likert frequency scales is limited, but there is a suggestion that the response option of ‘often’ may allow for participants to provide more precise data in relation to a specific behaviour, such as those measured within the Osteo-TAQ [(Bocklisch, Bocklisch, and Krems 2012)](https://paperpile.com/c/NqkVng/fUv7) . A response value of ‘often’ addresses any ambiguity and may help the Osteo-TAQ distinguish between respondents who engage in a particular behaviour or decision-making approach from those that don’t [(Bocklisch, Bocklisch, and Krems 2012)](https://paperpile.com/c/NqkVng/fUv7).

*Strengths and limitations*

There are a number of strengths and limitations of this study that warrant acknowledgment and reflection. Firstly, a relatively small sample of osteopaths took part in this cognitive interview study. Despite this small sample size (n=6), the study is still considered acceptable in cognitive interviewing methods when the pretest aims are clear. However, it's important to note that potential issues may have been overlooked during the study [(Blair and Conrad 2011)](https://paperpile.com/c/NqkVng/wlxb). Our previous research on the Osteo-TAQ [(O. P. Thomson and Anstiss 2020; O. P. Thomson et al. 2022)](https://paperpile.com/c/NqkVng/CXTB+cfEL) indicates that the likelihood of participants missing significant problems is low. This conclusion is based on the similarities in osteopathic practice between Australia [(Adams et al. 2018)](https://paperpile.com/c/NqkVng/F2BO) and the United Kingdom [(Plunkett, Fawkes, and Carnes 2022)](https://paperpile.com/c/NqkVng/bTlT), where the Osteo-TAQ was developed. Given these similarities and our experience in exploring, developing, and refining the Osteo-TAQ, we are confident in our assessment that participants are unlikely to overlook significant problems.

The utilising of cognitive interview methods in survey design for osteopathy is relatively uncommon, despite being considered as best practice in the design and development of surveys [(Ryan, Gannon-Slater, and Culbertson 2012)](https://paperpile.com/c/NqkVng/Ieyl), hence a strength of this study is its relatively novel contribution to the methodological literature in osteopathic research. Cognitive interviews are a qualitative research technique that allows participants to provide feedback on how they perceive and interpret the survey questions [(Mcleod 2022)](https://paperpile.com/c/NqkVng/rZRs). This feedback provides researchers with valuable insights into how participants understand the survey items and whether they are interpreted in the intended manner. This process enables researchers to refine survey items, making them clearer and more accurate, ultimately improving the quality and validity of the survey. The use of cognitive interviews in the development phase of the Osteo-TAQ survey is a robust method that ensures the survey items are accurately measuring the intended constructs.

The present study finds that the demographics of participants and practice characteristics of Australian osteopaths are consistent with the findings of previous large-scale research [(Adams et al. 2018)](https://paperpile.com/c/NqkVng/F2BO). Specifically, the study finds that a substantial proportion of the osteopaths work in private group practice settings, have extensive experience in the field, and possess high levels of education such as those which demonstrate more complex knowledge frameworks and critical appraisal [(“AQF Levels,” n.d.)](https://paperpile.com/c/NqkVng/PIo3). The present findings validate prior research [(Burke, Myers, and Zhang 2013; Adams et al. 2018; Orrock 2009)](https://paperpile.com/c/NqkVng/0v3x+F2BO+ufQj) and suggest that the identified characteristics reflect the scope of Australian practice, albeit not necessarily representative of all Australian practitioners. It is important to acknowledge the limitations of our study in this regard. Nonetheless, the outcomes are consistent with existing literature and support our assertions.

**Conclusion**

Through cognitive interview methods this study assessed and improved the quality of survey items for the UK-based Osteo-TAQ before utilising it to investigate the therapeutic approaches used by the Australian osteopathic profession. Three relatively minor problems were identified in relation to the core aspects of clinical practice such as the use of possessive pronouns and likert scale frequency response options. These problem areas may reflect the similarities in osteopathic practice in the UK and Australia, but also indicate subtle differences in the terminology utilised by osteopaths to describe and communicate areas of their clinical practice. The Osteo-TAQ was modified in response to these issues so that the instrument has sufficient clarity, comprehensibility and quality to be used to survey the Australian osteopathic profession, and further research is required to explore the measurement properties of the Osteo-TAQ in Australia and other jurisdictions .

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**Funding**

This research received funding from Osteopathy Australia