

## **Appendix A**

Directions:

Please complete the 13-question survey below and return it to the researchers in the prepaid addressed envelope by July 1<sup>st</sup>, 2024. The participant will return the survey to 1 University Blvd., St. Augustine, FL 32086 in the prepaid envelope to the attention of Tammy Marcin. Please do not place your name or address on the survey or return envelope.

The anticipated duration of your participation is approximately 5 minutes. The ways we will protect your privacy and confidentiality are described in a separate section of the consent form. You will be one of roughly 300 participants who will be asked to be in this study.

### **1. Education**

- What is your professional credential? Circle all that apply.
  - Physician
  - Nurse
  - Physical Therapist
  - Physical Therapist Assistant
  - Occupational Therapist
  - Certified Occupational Therapist Assistant
  - Massage Therapist
  - Other:
- How many years have you been practicing as a lymphedema clinician?
  - 0-5
  - 6-10
  - 11-15
  - 16-20
  - 20+
- What organization did you complete initial training for lymphedema certification?

- Academy of Lymphatic Studies
- Chikly Health Institute
- International Lymphedema and Wound Training Center
- LymphEd
- Norton School of Lymphatic Study
- University of Wisconsin
- Brennan School of Innovative Lymphedema Training and Studies
- Klose Training
- Klose and Norton Training
- Dr. Vodder International School
- Monarch Consulting and Education
- Toronto Lymphocare Training
- Other:

## **2. Training in nutrition**

- Did your initial training for lymphedema certification include education on nutrition for a patient/client with lymphedema?
  - Yes
  - No
- Have you completed advance training for nutrition for a patient/client with lymphedema?
  - Yes
  - No
- Do you think nutritional training is warranted as part of the entry-level training for lymphedema certification?
  - Yes
  - No
  - Unsure

### **3. Patient's education**

Is it within your scope of practice to educate a patient on how their nutrition impacts their lymphatic system?

- Yes
- No
- Unsure

### **4. Evaluation for obesity risk**

- As part of your assessment for a patient/client with lymphedema, do you calculate the body mass index?

- Yes
- No
- Sometimes

- As part of your assessment of a patient/client with lymphedema, do you have the client complete a self-report nutritional survey?

- Yes
- No
- Sometimes

- As part of your assessment of a patient/client with lymphedema, do you have the patient/client complete a self-report physical activity survey?

- Yes
- No
- Sometimes

### **5. Interventions**

- As part of your treatment for a patient/client with lymphedema, do you prescribe moderate-intensity aerobic physical activity for at least 30 minutes five days per week?

- Yes
- No
- Sometimes
- As part of your treatment for a patient/client with lymphedema, do you prescribe vigorous-intensity aerobic activity for at least 20 minutes three days a week?
  - Yes
  - No
  - Sometimes
- Do you provide patient education on how their weight can impact the effectiveness of the treatment of lymphedema?
  - Yes
  - No
  - Sometimes