

SUPPLEMENTARY FILE 1

Demographic information

	<i>Researcher</i>	<i>Manual Therapy Clinician</i>	<i>Medical Doctor</i>	<i>Patients</i>	<i>Manual Therapy Student</i>	<i>Regulatory Body Representative</i>	<i>Malpractice Insurance Representative</i>	<i>Lawyers and Judges</i>	<i>Data analysts or Informatics/ Electronic health records Representative</i>
Sex									
Age									
Country									
Ethnicity									
Profession/Occupation									
Highest degrees/education									
Highest degree year									
Work/Academic/Patient Care/Regulatory Setting				Patient Care Setting					
Years clinical experience (overall)					Months				
Years clinical experience with SMT/MOB									
Average number of patients/week prior to COVID-19									

Clinical experience with adverse events following SMT/MOB									
Number of peer-reviewed publications									
Number of publications related to patient safety or adverse events for SMT/MOB in the past 10 Years									
Musculoskeletal condition									
Musculoskeletal condition duration									
Profession received SMT/MOB from									
Have received SMT/MOB as patient									
Experienced adverse event as a patient									
Specialist training/ professional interest in SMT/MOB									