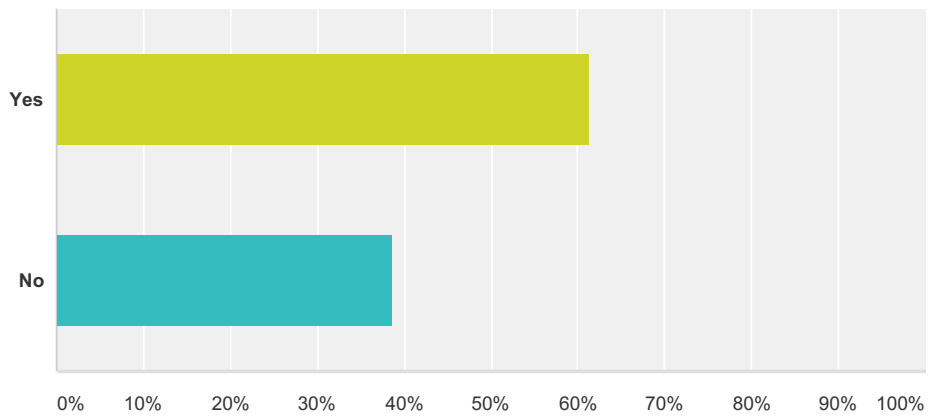


### Q1 Did you attend the Pre-Meeting Course on Wednesday, September 30, 2016?

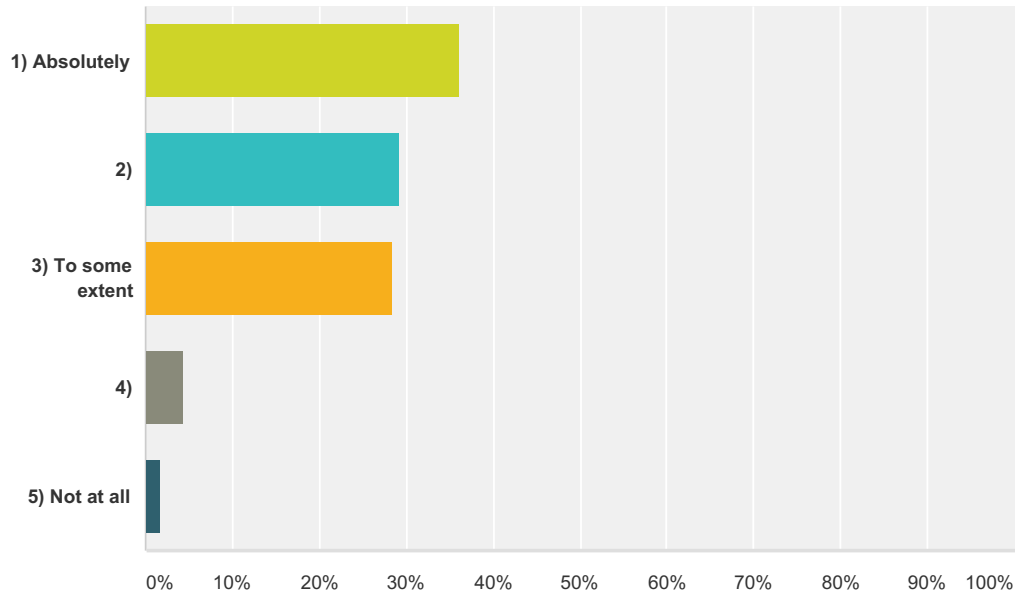
Answered: 230 Skipped: 0



Answer Choices	Responses	
Yes	61.30%	141
No	38.70%	89
<b>Total</b>		<b>230</b>

## Q2 As a result of attending this course, do you feel you have improved-knowledge regarding the appropriate indications for spinal surgery?

Answered: 116 Skipped: 114

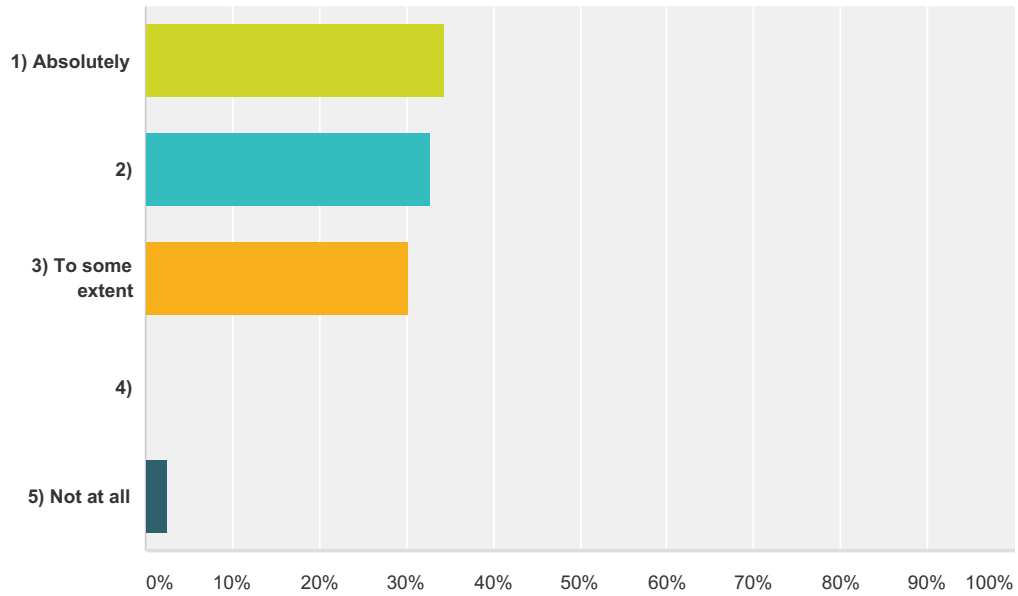


Answer Choices	Responses
1) Absolutely	36.21% 42
2)	29.31% 34
3) To some extent	28.45% 33
4)	4.31% 5
5) Not at all	1.72% 2
<b>Total</b>	<b>116</b>

#	Comments:	Date
1	The course was not based on pathologies	2/21/2017 1:43 PM
2	all had been said before. I	2/21/2017 11:35 AM
3	Great topic and very well covered	2/14/2017 1:02 PM
4	As with many SRS courses, too much is attempted to be "cramed in" to the allotted time. Less is sometimes more	2/13/2017 6:10 AM
5	It need at the end of the session a slide with 3 to 6 key words absolutely mandatory to keep with .	2/7/2017 3:03 PM
6	have previously attended meetings on this topic	2/7/2017 2:17 PM

**Q3 As a result of attending this course, do you feel you have improved-knowledge regarding the appropriate indications for various treatment options available?**

Answered: 116 Skipped: 114

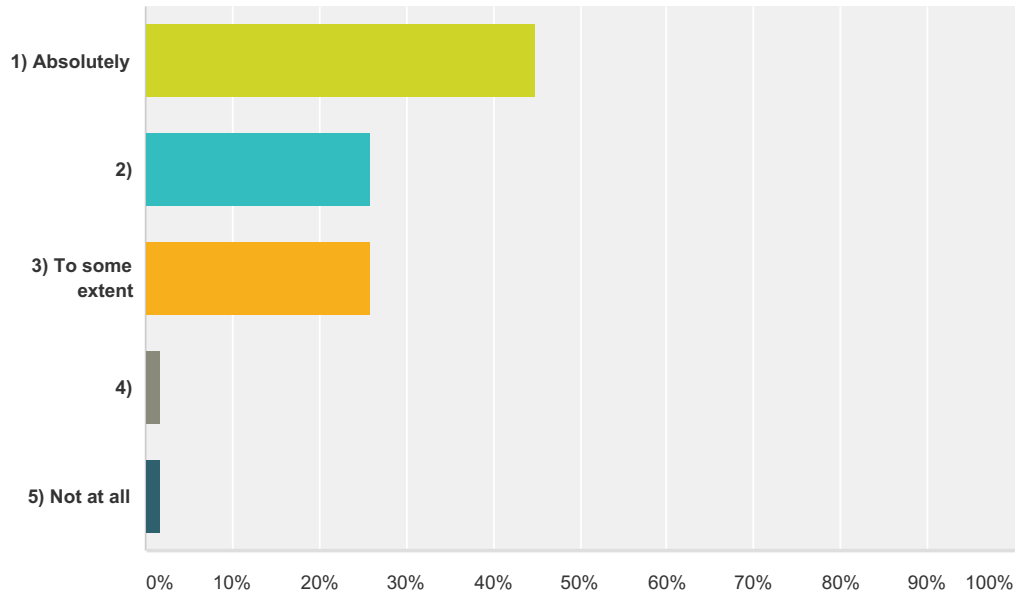


Answer Choices	Responses
1) Absolutely	34.48% 40
2)	32.76% 38
3) To some extent	30.17% 35
4)	0.00% 0
5) Not at all	2.59% 3
<b>Total</b>	<b>116</b>

#	Comments:	Date
1	little new knowledge	2/21/2017 11:35 AM
2	Same as previous one	2/7/2017 3:03 PM

### Q4 Did this course impart clinical knowledge, which is helping you provide better care for your patients in the initial evaluation?

Answered: 116 Skipped: 114

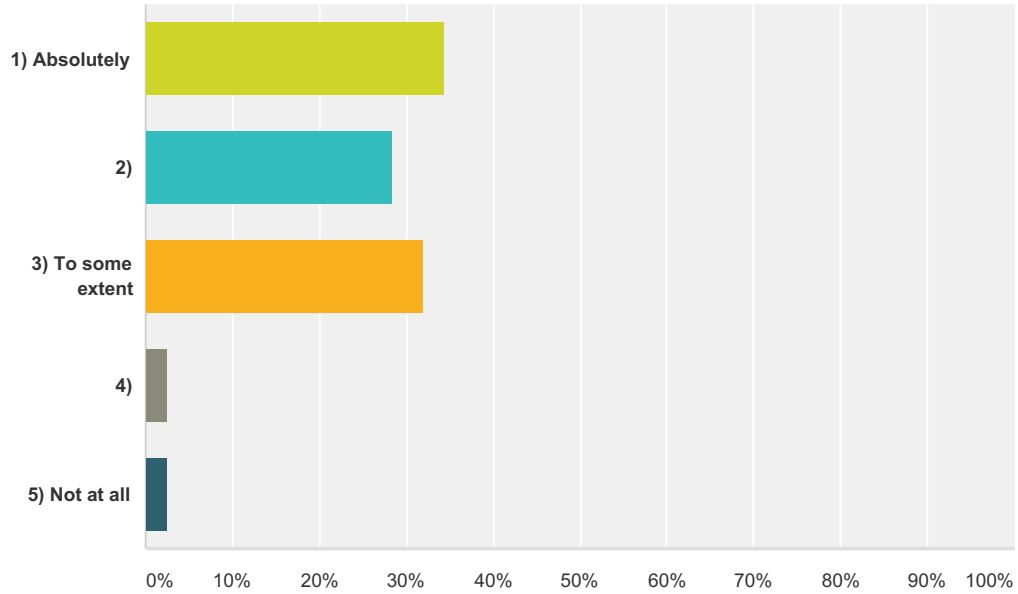


Answer Choices	Responses
1) Absolutely	44.83% 52
2)	25.86% 30
3) To some extent	25.86% 30
4)	1.72% 2
5) Not at all	1.72% 2
<b>Total</b>	<b>116</b>

#	If yes, please provide an example:	Date
1	preop evaluation with frailty index...	2/22/2017 4:19 AM
2	I wish we did not have to come a day earlier for committee meetings because of this course.	2/21/2017 11:35 AM
3	providing alerts, patients that are better managed without surgery or minor surgeries with faster recovery with less complication	2/7/2017 3:50 PM
4	check range of hip extension	2/7/2017 3:03 PM

### Q5 Did this course impart clinical knowledge, which is helping you provide better care for your patients for the postoperative course?

Answered: 116 Skipped: 114

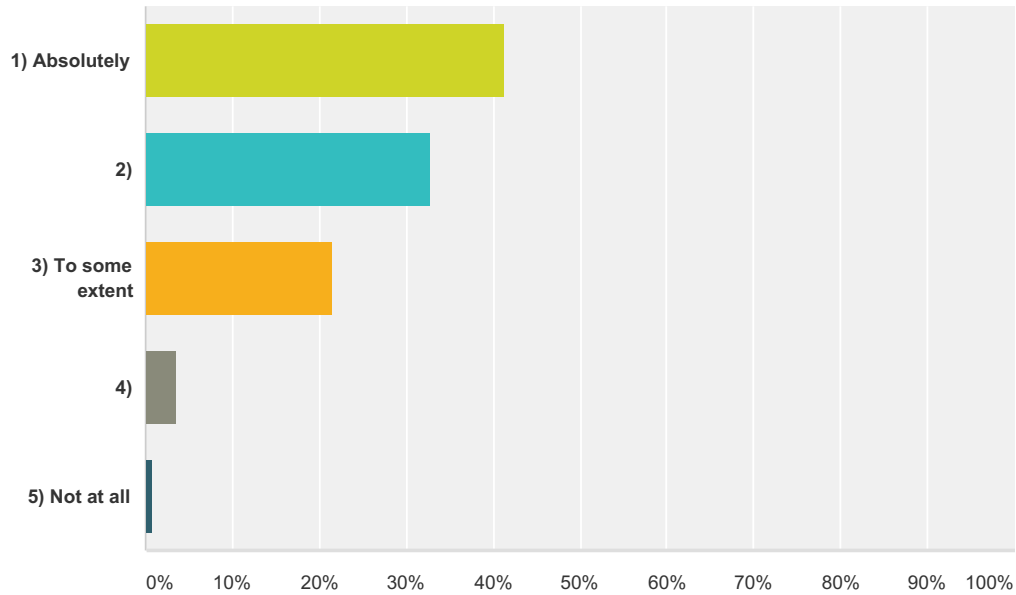


Answer Choices	Responses
1) Absolutely	34.48% 40
2)	28.45% 33
3) To some extent	31.90% 37
4)	2.59% 3
5) Not at all	2.59% 3
<b>Total</b>	<b>116</b>

#	If yes, please provide an example:	Date
1	Nice protocols, outlined care plans	2/14/2017 2:46 PM
2	because there is a tool to evaluate the results instead of different papers separated evaluating different issues, but not joining all data	2/7/2017 3:50 PM

**Q6 As a result of attending this course, do you feel you have a greater understanding of the various types of complications, which may occur intraoperatively and postoperatively in order to avoid and treat as necessary?**

Answered: 116 Skipped: 114

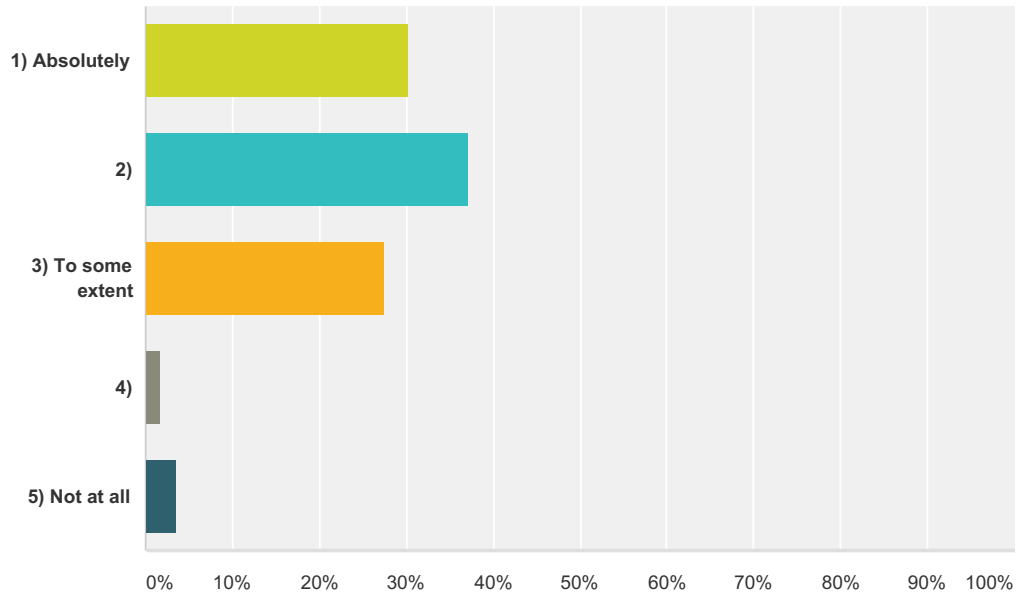


Answer Choices	Responses
1) Absolutely	41.38% 48
2)	32.76% 38
3) To some extent	21.55% 25
4)	3.45% 4
5) Not at all	0.86% 1
<b>Total</b>	<b>116</b>

#	If yes, please indicate which complication(s):	Date
1	I think that the course was more about how to deal with health insurances than deal with complications	3/1/2017 12:12 PM
2	PJK	2/15/2017 8:48 PM
3	Very nice overview	2/14/2017 2:46 PM
4	nerve root injury and infection	2/14/2017 12:44 PM
5	infection, implants and fusion failure, bone insufficiency	2/7/2017 3:50 PM
6	Bleeding	2/7/2017 3:03 PM

**Q7 As a result of attending this course, have you taken the knowledge gained and applied that knowledge to your practice of treating various types of patients requiring spinal deformity surgery?**

Answered: 116 Skipped: 114



Answer Choices	Responses	
1) Absolutely	30.17%	35
2)	37.07%	43
3) To some extent	27.59%	32
4)	1.72%	2
5) Not at all	3.45%	4
<b>Total</b>		<b>116</b>

#	If yes, what changes have you made?	Date
1	Study sagittal alignment and key radiographic parameters in all patients preoperatory and postoperatory	2/28/2017 10:23 PM
2	Old patients	2/21/2017 8:11 PM
3	talking to families and patients I have improved the confidence in stressing the possible adverse events related to surgery	2/21/2017 1:43 PM
4	balancing the risk and benefit, discuss about this repeatedly	2/14/2017 8:03 PM
5	discussions with others specialists before surgery	2/14/2017 7:05 PM
6	Increased dose of Tranexamic acid during deformity surgery	2/14/2017 2:46 PM
7	working on spine team plan to implement some of the preop checks	2/14/2017 12:46 PM
8	Better indications regarding the risk of each patient	2/8/2017 2:45 AM

## SRS-0117-799: 2016 Annual Meeting & Pre-Meeting Course Post Meeting Survey

9	Further implementation of a multidisciplinary risk assessment team for complex patients	2/8/2017 12:18 AM
10	I do not learn about economic problems in USA	2/7/2017 11:29 PM
11	becoming more systematic than I already am, screening is mandatory and there is no excuse do not follow al steps	2/7/2017 3:50 PM



## Q8 Which patients have been affected?

Answered: 40 Skipped: 190

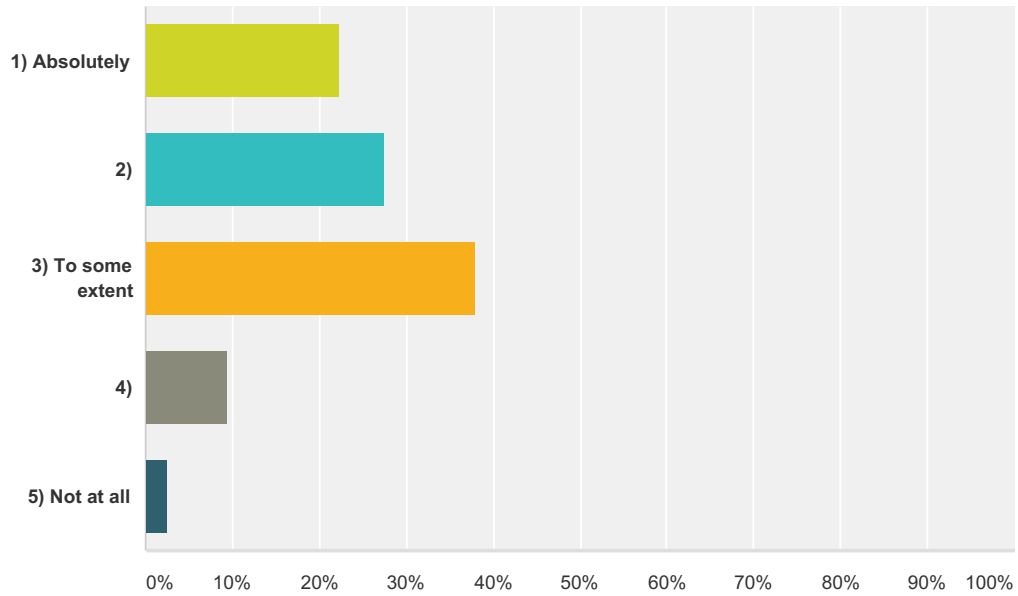
#	Responses	Date
1	With depression	3/1/2017 3:49 PM
2	More selective with Adult Deformity Surgery - I'm more likely to so "No."	3/1/2017 3:24 PM
3	all degenerative and deformities patients	3/1/2017 12:12 PM
4	Specially those with higher curves	3/1/2017 8:29 AM
5	Scoliosis adolescent and Adult	2/28/2017 10:23 PM
6	ASD	2/28/2017 3:15 PM
7	all	2/28/2017 12:39 PM
8	adult deformity	2/28/2017 12:21 PM
9	elderly patients with a number of co-morbidities	2/27/2017 2:26 AM
10	All to some extend. More on neuromuscular scoli patients	2/23/2017 12:23 PM
11	-	2/22/2017 9:01 AM
12	Old patients	2/21/2017 8:11 PM
13	none	2/21/2017 11:35 AM
14	Patients following the frailty index (older, obese, smokers, etc)	2/21/2017 10:44 AM
15	Neuromuscular scoliosis	2/21/2017 10:14 AM
16	xx	2/21/2017 10:02 AM
17	Adult deformity	2/15/2017 8:48 PM
18	Neuromuscular patients	2/15/2017 9:22 AM
19	All, to some extent - some more than others.	2/14/2017 9:41 PM
20	Adult deformity	2/14/2017 8:57 PM
21	Elderly spinal deformity patients	2/14/2017 8:03 PM
22	older patients and very young with neuromuscular deformities	2/14/2017 7:05 PM
23	AIS, ASD	2/14/2017 6:15 PM
24	Spinal deformity patients	2/14/2017 2:46 PM
25	all	2/14/2017 1:46 PM
26	neuromuscular scoliosis patients especially	2/14/2017 12:46 PM
27	The most difficult cases.	2/8/2017 10:42 AM
28	Congenital and syndromic patients	2/8/2017 8:26 AM
29	EOS patients	2/8/2017 4:00 AM
30	elderly/fragile people	2/8/2017 2:45 AM
31	geriatric adult deformity patients	2/8/2017 2:00 AM
32	Patients with co-morbidities	2/8/2017 1:57 AM
33	Neuromuscular paediatric scoliosis	2/8/2017 12:18 AM
34	elderly with comorbidities, bone insufficiency, children with neuromuscular disorders	2/7/2017 3:50 PM
35	adults more than children	2/7/2017 3:03 PM

## SRS-0117-799: 2016 Annual Meeting & Pre-Meeting Course Post Meeting Survey

36	Multi problem cp patients	2/7/2017 1:34 PM
37	Deformities of the adult	2/7/2017 11:56 AM
38	Neuromuscular scoliosis	2/7/2017 11:39 AM
39	high risk patients	2/7/2017 11:08 AM
40	NA	2/7/2017 10:02 AM

### Q9 Do you think there was enough information provided with respect to conditions treated in other parts of the world?

Answered: 116 Skipped: 114



Answer Choices	Responses
1) Absolutely	22.41% 26
2)	27.59% 32
3) To some extent	37.93% 44
4)	9.48% 11
5) Not at all	2.59% 3
<b>Total</b>	<b>116</b>

## Q10 Please provide general comments regarding the Pre-Meeting Course and suggest how it might be improved:

Answered: 29 Skipped: 201

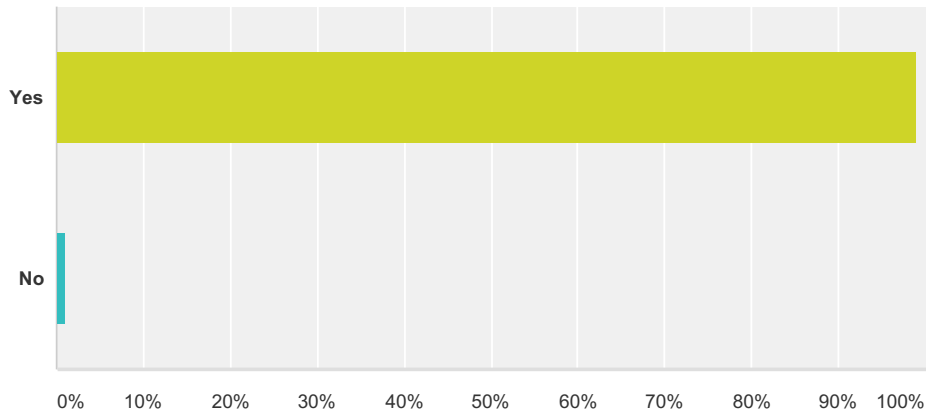
#	Responses	Date
1	I look forward to IMAST/SRS meetings every year. Very helpful for me and my patients. Keep up the great work.	3/1/2017 3:24 PM
2	As a spine fellow in training I had the opportunity to watch and participate the discussions of some doubts I would never have at the place I work in. Great course, and I will do it again next one	3/1/2017 8:29 AM
3	It is excellent from a theoretic and practical point of view. The cases discussions are of high quality of study and impeccable in training and learning. Always keeping the impeccable study in advance and training.	2/28/2017 10:23 PM
4	Well orienting	2/28/2017 3:15 PM
5	Very good course As an European surgeon, many of the treated issues were already familiar, but it was very useful and supportive to see that some of them are now perceived important in the rest of the world	2/27/2017 1:06 PM
6	it was run by experts, I believe the content and presentations were high level	2/27/2017 2:26 AM
7	Good overview of risks strategies etc	2/23/2017 12:23 PM
8	-	2/22/2017 9:01 AM
9	It was good	2/21/2017 8:11 PM
10	I think the Pre-Meeting had the benefit of making surgeons think about the surgery, but it did not give objective answers on how to treat or choose a specific patient to operate on. I think that is the main goal of the pre-meeting. Many of my answers were "to some extent" because I think the questions being surveyed were not the actual objective of the course.	2/21/2017 1:43 PM
11	delete it or else provide original knowledge rather than reviews	2/21/2017 11:35 AM
12	Some form of peer group consensus should be offered to each patient/surgeon	2/21/2017 11:15 AM
13	It was well structured and information was good.	2/14/2017 9:41 PM
14	Speakers from various countries would be interesting since the circumstances might be different	2/14/2017 8:03 PM
15	Great course overall!	2/14/2017 2:46 PM
16	None	2/14/2017 11:17 AM
17	Stop trying to cram too much information into an allotted time, less is sometimes more. Also allow more time for discuss/questions from the floor.	2/13/2017 6:10 AM
18	Very good	2/8/2017 9:41 AM
19	The course included very useful information about the spine deformity surgery.	2/8/2017 8:26 AM
20	Excellent topic very good course	2/8/2017 2:45 AM
21	Very good presentations. Survey over literature could have been presented.	2/8/2017 1:57 AM
22	This year's course was definitely the "topic d'jour" of the in crowd at the SRS. Frankly, the topics were artificially expanded to create a symposium and the presenters were on the spectrum from earnest but boring to under-prepared and bloviating. This was not at all as valuable as the course in Minneapolis.	2/7/2017 7:22 PM
23	It was very well oriented in recognizing the risk of stratification, but we need more education related to how avoid complications in those patients, recognizing the ones that should be left untreated, the ones who should have minor surgery and also some prospective work should be done with children not only in US but Asia and South America	2/7/2017 3:50 PM
24	Key words summary	2/7/2017 3:03 PM
25	This is an important topic. More outcomes studies are needed for critical assessment.	2/7/2017 2:17 PM
26	Appeared to be US centric based on justification for insurance funding of complex surgery.	2/7/2017 1:53 PM
27	No comments	2/7/2017 11:55 AM

## SRS-0117-799: 2016 Annual Meeting & Pre-Meeting Course Post Meeting Survey

28	The subject treated this year is very promising but still in development, therefore the course was somehow repetitive	2/7/2017 11:49 AM
29	NA	2/7/2017 10:02 AM

### Q11 Did you attend the 51st Annual Meeting?

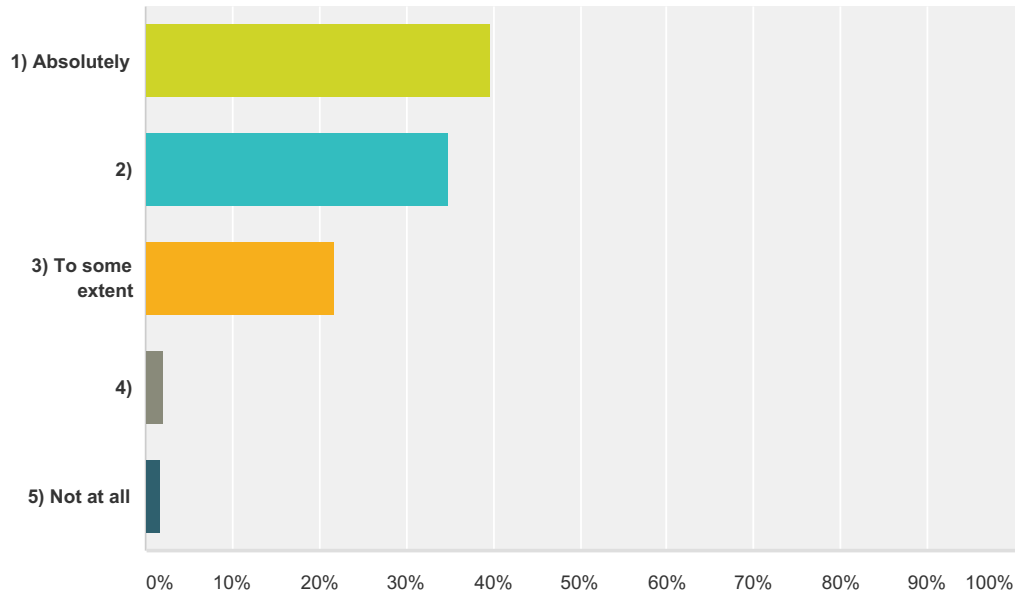
Answered: 203 Skipped: 27



Answer Choices	Responses
Yes	99.01% 201
No	0.99% 2
<b>Total</b>	<b>203</b>

### Q12 As a result of attending this meeting, do you feel you have improved-knowledge regarding the appropriate indications for spinal surgery?

Answered: 184 Skipped: 46

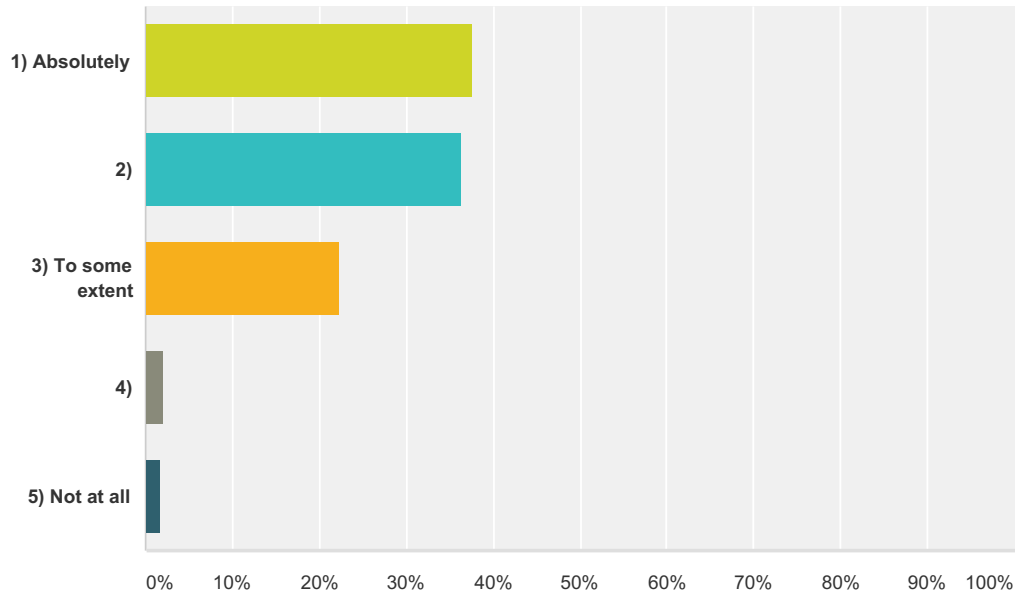


Answer Choices	Responses
1) Absolutely	39.67% 73
2)	34.78% 64
3) To some extent	21.74% 40
4)	2.17% 4
5) Not at all	1.63% 3
<b>Total</b>	<b>184</b>

#	Comments:	Date
1	great meeting with lots of options	2/21/2017 11:37 AM
2	None but satisfied!	2/11/2017 9:28 AM
3	No clues about the decision making on when conservative treatment should change in surgery of many conditions	2/7/2017 10:23 AM

**Q13 As a result of attending this meeting, do you feel you have improved-knowledge regarding the appropriate indications for various treatment options available?**

Answered: 184 Skipped: 46



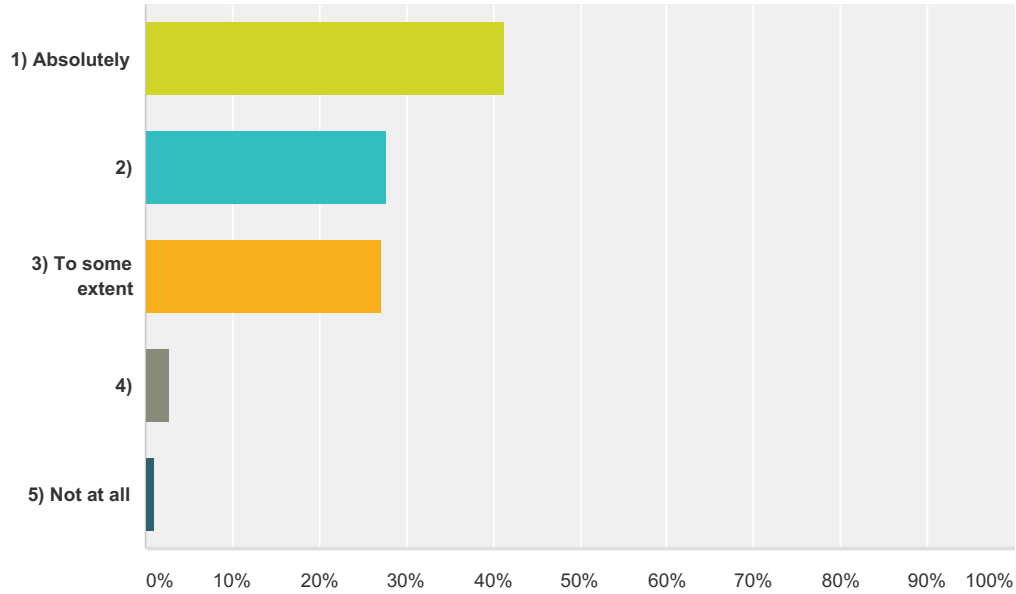
Answer Choices	Responses
1) Absolutely	37.50% 69
2)	36.41% 67
3) To some extent	22.28% 41
4)	2.17% 4
5) Not at all	1.63% 3
<b>Total</b>	<b>184</b>

#	Comments:	Date
1	concise, high value presentations	2/21/2017 11:37 AM
2	There is a myriad of issues that miss any consensus	2/7/2017 10:23 AM



### Q14 Did this meeting impart clinical knowledge, which is helping you provide better care for your patients in the initial evaluation?

Answered: 184 Skipped: 46

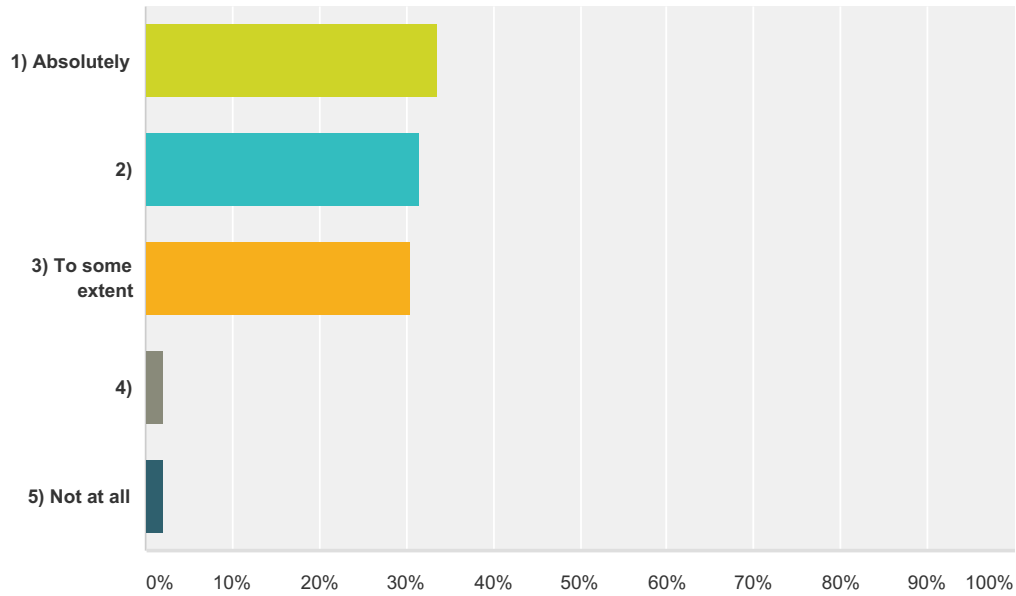


Answer Choices	Responses
1) Absolutely	41.30% 76
2)	27.72% 51
3) To some extent	27.17% 50
4)	2.72% 5
5) Not at all	1.09% 2
<b>Total</b>	<b>184</b>

#	If yes, please provide an example.	Date
1	I can evaluated sagittal and coronal global alignment and make curve correction Avoid complications	2/28/2017 10:35 PM
2	improved use of antibiotics	2/21/2017 11:37 AM
3	I brought my whole provider team, including PAs. I felt that the meeting helped solidify when and where nuances in care exist. This is very important because what we know for a fact is easy to state to the patient. However, what we do not know or what is nuance is often difficult to explain to the patient.	2/21/2017 11:13 AM
4	Learning when to say no!	2/14/2017 2:49 PM
5	prevention of complications and better management if they occur	2/14/2017 1:50 PM
6	Determination of Levels and amount of Deformity correction in adult Scoliosis	2/9/2017 11:48 PM

### Q15 Did this meeting impart clinical knowledge, which is helping you provide better care for your patients for the postoperative course?

Answered: 184 Skipped: 46

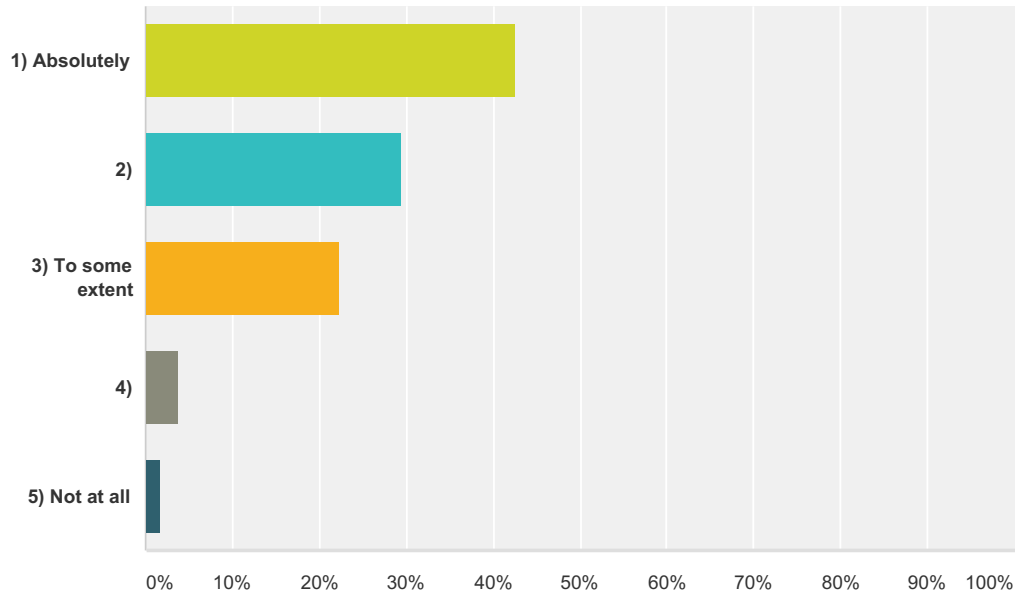


Answer Choices	Responses
1) Absolutely	33.70% 62
2)	31.52% 58
3) To some extent	30.43% 56
4)	2.17% 4
5) Not at all	2.17% 4
<b>Total</b>	<b>184</b>

#	If yes, please provide an example.	Date
1	Optimal correction can be determined using radiographic spinopelvic parameters in postoperative	2/28/2017 10:35 PM
2	better pelvic fixation	2/21/2017 11:37 AM
3	Always good to see protocols and care coordination	2/14/2017 2:49 PM
4	It was a good review	2/14/2017 1:50 PM

**Q16 As a result of attending this meeting, do you feel you have a greater understanding of the various types of complications, which may occur intraoperatively and postoperatively in order to avoid and treat as necessary?**

Answered: 183 Skipped: 47

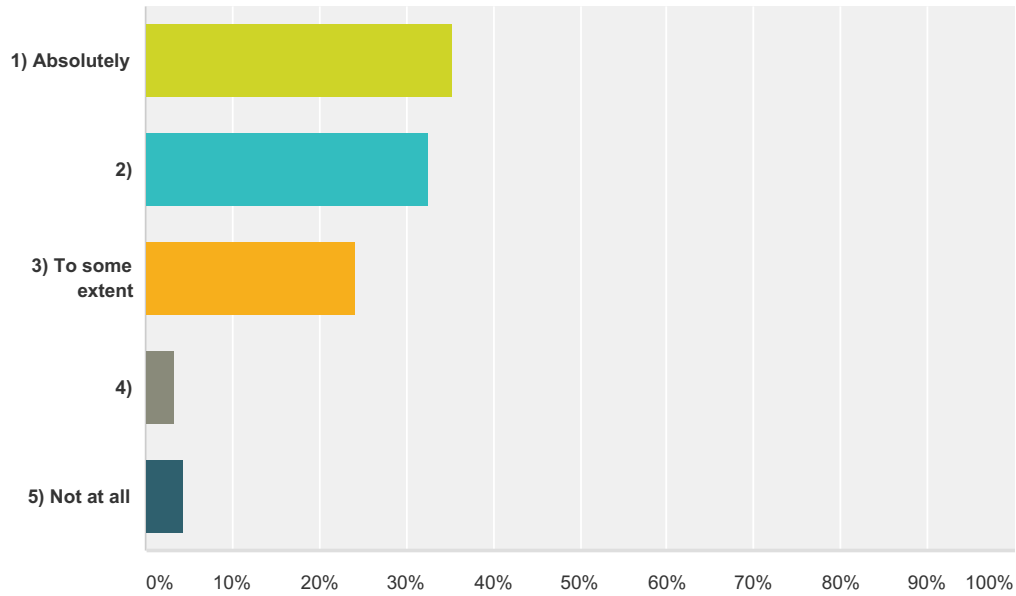


Answer Choices	Responses
1) Absolutely	42.62% 78
2)	29.51% 54
3) To some extent	22.40% 41
4)	3.83% 7
5) Not at all	1.64% 3
<b>Total</b>	<b>183</b>

#	If yes, please provide an example.	Date
1	A general improvement and increase knowledge	2/14/2017 1:50 PM
2	preoperative screening on cofounders for complications in adults	2/7/2017 10:23 AM

**Q17 As a result of attending this meeting, have you taken the knowledge gained and applied that knowledge to your practice of treating various types of patients requiring spinal deformity surgery?**

Answered: 181 Skipped: 49



Answer Choices	Responses	
1) Absolutely	35.36%	64
2)	32.60%	59
3) To some extent	24.31%	44
4)	3.31%	6
5) Not at all	4.42%	8
<b>Total</b>		<b>181</b>

#	If yes, what changes have you made?	Date
1	employed an nurse and my team are training her to prevent complications. We also are thinking about an assistance from an production engenier to standardize all our process, as we work in three different hospitals.	3/1/2017 12:16 PM
2	I still need more experience	2/28/2017 3:52 PM
3	Old patients	2/21/2017 8:17 PM
4	better selective fusions	2/21/2017 11:37 AM
5	n/a	2/21/2017 11:17 AM
6	Have implemented preoperative vit D	2/21/2017 10:55 AM
7	No	2/16/2017 3:46 AM
8	Pre-operative assessments, team planning	2/14/2017 2:49 PM

## SRS-0117-799: 2016 Annual Meeting & Pre-Meeting Course Post Meeting Survey

9	Patient selection for surgery	2/14/2017 1:50 PM
10	Not being as surprised about PJK, and treating many of these patients without additional surgery	2/9/2017 11:48 PM
11	Considering but not yet implemented change to practice	2/8/2017 12:21 AM
12	optimizing vitamin D levels in Scoliosis patients	2/7/2017 11:24 AM
13	Not in clinical practice at the moment.	2/7/2017 10:41 AM
14	Better diagnosis	2/7/2017 10:20 AM
15	MAGEC rods were introduced	2/7/2017 10:04 AM

## Q18 Which patients have been affected?

Answered: 49 Skipped: 181

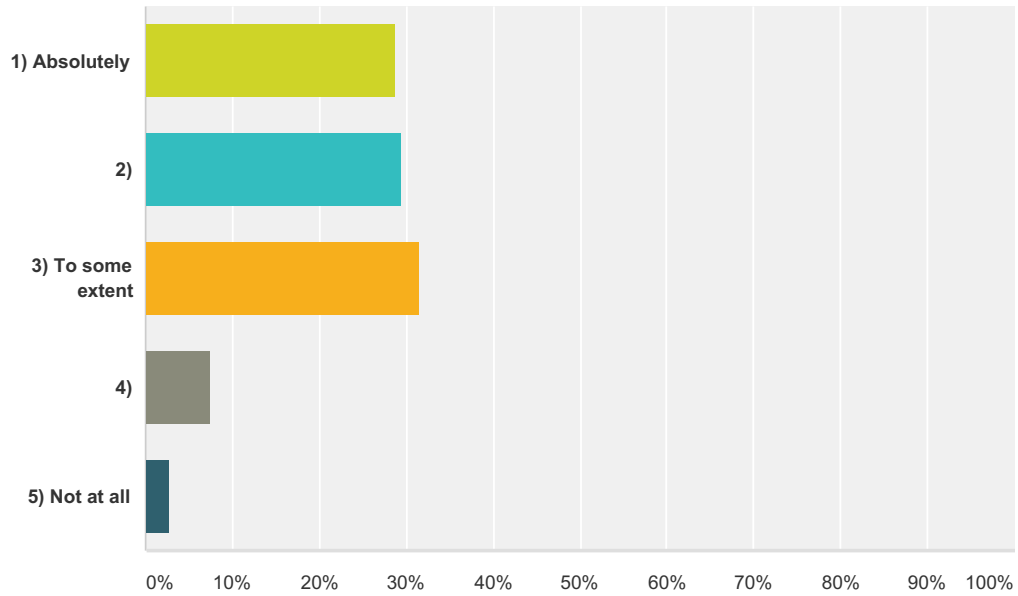
#	Responses	Date
1	Better correction techniques for AIS.	3/1/2017 3:25 PM
2	all	3/1/2017 12:16 PM
3	Those with Neuromuscular and Highier curves	3/1/2017 8:31 AM
4	AIS patients	2/28/2017 3:58 PM
5	Adult spine deformity patients	2/28/2017 3:52 PM
6	Ais	2/28/2017 3:18 PM
7	all, especially complex deformity	2/28/2017 12:40 PM
8	pediatric deformities	2/28/2017 12:22 PM
9	spinal deformity, degenerative, tumor	2/28/2017 11:08 AM
10	all of my patients	2/28/2017 10:32 AM
11	patients with osteoporosis and adjacent segment degeneration	2/27/2017 2:40 AM
12	Good update on standard of care and emerging treatments	2/23/2017 12:25 PM
13	spinal deformity	2/22/2017 11:37 AM
14	-	2/22/2017 9:02 AM
15	Old patients	2/21/2017 8:17 PM
16	lumbar disk neuropathy	2/21/2017 11:43 AM
17	AIS, CP	2/21/2017 11:37 AM
18	Op pts and now start all scoliosis pts on Vit D	2/21/2017 10:55 AM
19	Both pediatric and adults	2/21/2017 10:55 AM
20	All deformities	2/18/2017 6:55 AM
21	AIS patients primarily	2/17/2017 9:06 AM
22	Sagittal deformity patients	2/16/2017 10:02 AM
23	mostly children	2/16/2017 5:20 AM
24	Everyone	2/15/2017 9:24 AM
25	Several.	2/14/2017 9:43 PM
26	Mainly adult AIS & other deformity	2/14/2017 9:08 PM
27	Adult deformity	2/14/2017 9:01 PM
28	AIS	2/14/2017 8:53 PM
29	all spinal deformity patients	2/14/2017 8:05 PM
30	Spinal deformity ( adult and adolescent)	2/14/2017 3:06 PM
31	Pediatric deformity patients	2/14/2017 2:49 PM
32	EOS patients	2/14/2017 1:50 PM
33	AIS Paediatric deformity	2/14/2017 1:29 PM
34	one specific case of torticollis and dyskinesia was same as a case of mine and provided great insight	2/14/2017 12:48 PM
35	EOS, severe spinal deformity, etc..	2/11/2017 9:28 AM

SRS-0117-799: 2016 Annual Meeting & Pre-Meeting Course Post Meeting Survey

36	Adult Scoliosis	2/9/2017 11:48 PM
37	Complex deformity patients	2/8/2017 8:29 AM
38	adult scoliosis	2/8/2017 4:06 AM
39	Adult deformity and early onset patients	2/8/2017 2:02 AM
40	EOS. Degenerative. Adult deformity.	2/8/2017 1:31 AM
41	Early onset idiopathic scoliosis.	2/8/2017 12:21 AM
42	Adult deformity	2/7/2017 3:14 PM
43	Both adult and paediatric	2/7/2017 3:14 PM
44	early onset scoliosis; neuromuscular scoliosis patients	2/7/2017 1:57 PM
45	early onset scoliosis	2/7/2017 11:09 AM
46	Deformity patients	2/7/2017 10:20 AM
47	Those with severe spinal deformities	2/7/2017 10:13 AM
48	EOS	2/7/2017 10:04 AM
49	DLS	2/7/2017 10:03 AM

### Q19 Do you think there was enough information provided with respect to conditions treated in other parts of the world?

Answered: 184 Skipped: 46



Answer Choices	Responses
1) Absolutely	28.80% 53
2)	29.35% 54
3) To some extent	31.52% 58
4)	7.61% 14
5) Not at all	2.72% 5
<b>Total</b>	<b>184</b>



**Q20 Please provide general comments  
regarding the Annual Meeting and suggest  
how it might be improved:**

Answered: 42 Skipped: 188

#	Responses	Date
1	Its always an exceptional meeting that is chock full of basic science and clinical research. However, when it is so densely packed it may ultimately take away from the import or "water down" the actual content presented. Perhaps accept fewer and higher quality abstracts in the future. Consider "down time" for socializing and networking a la POSNA. Consider topic specific research round tables where all are welcome and research ideas and collaborations are encouraged and allowed to blossom.	3/1/2017 4:58 PM
2	The AM is fantastic. Keep up the great work.	3/1/2017 3:25 PM
3	It is excellent It is High quality conference of study that allows theoretical knowledge practical new advances and discussions of cases Exalts education and training to help patients worldwide with these vertebral deformities	2/28/2017 10:35 PM
4	more videos, more attractive X-ray films	2/28/2017 3:58 PM
5	It's a great form to stay up-dated and provides good condition for discussion with the experts	2/28/2017 3:52 PM
6	Perfect	2/28/2017 3:18 PM
7	Overall an excellent meeting-may have gotten a little skewed away from didactics and toward discussion.	2/28/2017 11:08 AM
8	Great meeting and location	2/28/2017 10:32 AM
9	Addressing the human factor rather than statical evidence	2/28/2017 10:07 AM
10	Useful as usual	2/27/2017 1:08 PM
11	went very well	2/27/2017 2:40 AM
12	Good meeting but little practice changing information.	2/23/2017 12:25 PM
13	It is a great Annual Meeting	2/22/2017 11:37 AM
14	-	2/22/2017 9:02 AM
15	If all Drs like one Issue the chief of sesión must give more minutes to discusion	2/21/2017 8:17 PM
16	Course content was varied and informative. I am not a surgeon so do not make surgical decisions. I do treat pre-op and post-op in the physical therapy setting.	2/21/2017 5:04 PM
17	An informed patient is going to be easier to treat	2/21/2017 11:43 AM
18	Best meeting concerning spinal deformity	2/21/2017 10:55 AM
19	I was very happy with this Meeting. We have to continue. I have at the Moment no new ideas	2/18/2017 6:55 AM
20	Thought the meeting was great. No real concerns. Always like to ssee more pediatric based talks and presentations as that is my focus.	2/17/2017 9:06 AM
21	More materials from the Meeting for reading back home	2/16/2017 5:20 AM
22	In global, It was (for me) very didactic congres.	2/16/2017 3:46 AM
23	I think it went reasonably well	2/14/2017 9:08 PM
24	more small group discussions	2/14/2017 8:05 PM
25	Excellent Annual Meeting, imformative and well organized. Good Venue also.	2/14/2017 6:16 PM
26	I am satisfied with the currect content of the meeting.	2/14/2017 3:06 PM
27	Very educational. Enjoy the focus on safety.	2/14/2017 2:49 PM
28	Continued focus on scientific	2/14/2017 11:18 AM

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29	As I have been a consultant for over 15 years, it would be unlikely there there are going to be any great revelations to improving my practice, just a steady improvement of the way we process, treat patients with spinal deformity and the SRS meeting is a contributing factor to one's constant striving to improving outcomes, hence the majority of marks being a 3.	2/13/2017 6:13 AM
30	None	2/11/2017 9:28 AM
31	More panel discussions. More involvement of rank and file members who have non academic practices	2/9/2017 11:48 PM
32	The Annual Meeting included very useful information about the spine deformity treatment.	2/8/2017 8:29 AM
33	I felt that I have already attended to this meeting. Nothing new regarding previous meetings. There was an enormous amount of information but no new concepts	2/8/2017 2:51 AM
34	The SRS meeting remains tremendously better than other spine meetings. However, there is too much influence from a small group and from "study groups".	2/7/2017 7:24 PM
35	no remarks	2/7/2017 3:52 PM
36	There is a very few works about neuromuscular scoliosis, complications in kyphosis surgery and no one of mesenchimal scoliosis (Marfan).	2/7/2017 3:40 PM
37	Increase participation by non North American surgeons	2/7/2017 3:14 PM
38	Excellent course. More on cost of implants globally.	2/7/2017 3:14 PM
39	No comments	2/7/2017 11:57 AM
40	There is a lack of etiology based treatments, that can be applied in all the postural deviations the SRS is responsible for ( scoliosis, kyphosis and bad postures in youth. So there is a lack of preventive and non surgical advises and interventions. like combined posture dedicated excercise and bracing.	2/7/2017 10:23 AM
41	Good content.	2/7/2017 10:20 AM
42	NA	2/7/2017 10:03 AM

## Q21 What problems or issues in your practice would you like our continuing medical education programs to address?

Answered: 67 Skipped: 163

#	Responses	Date
1	Continuing to focus on basic science research on the etiology and pathophysiology/pathoanatomy of scoliosis. Continuing to focus on understanding, designing, and interpreting patient reported outcome measures. Focus work on how to eliminate ceiling effects so as to gain a better understanding of just how we are doing. Maintain postoperative and intraoperative complications as a focus of the meeting: how to avoid, minimize occurrence of or manage when needed.	3/1/2017 5:01 PM
2	Avoiding common complications/reasons for revision surgery.	3/1/2017 3:26 PM
3	Indications, complications and Post-Op care	3/1/2017 8:32 AM
4	Dystrophies Indications and complications Level of boarding Complications Kyphosis kyphoscoliosis in children Osteogenesis imperfecta and scoliosis surgical techniques in adolescents	2/28/2017 10:39 PM
5	some problems after definitive fusion for EOS patients	2/28/2017 4:02 PM
6	Neuromuscular scoliosis -- indications, long-term outcomes, risk stratification	2/28/2017 3:56 PM
7	Continue with the main topics as adult and adolescent scoliosis, specially how to chose the correct patient and the correct surgery for our patients, how to avoid complications.	2/28/2017 3:54 PM
8	EOS	2/28/2017 3:19 PM
9	More regional variations	2/28/2017 12:22 PM
10	Adult spine	2/28/2017 11:50 AM
11	Clinical issues predominantly-spinal deformity,degenerative, etc.	2/28/2017 11:10 AM
12	risk stratification	2/28/2017 10:32 AM
13	EOS Conservative treatment Risk stratification in adult	2/27/2017 1:09 PM
14	adult deformity in polymorbid patients	2/27/2017 2:40 AM
15	natural history of deformity; complications; new technologies and their role; improving QSVI	2/24/2017 4:52 PM
16	EOS and severe rigid spinal deformity	2/22/2017 11:38 AM
17	-	2/22/2017 9:02 AM
18	influence of dynamic balance versus alignment Fusion versus function	2/22/2017 4:20 AM
19	quality of life of patient with and without surgery accommodation and refreshment was the worst part of the meeting , low quality food and drink	2/21/2017 10:07 PM
20	the need to improve core strength in patient prior to any spinal surgery	2/21/2017 5:05 PM
21	Payment issues. Negotiating with insurers	2/21/2017 1:32 PM
22	AIS psychological disturbances, AIS functional outcomes, AIS long-term outcomes	2/21/2017 11:17 AM
23	process improvements and system-wide type of practice issues as we continue to move toward a value-based healthcare delivery model	2/21/2017 11:14 AM
24	Outcomes measurement tools	2/21/2017 10:56 AM
25	Sagittal alignment and outcomes	2/21/2017 10:56 AM
26	Addressing the problems of sagittal balance, and how far should we go with the fixation on thoracic level?	2/21/2017 7:29 AM
27	Adult deformity in the Asian perspective.	2/18/2017 7:30 PM
28	I believe that the pseudoarthrosis is under-represented in our surgical practice, we must discover and analyze much better	2/18/2017 7:01 AM

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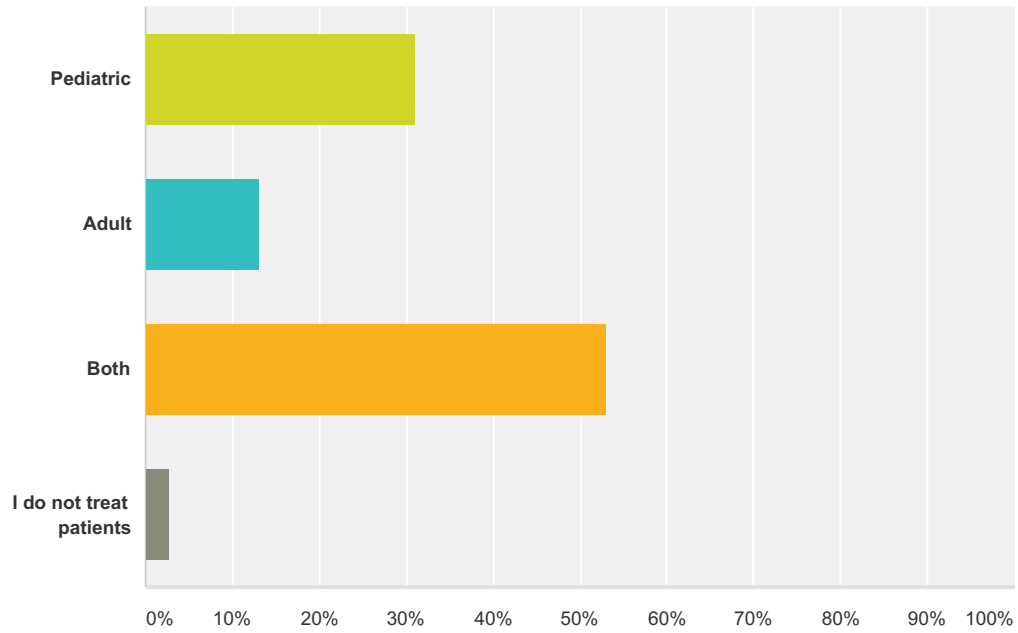
29	more on congenital and early onset scoliosis	2/17/2017 9:07 AM
30	- Indications for operative treatment in different Lenke types, depending of age, sex, available Cobb angle, progression ( what is quick progression, progression in late ages) - Predoperative planning and preparations - Choice of level of vertebradesys (depends of Lenke type, Lenke angle, sagital balance, what else?) - Free hand technic - tips and tricks - Surgical mistakes - Postoperative cares - Specifics for different types of scoliosys - neuromuscular, neurofibromatosis... - Informations about progression and probability of progression, depending of Lenke type, Cobb angle, age, sex - Danger signs for progressions - Information about treatment : physio, Shroth, deferent types of surgery	2/16/2017 5:22 AM
31	pediatric deformity	2/16/2017 3:47 AM
32	Challenging cases like spina bifida, congenital scoliosis with really big deformities	2/15/2017 9:25 AM
33	Adult deformity	2/14/2017 10:55 PM
34	Admin, program development, how to persuade supervisors that spinal deformity is an important aspect of medicine even though it is a low percentage of patients, and how to best recruit and retain providers who enjoy deformity, in a non-academic high volume setting.	2/14/2017 9:48 PM
35	Data gathering & 'audit'	2/14/2017 9:09 PM
36	Revision surgery in Adult	2/14/2017 9:02 PM
37	benefit of elderly spinal deformity patients	2/14/2017 8:06 PM
38	Early onset or syndroic scoliosis	2/14/2017 3:06 PM
39	Safety, outcomes, new technology	2/14/2017 2:50 PM
40	Growing spine	2/14/2017 1:51 PM
41	Surgical checklists. Round table sessions. Safety measures	2/14/2017 1:04 PM
42	Indications outcomes and complications	2/14/2017 11:18 AM
43	Adult spinal deformity	2/13/2017 6:13 AM
44	None	2/11/2017 9:28 AM
45	Adult Deformity, Spinal Fractures	2/9/2017 11:49 PM
46	more information on sagittal balance implications both in the cervical and lumbar spine. especially, intra-op secrets.	2/9/2017 7:26 PM
47	Post op care	2/8/2017 7:27 PM
48	Cervical congenital deformities Conservative treatment of EOS	2/8/2017 10:44 AM
49	Making education programs more common.	2/8/2017 8:31 AM
50	complications, early onset scoliosis	2/8/2017 2:03 AM
51	Neuromuscular deformities and EOS	2/8/2017 1:58 AM
52	adolescent back pain	2/7/2017 7:24 PM
53	Safety. Cost effectiveness. Complications	2/7/2017 4:25 PM
54	being able to recognize the patient that should not receive surgical treatment how to deal with pos op complications when In a congenital kyphosis myelopathic paraparetic, with no motor potentials to start surgery should go on with vertebral column resection or staged, how to explain if there is no recovery	2/7/2017 3:58 PM
55	More difficult cases or particular deformities.	2/7/2017 3:41 PM
56	Complications	2/7/2017 3:14 PM
57	Complications	2/7/2017 3:14 PM
58	early onset scoliosis issues	2/7/2017 1:57 PM
59	Pediatric deformity	2/7/2017 11:58 AM
60	osteoporotic deformity	2/7/2017 11:42 AM
61	EoS	2/7/2017 11:40 AM
62	early onset scoliosis severe (>100 degrees) and exotic pediatric deformity thoracic insufficiency syndrome infantile scoliosis	2/7/2017 11:10 AM

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63	Early childhood and later adult spinal deformities caused by sitting, slumping and sloughing during growth.	2/7/2017 10:25 AM
64	Growth modulation in pediatric spinal deformities	2/7/2017 10:22 AM
65	Aetiology of deformity Non operative treatment	2/7/2017 10:15 AM
66	Some suggestions, However possible already discussed: congenital scoliosis and (timing of) surgery when to stop brace therapy (criteria) postop pain treatment in AIS	2/7/2017 10:08 AM
67	Spine disease in the elderly Proximal junctional fracture	2/7/2017 10:03 AM

### Q22 What type of patients do you treat?

Answered: 183 Skipped: 47



Answer Choices	Responses	
Pediatric	31.15%	57
Adult	13.11%	24
Both	53.01%	97
I do not treat patients	2.73%	5
<b>Total</b>		<b>183</b>