Annual Meeting Overall Evaluation

Results Exported on October 09, 2019

EVENT SURVEY

EVENT SRS 54th Annual Meeting

EVENT DATE September 18, 2019

Report Summary

Identified Attendees	Survey Responses	Completed Surveys
568	210	12

36.97%

Response Rate

210 of 568 identified attendees responded to the survey

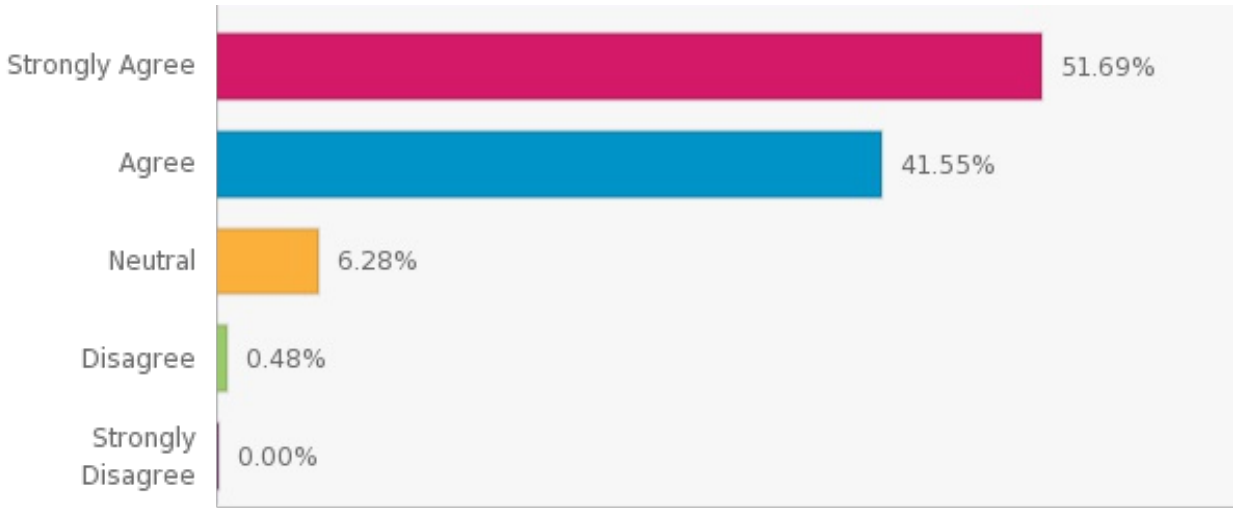
5.71%

Completion Rate

12 of 210 respondents completed the survey

Q. This meeting addressed my most pressing, practice-based questions.

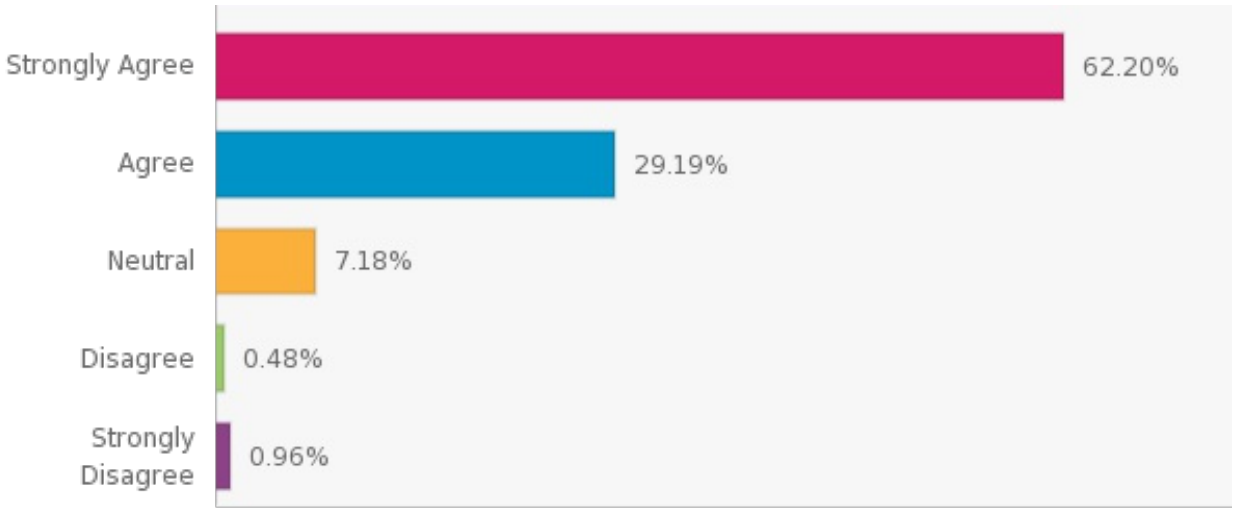
Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	107	51.69%
Agree	86	41.55%
Neutral	13	6.28%
Disagree	1	0.48%
Strongly Disagree	0	0.00%
Total	**207**	**100.00%**

Q. This meeting was free from Commercial Bias in all CME educational sessions.

Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	130	62.20%
Agree	61	29.19%
Neutral	15	7.18%
Disagree	1	0.48%
Strongly Disagree	2	0.96%
Total	**209**	**100.00%**

Q. If you believe the CME content was NOT free from Commercial Bias, please explain why.

Email	Responses
Anonymous	Some techniques are only sold by certain companies even if you don't mention the commercial name
Anonymous	Commercial bias is present in most of the surgical/instrumentation involved papers. One only needs to read the extensive list of speaker conflict statements.
Anonymous	N/A
Anonymous	Nnn
Anonymous	Question influence of industry in tethers and on the shielded Pedicle screw presentation. Unfortunately disclosure are treated like a speed formality, often ignored or skipped over.
Anonymous	The lunch time industry symposiums
Anonymous	Tough to figure out the best way to determine this. Many of our thought leaders in the SRS have tight ties to industry. Not necessarily inappropriate in most cases. The way that we list conflicts can be convoluted and misleading. In some ways, I think for Americans surgeons, we should just include a link to their Sunshine Act page. There's a big difference between someone who received 10k for consulting and someone who received $1,000,000 plus for their work.
Anonymous	N/A
Anonymous	Many of the presenters for promoting their computer based preoperative planning software or their use of artificial intelligence. They clearly are getting paid as consultants to develop these technologies. They are pushing the field in a

	direction that does not cause a necessarily require this and are using their influence to change the field, with potentially damaging consequence.
Anonymous	I don't use / need CME
Anonymous	Absolutely free
Anonymous	lunchtime symposium hosted by vendors
Anonymous	-
Anonymous	Na
Anonymous	n/a
Anonymous	Disclosures are flashed on screen to fast to see. Presenters should be required to disclose total amount of money received.
Anonymous	I think in general all surgeons have expressed their surgical experience without commercial bias

Q. What changes will you make to your practice as a result of what you have learned at the meeting?

Email	Responses
Anonymous	Keep coming to srs events
Anonymous	Probably will start using dashboards
Anonymous	Better practice
Anonymous	Possibly
Anonymous	Join SRS
Anonymous	Complication avoidance
Anonymous	Dosing TXA- May change based on data and discussions
Anonymous	Collect data
Anonymous	Stop using cell saver for surgery less than 4 hours Higher dose TXA Better maintenance of sterile field with respect to Pericles screws
Anonymous	More security
Anonymous	VBT— more selectivity of indications
Anonymous	Criteria to analyse and plan better patients
Anonymous	Soft landing on long constructs. More vigilant in controlling Sagittal alignment Prepping optimization
Anonymous	It will help me in operating theatres as a scrub nurse to prepare for such surgery
Anonymous	Better pre op Preparation of my ASD. Patients
Anonymous	Prevent perioperative complication
Anonymous	introduce the GAP in my daily basis
Anonymous	N/A - my role is a research coordinator
Anonymous	Yes better understanding of tranexmic acid use
Anonymous	Infection mgmt for NM deformity

Anonymous	Use of humerus head classification and outcome algorithm. Also will use 4 spine based anchor points with MAGEC.
Anonymous	Improved sagittal balancs
Anonymous	No change
Anonymous	Sagittal plane balance
Anonymous	Add frailty evaluation to pre-op studies
Anonymous	Better understanding of scoliosis genesis Better instrumentation technique for scoliosis
Anonymous	- Will follow post-brace AIS patients longer, until Sanders grade 8.
Anonymous	Humerus growth staging and progression of scoliosis
Anonymous	Likely learn more about tethering.
Anonymous	I will remember these principles during my training.
Anonymous	More options to determine PHV
Anonymous	Will continue to evolve multidisciplinary scoliosis team for OR and postop management.
Anonymous	Increased utilization of data capture and analysis
Anonymous	Will try again to get spine team from our hospital adminstration
Anonymous	More attention to pjk in adolescence
Anonymous	More options to determine PHV
Anonymous	Strongly considering offering tethering or concave distraction to my AIS patients.
Anonymous	Gave up on the GAP score
Anonymous	Increased use of outcome measures Pre-operative patient maximization

Anonymous	1. Increased use of outcomes 2. Pre-operative patient maximization
Anonymous	Helped refine optimization and surgical care
Anonymous	Engage into data collection, and participation into database development.
Anonymous	Using the new humeral growth staging
Anonymous	NA - non physician
Anonymous	Several technical changes as well as evaluation/management.
Anonymous	Outcomes measures are coming for all of us
Anonymous	Kyphosis the pjk dilemma unanswered
Anonymous	Detailed preop evaluation of patients with neuromuscular scoliosis
Anonymous	I am more informed of new techniques and procedures
Anonymous	I will plan better my surgeries using spinopelvic parameters
Anonymous	will utilize scoli prediction scores
Anonymous	mostly pre op planning and case selection
Anonymous	More interaction with others countries and institutions
Anonymous	i'd like to start with tethering risk assesment
Anonymous	Helped me confidently select fusion levels (eg L3 or L4 debate), will adopt prox humerus maturity staging, will try awake EIS casting
Anonymous	new technology approach
Anonymous	Better understanding of PJK
Anonymous	More Debriefing
Anonymous	Different rod materials, different calculation of lung volumes

Anonymous	look into tethering more investigate navigation safety
Anonymous	None
Anonymous	Psychology referral for young patients
Anonymous	Nothing
Anonymous	emphasis on modifiable risk factors in ASD
Anonymous	PJK management
Anonymous	.
Anonymous	More cases will be done with less risky surgeries
Anonymous	I am strongly considering learning tethering techniques.
Anonymous	improved patient education
Anonymous	QA improvements, better understanding of growth processes
Anonymous	Emerging information on Adult scoliosis and AIS will change my daily practice
Anonymous	Various
Anonymous	protocols preop planning postop care pathway
Anonymous	PHO classification for skeletal maturity
Anonymous	Press hospital administrators for spine teams
Anonymous	None
Anonymous	improve skills on VBT
Anonymous	I will obtain DEXA for BMD determination to help predict PJF.
Anonymous	Imaging techniques modifications Critical appraisal
Anonymous	Confirmed a number of items MIMO study I will probably decrease my screw density
Anonymous	evaluation of vertebra plana in pediatric patients

Anonymous	Work on patient safety and prevention of complications
Anonymous	Indications of approaches
Anonymous	In some aspect it will affect my practice
Anonymous	Better clinical approach to pediatric deformities
Anonymous	Track complications better
Anonymous	Update surgical and nonsurgical practices based on the most current infkormation
Anonymous	Just reinforces decisions I was making.
Anonymous	None this year. Although I will be more aggressively pursuing a robot.
Anonymous	n/a
Anonymous	n/a
Anonymous	Look closer at sagittal balance
Anonymous	new methods of monitoring and evaluating the results of treatment of patients, methods of controlling and preventing complications, methods of organizing the work of a doctor
Anonymous	continue increasing my knowledge
Anonymous	Exploring possible introduction of vertebral body tethering into my practice.
Anonymous	none
Anonymous	continue to interact with colleagues and stay up to date in this pathology attending these types of events
Anonymous	multiple ways - proximal humerus growth plate prediction of curve progression, TXA updates.
Anonymous	surgical planning tethering
Anonymous	TXA dosing
Anonymous	better understanding about planning for adult

	spinal deformity and specially revision cases

Q. Which patients will be affected?

Email	Responses
Anonymous	Scoliosis
Anonymous	Pediatrics
Anonymous	Both
Anonymous	Non-operative
Anonymous	Adult deformity
Anonymous	EOS
Anonymous	Deformity patients
Anonymous	All but mostly ais
Anonymous	All
Anonymous	All
Anonymous	My AIS patient
Anonymous	Positively yes.
Anonymous	Mostly neuromuscular and adult patients
Anonymous	Adult deformity
Anonymous	If I will have to scrub for such a case I will have more understanding not just about the instruments
Anonymous	ASD
Anonymous	Deformity
Anonymous	Patients across our scoliosis team, adults, peds, and neuro
Anonymous	Adult deformity
Anonymous	N/A
Anonymous	Spinal deformity patients
Anonymous	Humdreds

Anonymous	EOS AIS
Anonymous	None
Anonymous	Older scoliosis patient
Anonymous	Adult spinal deformity patients
Anonymous	AIS patients.
Anonymous	AIS patients
Anonymous	Pediatric scoliosis patients.
Anonymous	None at the moment
Anonymous	My neuromuscular patients
Anonymous	Pediatricinteractive discussion
Anonymous	Neuromuscular and syndromic scoliosis patients.
Anonymous	All
Anonymous	All my operative spines
Anonymous	1-21
Anonymous	Pediatric
Anonymous	AIS
Anonymous	Adult deformity
Anonymous	Pediatric and adult deformity
Anonymous	Adult and pediatric deformity patients
Anonymous	Surgical patients
Anonymous	Promote learning health systems
Anonymous	Young scoliosis patients
Anonymous	NA - non physician
Anonymous	Adult/ pediatric deformity and degenerative patients.
Anonymous	Adult scoliosis oatients
Anonymous	Continued vigilance with kyphosis correction

Anonymous	Patients with neuromuscular scoliosis
Anonymous	All
Anonymous	All patients , but those will deformity more !
Anonymous	ais
Anonymous	adult deformitiy cases
Anonymous	Pediatric surgery
Anonymous	ais with smaller curves risk assesement specially in degenrative scoliosis
Anonymous	EOS and AIS
Anonymous	My EOS patients
Anonymous	Deformity patients
Anonymous	Surgical AIS, JIS, EOS.....
Anonymous	adolescent idiopathic scoliosis, early onset scoliosis
Anonymous	AIS, JIS
Anonymous	EOS
Anonymous	Deformity patients
Anonymous	all scoliosis patients
Anonymous	Patients with adult spinal deformity
Anonymous	.
Anonymous	Deformity patients
Anonymous	AIS patients that are still growing (~Sanders stage 3)
Anonymous	adult deformity, AIS
Anonymous	Pediatric
Anonymous	Adults and adolescents
Anonymous	Adult deformity
Anonymous	AIS EOS NMS
Anonymous	AIS

Anonymous	Spine patients
Anonymous	None
Anonymous	pediatric patients.
Anonymous	Deformity patients and elderly patients.
Anonymous	Spinal deformity
Anonymous	All my deformity patients
Anonymous	AIS
Anonymous	pediatric spine lesion patients
Anonymous	Adult osteoporotic with degenerative scoliosis and stenosis
Anonymous	adults deformities
Anonymous	Yes, definitely
Anonymous	pediatric
Anonymous	surgical
Anonymous	Mostly adult deformity patients
Anonymous	n/a
Anonymous	Patients will long constructs
Anonymous	Patients with AIS, EOS, patient with neuromuscular spinal deformity
Anonymous	all my ios patients
Anonymous	Growing child with idiopathic scoliosis
Anonymous	none
Anonymous	all the patients that I treat especially with spinal deformity
Anonymous	many scoli patients
Anonymous	adult osteotomies pediatrics
Anonymous	AIS

Anonymous	Adult cases. better understanding about VBT as well

Q. What might prevent you from applying what you learned into your practice setting?

Email	Responses
Anonymous	Keep working together
Anonymous	Nothing
Anonymous	Reduce potencial complications
Anonymous	None
Anonymous	Anesthesia
Anonymous	Data is a burden to collect in practice
Anonymous	Cost, culture
Anonymous	Complications
Anonymous	n/a
Anonymous	Material limitations due to my country regulations
Anonymous	I like the EOS imaging in preop planning but my clinic won't buy
Anonymous	If there will be no cases
Anonymous	Time
Anonymous	Procedural skills
Anonymous	Time, costs, professional variations/PT
Anonymous	Tethering
Anonymous	I will take what I learned and apply it to my future and ongoing researcch
Anonymous	Nothing
Anonymous	Cost institutional resistance
Anonymous	N/A
Anonymous	Nothing
Anonymous	Getting patients to cooperate

Anonymous	Nothing
Anonymous	Hospital administration.
Anonymous	Nn
Anonymous	Difficulty in finding an access surgeon and need to gain a new skill- thoracoscopic surgery
Anonymous	In training.
Anonymous	None
Anonymous	Availability of data collection and analytical instruments
Anonymous	Hospital administrators
Anonymous	IRB, implant availability.
Anonymous	Personnel
Anonymous	Personnel available
Anonymous	Financial restraints at my practice
Anonymous	If staging doesn't actually match
Anonymous	NA - non physician
Anonymous	Availability of services/technology
Anonymous	Costs of implementing outcomes measures
Anonymous	Nothing
Anonymous	I believe that some of the predictive analytics are potentially very dangerous and people will give too much weight to the artificial intelligence and computer-based algorithms. I do not believe it is technology is ready or suitable for our profession. The "surgeon-computer chimera"model s an idea but not the only way to,see the future. It will take 10-20 years to sort out how effective some of the new strategies and scoring systems have been. I'm afraid there is quite a bit of "group think"mane trend following in the organization. If the ISSG does the research it sets a trend and the group,follows.

Anonymous	Availability of resources
Anonymous	X
Anonymous	inadequate equipments
Anonymous	Technology
Anonymous	I do not have the tethering device available in my country
Anonymous	none
Anonymous	Nothing
Anonymous	Surgical Techniques hard to glean from abstract presentations
Anonymous	Nothing
Anonymous	Hospital
Anonymous	patient's knowledge base (misguided by the internet)
Anonymous	nothing
Anonymous	Time, technical expertise, cost, risk aversion of my hospital
Anonymous	none
Anonymous	I was not convinced
Anonymous	Nothing
Anonymous	N/A
Anonymous	Radiographer preferences
Anonymous	Hospital
Anonymous	qualifying patients
Anonymous	Nothing.
Anonymous	Volume of cases
Anonymous	Hospital system

Anonymous	Habits
Anonymous	Insurance company and hospital rule and regulations
Anonymous	Something is not necessary doing the procedure
Anonymous	Technology
Anonymous	not sure
Anonymous	institutional and insurance limitations
Anonymous	The hospital wanting to not provide a consistent trained spine team.
Anonymous	n/a
Anonymous	My boss
Anonymous	nothing
Anonymous	the are acquired knowledge that will reinforce my daily practice
Anonymous	need to change way EOS is done.
Anonymous	r
Anonymous	pushback from anesthesia
Anonymous	none

Q. What is the most effective (not necessarily preferred) learning format for you?

Email	Responses
Anonymous	Conferences
Anonymous	Peer
Anonymous	Discussions
Anonymous	Cases with paper
Anonymous	Debate
Anonymous	Lectures, symposia and case base discussions
Anonymous	Powerpoint
Anonymous	Case discussion
Anonymous	Talking with Collegues
Anonymous	More polling in the audience to make us more active
Anonymous	Attending meetings
Anonymous	Early onset scoliosis
Anonymous	It was a well constructed meeting 2019. Compliments to the Program C.
Anonymous	Paper based research
Anonymous	Case presentations
Anonymous	Symposium
Anonymous	Oral communication
Anonymous	Visual with reading
Anonymous	expertise
Anonymous	Small group dynamic
Anonymous	Didactic sessions Case discussions
Anonymous	Presentations

Anonymous	Lecture w discussion Papers w discussion Case presentation
Anonymous	Small group discussion
Anonymous	Case discussion
Anonymous	Small group discussion
Anonymous	Symposium with open discussion
Anonymous	Case based discussion, Lectures
Anonymous	Written.
Anonymous	Lecture and peer to peer discussions
Anonymous	Case based discussion
Anonymous	Interactive discussion sessions
Anonymous	Small group format with greater interactive dialogue with colleagues and presenters.
Anonymous	Computer based learning
Anonymous	Free papers with longer discussion
Anonymous	Didactic lectures with excellent handouts an references
Anonymous	Interactive discussions
Anonymous	Half day courses. Case based discussion
Anonymous	Lecture and self assessments
Anonymous	lecture and web based self assessments
Anonymous	Video and paper studies
Anonymous	Oral presentation
Anonymous	Lecture based
Anonymous	Auditory - oral presentations with visual component.
Anonymous	Case discussion

Anonymous	Didactic lectures with case illustrations.
Anonymous	Listening
Anonymous	The meeting needs more empty space. Discussions are too limited and people still put up too many slides. Even the industry lunch sessions were rushed. 6bcase presentations in 1.5 hrs is way too many.
Anonymous	Peer reviewed journals, surgical videos and webinars
Anonymous	Podium lectures and Symposia
Anonymous	Didátic lessons
Anonymous	lecture
Anonymous	case discussion
Anonymous	Interactive cases
Anonymous	short webinars and short seminars case discussions
Anonymous	case discussions
Anonymous	cases
Anonymous	Visual
Anonymous	cases with evidence to provide the larger picture
Anonymous	Paper presentation
Anonymous	This format.
Anonymous	podium presentations, lunchtime symposiums, disease specific
Anonymous	Combination: papers, case based discussions, how-to format
Anonymous	.
Anonymous	Lectures with examples and techniques
Anonymous	Smaller groups and more interactive.
Anonymous	case based discussions

Anonymous	Live presentation with review of written material later
Anonymous	Case discussions
Anonymous	Reading
Anonymous	didactic
Anonymous	Lectures
Anonymous	Small group discussions
Anonymous	Free papers
Anonymous	masters technique
Anonymous	Symposia.
Anonymous	Case based
Anonymous	Discussion formats. Case presentations
Anonymous	This works
Anonymous	lecture
Anonymous	Treatment of adult scoliosis and cervical deformity
Anonymous	Most effective in complex cases
Anonymous	symposium
Anonymous	symposia
Anonymous	Case discussions
Anonymous	Examples, lectures
Anonymous	n/a
Anonymous	lecture
Anonymous	Lectures plus workshop
Anonymous	international meetings and case reports (hospital visits)
Anonymous	Small group discussion
Anonymous	the format in SRS is very effective because people

	with lot of experience participate who transmit it to the rest
Anonymous	lectures and paper to look at.
Anonymous	r
Anonymous	debates
Anonymous	Case presentations and discussions.
Anonymous	A mix of basic research presentations, surgical technique, complications
Anonymous	Case presentations

Q. Please give examples of what went well during this meeting.

Email	Responses
Anonymous	All
Anonymous	Discussions
Anonymous	Great to talk and learn from colleagues
Anonymous	Everything
Anonymous	Papers
Anonymous	Case discussions
Anonymous	Symposia
Anonymous	Lunch meetings
Anonymous	Great questions and time for discussion
Anonymous	Excellent location and refreshments - AV was also excellent with consistent WiFi
Anonymous	Hibbs papers
Anonymous	The 'take home' messaging
Anonymous	Printed program!!!
Anonymous	Short sessions with 4 or less papers followed by discussion
Anonymous	I do primarily adult so I liked the concurrent sessions and I didn't have to sit through papers that have nothing to do with my practice
Anonymous	1/2 day courses
Anonymous	.
Anonymous	Business meeting at lunch!
Anonymous	Organization and content
Anonymous	Very timely with all presentations; good questions and moderation of questions asked and answers given

Anonymous	App difficult to use,….couldn't find how to submit questions
Anonymous	Half day course, premeeting course, I liked schedule beginning at 8 am with no scheduled activity before that
Anonymous	All good
Anonymous	Great lectures, good abstracts and conversation in the q&a session.
Anonymous	Case discussion
Anonymous	Debated and pre meeting courses were very good mix
Anonymous	Good venue, great lecturers
Anonymous	Very efficient conference center with reliable wifi.
Anonymous	Nn
Anonymous	Panels and q&a
Anonymous	Excellent time management throughout all sessions.
Anonymous	Audience interaction via phone app.
Anonymous	Members business meeting at noon
Anonymous	Business mtg at noon
Anonymous	Great collegiality.
Anonymous	Very educational, meeting was smooth Great format
Anonymous	1. Excellent format 2. High yield learning
Anonymous	Organizations and timeliness of the sessions
Anonymous	Discussion periods
Anonymous	Smooth, timely, good seating mix with and without tables
Anonymous	Good mix of: adult and adolescent topics; Scientific versus clinical presentations; Interesting case

	studies. Session facilitators did an excellent job of keeping the meeting on track and on time.
Anonymous	Case discussions
Anonymous	Pre meeting course and breaking the day with paper presentation and case eeview
Anonymous	International speakers were very informative and easily understood
Anonymous	Very comprehensive subject matter. Was able to get to most sessions that I planned.
Anonymous	The presidential lecture was excellent
Anonymous	Academic program was excellent
Anonymous	Abstract presentations
Anonymous	case discussions and lunch symposium
Anonymous	Experts cases presentations
Anonymous	great case discussions I really like the precourse meeting
Anonymous	case discussions
Anonymous	Simultaneous meeting of adults and kids
Anonymous	clinical awards papers all top notch
Anonymous	Ran on time. Flowed well.
Anonymous	case presentations with diaglog
Anonymous	.
Anonymous	All good this time
Anonymous	The sessions ran efficiently and on time with plenty of time for questions and discussions.
Anonymous	flow of presentations
Anonymous	Choice of topics courses
Anonymous	Na

Anonymous	on time little more time needed for breaks lunchtime food not accessible quickly
Anonymous	Discussions
Anonymous	Breakout sessions
Anonymous	The podium presentations
Anonymous	discussions
Anonymous	Excellent symposia
Anonymous	Well organized Interesting topics Good quality speakers
Anonymous	Questions
Anonymous	scientific content beautiful city meeting site adjacent to hotel
Anonymous	Every things was organized and proper
Anonymous	Management in adult spinal deformity
Anonymous	Academic and multicultural faculties
Anonymous	talks were informative
Anonymous	High quality presentations
Anonymous	Presentations
Anonymous	n/a
Anonymous	organization
Anonymous	a lot of information about AIS
Anonymous	lectures were on time, presentations short and to the point, palais des congrès very up to date for audio visual, internet
Anonymous	Good location. Good venue with good set-up in main rooms (some seating with tables for working on computer) and lots of space for informal break-out discussions outside of main rooms.
Anonymous	the high level of the speakers and the possibility of

	being able to participate all surgeons
Anonymous	well organized. good topics
Anonymous	r
Anonymous	Hibbs section; precourse were excellent
Anonymous	all went excellent. wish the concurrent sessions would not be at the same time. it's hard to choose one vs the other one
Anonymous	Good cases, good variety of topics

Q. Please give examples of what could be improved and/or topics you would suggest for future meetings.

Email	Responses
Anonymous	Nothing
Anonymous	More about new technologies
Anonymous	More discussion and group
Anonymous	Food
Anonymous	Discussion time
Anonymous	More lectures and symposia
Anonymous	Symposia on starting / maintaining database
Anonymous	More discussions on indications and how to handle complications
Anonymous	More polling (drive app usage)
Anonymous	Indications Accurate indications for tethering
Anonymous	More etiology and more basic science. Less L2 v L4...
Anonymous	Keep doing this amazing job!!
Anonymous	The abstracts should list the institutions of Origen or where the authors work Presenters should spend more time on results and conclusions and much less on materials and methods. We can read methods in the abstract Overcharged for guests at both evening events
Anonymous	More innovative methods
Anonymous	Non-operative treatments and apecificity
Anonymous	breakfast
Anonymous	This meeting should incorporate more non-operative talks (ie physical therapy, bracing, pain management, observation only). I also think that

	pediatric talks should be stacked and adult talks should be stacked to make it easier to step away and review ePosters/site-see/complete computer work without missing applicable sessions.
Anonymous	It would be great to have an optional 5k run/walk in the morning before the meeting on one day. The content of the meeting is great but there is a lot of sitting. A 5k would be a great way to get people moving and would be a good time for networking as well.
Anonymous	Bring back Thursday pm social activity
Anonymous	Change nothing
Anonymous	Need more examples of experimental ideas, these are not recommendations, but help know what others are working on. Remember we are a research society
Anonymous	Too many measurements in the evaluation of patients
Anonymous	Include more experimental work, including early results. This is a tease arch society.
Anonymous	Keep mix of symposium and debates
Anonymous	More adult deformity sessions
Anonymous	Nn
Anonymous	N/A
Anonymous	Increased focus on future financial and access concerns with every increasing utilization
Anonymous	Need spouse breakfast Get rid of case presentation
Anonymous	Move concessions further awAy from main entrance Selected areas with electrical outlets
Anonymous	Opening ceremony reception Howard Steel Lecturer selection
Anonymous	Scoliosis in skeletal dysplasia

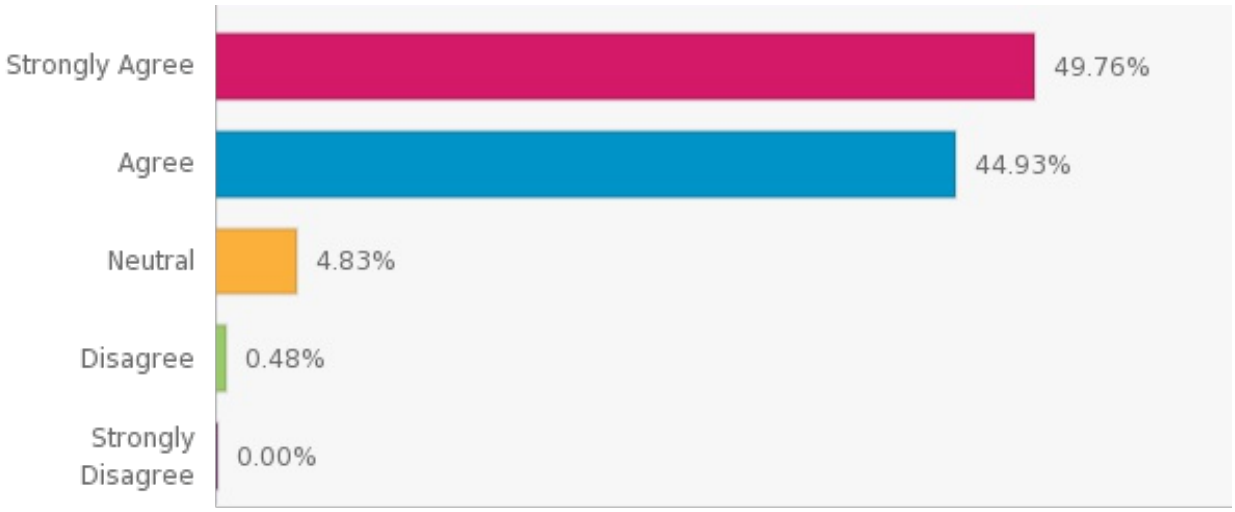
Anonymous	Scoliosis and skeletal dysplasias
Anonymous	Not sure
Anonymous	Lecture regarding importance of various statistical methods, p value isn't always the most important measure of whether something is clinically relevant
Anonymous	Would like to hear more about extended follow up in the adolescent population. Is there a way to continue to gather information as these patients progress to adulthood, etc.
Anonymous	More time allotted to paper presentations
Anonymous	How best to optimize patients prior to surgery.
Anonymous	Innovative reduction maneuvers pearls
Anonymous	Limit the number of slides each presenter can have.
Anonymous	Missed the members breakfasts which should be reinstated. Also the food at the Wednesday reception was very poor with no places to sit
Anonymous	X
Anonymous	more indepth review of congenital cases
Anonymous	More interactive with others countries and institutions outside usa
Anonymous	In 4 minutes it's imposible to understand a podium prsentation either e - posters or videos or less papers with longer time
Anonymous	more thetering and eos treatment
Anonymous	Abstracts with significant technique-related topics should be given twice the time (Castellein's 3-methods for example)
Anonymous	early onset scoliosis neuromuscular scoliosis non-operative management/does it need to be fused

Anonymous	some presentations did not match their abstracts in neuromuscular section
Anonymous	I think everything was great.
Anonymous	topics to include: non operative management of adult population, improved functional outcome measures
Anonymous	.
Anonymous	More case examples and how to fix failures
Anonymous	-
Anonymous	case discussions: too many cases for allocated time. There was not enough floor contribution Some of the papers presented that came out of study groups did not deserve to be presented. I must admit it is difficult to pinpoint through limited word count abstracts, yet such papers with limited message shoul dbe eliminated.
Anonymous	Na
Anonymous	SAR on stem cell therapy and platelet rich plasma for disc disease in adult spine deformity.
Anonymous	Forum for members to submit complex cases for advice
Anonymous	Too many repetitive papers The number of papers could be cut by 30% without losing anything
Anonymous	Venue too big
Anonymous	Give CME credit for industry sponsored talk that occurred during lunch time Thursday. That may have been the best/highest yield of all sessions I attended. There wasn't even a mention of industry products.
Anonymous	No input
Anonymous	more pediatric content
Anonymous	I would like to have a session dedicated to

	prevention of complications
Anonymous	How to solve problem in difficult cases. Minimal invasive procedure
Anonymous	More interaction with the requirements of undeveloped countries
Anonymous	none
Anonymous	The sessions are a bit long
Anonymous	I enjoy the quality improvement focus.
Anonymous	n/a
Anonymous	More complication discussion
Anonymous	Congenital spinal deformity, congenital spinal anomalies, congenital cervical pathology
Anonymous	possibility of presenting complex cases without resolving by the participants and discussing togrther how to solve them
Anonymous	r
Anonymous	A larger focus on early onset scoliosis; I might remove the industry sponsored symposiums
Anonymous	A little too much basic science

Q. This meeting strengthened practice-based learning and improvement.

Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	103	49.76%
Agree	93	44.93%
Neutral	10	4.83%
Disagree	1	0.48%
Strongly Disagree	0	0.00%
Total	**207**	**100.00%**

Q. This meeting strengthened patient care and procedural skills.

Top Response Options

Answer Options	Responses	Percentage
Strongly Agree	94	44.98%
Agree	104	49.76%
Neutral	8	3.83%
Disagree	3	1.44%
Strongly Disagree	0	0.00%
Total	**209**	**100.00%**

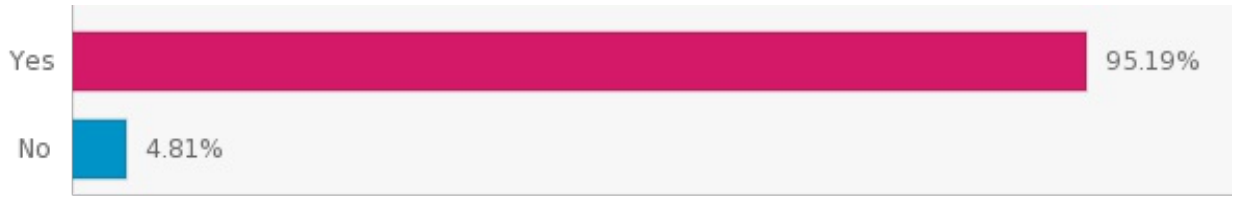
Q. This meeting strengthened system-based practice and medical knowledge.

Top Response Options

Answer Options	Responses	Percentage
Strongly Agree	102	49.04%
Agree	94	45.19%
Neutral	11	5.29%
Disagree	1	0.48%
Strongly Disagree	0	0.00%
Total	**208**	**100.00%**

Q. Was the meeting a good value in relation to your time and expense?

Top Response Options



Answer Options	Responses	Percentage
Yes	198	95.19%
No	10	4.81%
Total	**208**	**100.00%**

Q. What was your favorite session?

Email	Responses
Anonymous	Experts talks
Anonymous	The precourse session
Anonymous	Paediatric sessions and saggital balance
Anonymous	pre-course
Anonymous	Growth and scoliosis
Anonymous	Adult deformity section
Anonymous	Session 3
Anonymous	Hibbs papers
Anonymous	HCDB:Adult Spine Deformity with Dr. Ferrán Pellisé
Anonymous	Hibbs society
Anonymous	Harrington Lecture
Anonymous	Adult deformity debates
Anonymous	Pediatric scoli
Anonymous	Session 7 - Friday and Pre-meeting course
Anonymous	Adult deformity on Friday
Anonymous	Adult deformity half day course
Anonymous	.
Anonymous	Adolescent deformity
Anonymous	session 8
Anonymous	I personally loved the Howard Steel Lecture. As far as spine-based educational sessions, Session 1 was my favorite, closely followed by Session 7.
Anonymous	Friday afternoon
Anonymous	Section on growing spine on thursday
Anonymous	Hibbs clinical nominated

Anonymous	EOS
Anonymous	Adult deformity
Anonymous	Pre-meeting
Anonymous	Half-day courses
Anonymous	René Castelein Lecture
Anonymous	Adult sessions
Anonymous	Session regarding pediatric tethering.
Anonymous	PJK Session
Anonymous	PJK
Anonymous	All peds related
Anonymous	Basic Science Clinical Award paper presentations
Anonymous	EOS
Anonymous	Growing spine
Anonymous	All pediatric
Anonymous	Growing spine session. Discussion of cases and studies around tethering.
Anonymous	Early onset scoliosis
Anonymous	Saturday Morning, Pediatric and Basic science
Anonymous	The debates
Anonymous	EOS and neuromuscular on Saturday morning Lunch time breakout session on Saggital balance with Shah, Pahys, Betz and Patel
Anonymous	Adult deformities
Anonymous	Hibbs clinical papers
Anonymous	The case studies.
Anonymous	Adult spinal deformity
Anonymous	Premeeting course

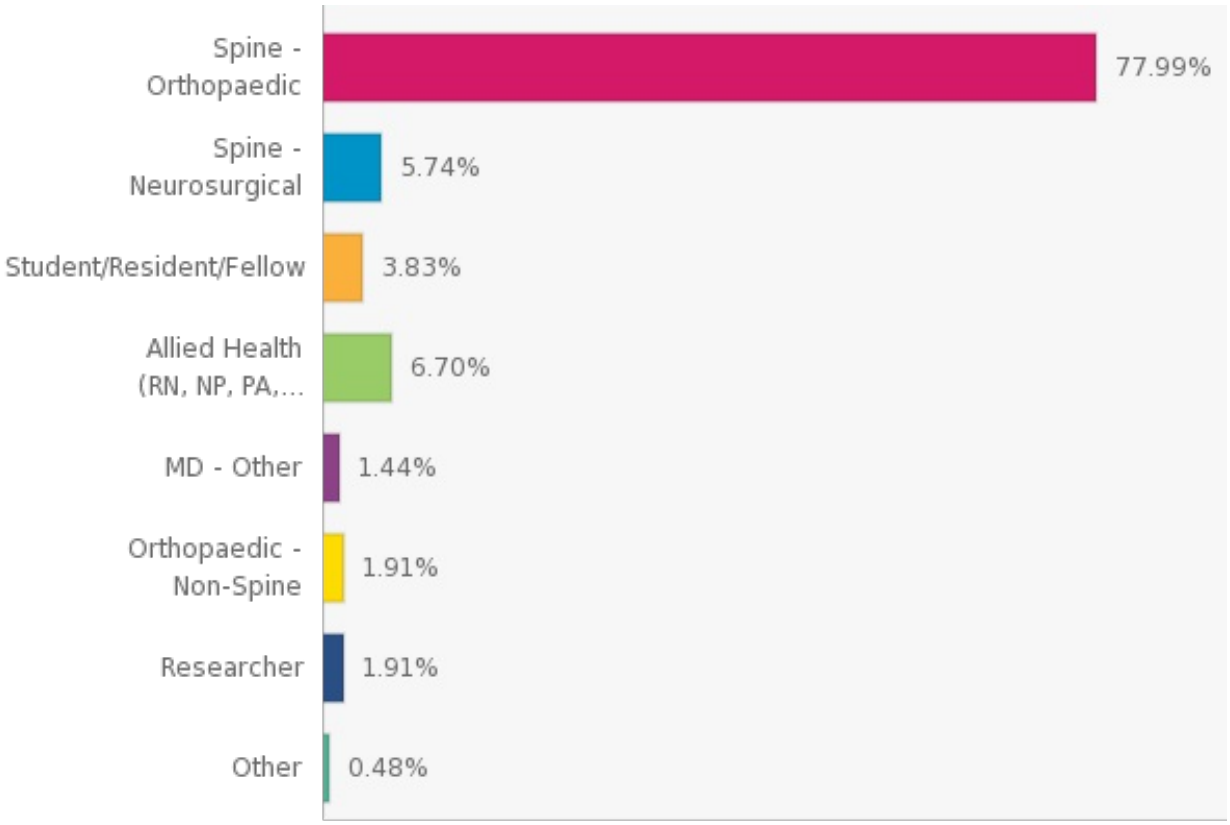
Anonymous	Quality 1
Anonymous	Adolescent idiopathic scoliosis Neuromuscular scoliosis
Anonymous	Adult Deformity
Anonymous	Adult deformity
Anonymous	AIS
Anonymous	long term follow up papers
Anonymous	Pediatric surgery
Anonymous	I like the debates
Anonymous	growing spine
Anonymous	Clinical awards
Anonymous	Anything Pediatric since I do not do Peds.
Anonymous	adult deformity
Anonymous	Adult spine deformity
Anonymous	Premiering course and Harrington lecture
Anonymous	AIS
Anonymous	all
Anonymous	Adult Deformity
Anonymous	growth and scoliosis HDC
Anonymous	Growth session on Thursday
Anonymous	HRQoL
Anonymous	Adult deformity
Anonymous	Adult deformity and complications.
Anonymous	EOS Saturday morning
Anonymous	PMC lunchtime on sagittal plane HDC on EOS
Anonymous	Case studies
Anonymous	Hibbs clinical award nominees

Anonymous	Hibbs award papers
Anonymous	Adult deformities
Anonymous	6
Anonymous	Lunch symposia
Anonymous	Hibbs clinical awards
Anonymous	Growth and Scoliosis
Anonymous	Hibbs clinical
Anonymous	Stryker case discussion lunchtime Thursday.
Anonymous	The pediatric abstract sessions
Anonymous	Hibbs clinical papers
Anonymous	miscellaneous session on Friday afternoon
Anonymous	Adult deformity,cervical deformity
Anonymous	Adults deformities and AIDs
Anonymous	Session spinal deformity (Adolescences and Adult also Geriatric)
Anonymous	pediatric
Anonymous	adult deformity
Anonymous	Any that involved case discussions
Anonymous	Quality and patient preparation.
Anonymous	Sessions on adult deformity and robotics
Anonymous	n/a
Anonymous	LTSA: Importance of Sagittal Contour in the Young and the Old
Anonymous	growth and scoliosis
Anonymous	ias sessions
Anonymous	Pediatric cervical spine
Anonymous	the round tables that treated adul deformity were

	interesting to me
Anonymous	Hibbs research papers
Anonymous	growth session
Anonymous	Hibbs and Session 10
Anonymous	Sagital imbalance
Anonymous	pre meeting course
Anonymous	the case presentations and discussions
Anonymous	Growing spine
Anonymous	Adult Deformity/PJK II
Anonymous	Growth issues in pediatric spine

Q. What is your specialty?

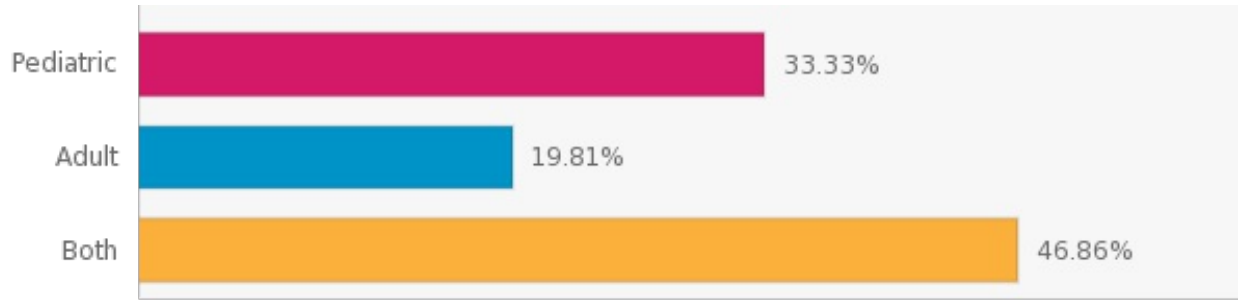
Top Response Options



Answer Options	Responses	Percentage
Spine - Orthopaedic	163	77.99%
Spine - Neurosurgical	12	5.74%
Student/Resident/Fellow	8	3.83%
Allied Health (RN, NP, PA, PT, etc)	14	6.70%
MD - Other	3	1.44%
Orthopaedic - Non-Spine	4	1.91%
Researcher	4	1.91%
Other	1	0.48%
Total	**209**	**100.00%**

Q. What types of patients do you treat?

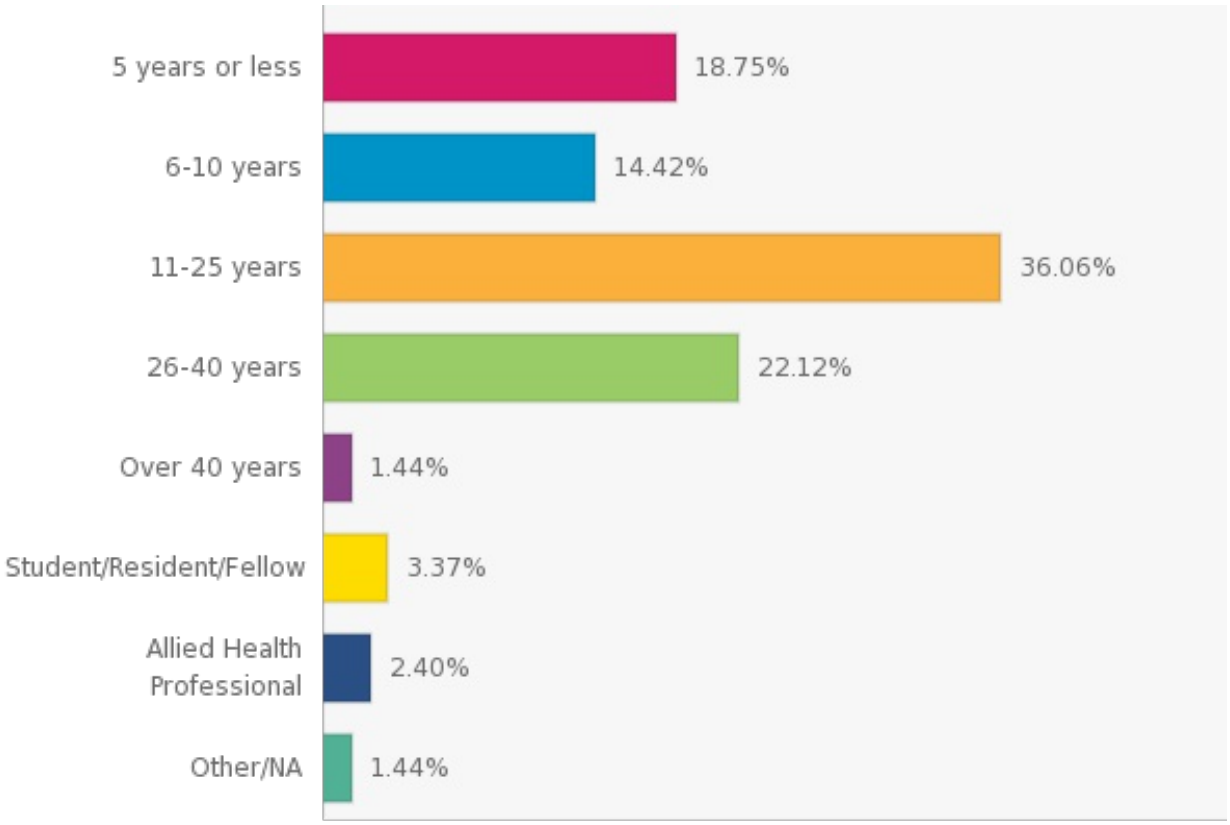
Top Response Options



Answer Options	Responses	Percentage
Pediatric	69	33.33%
Adult	41	19.81%
Both	97	46.86%
Total	**207**	**100.00%**

Q. How long have you been in practice?

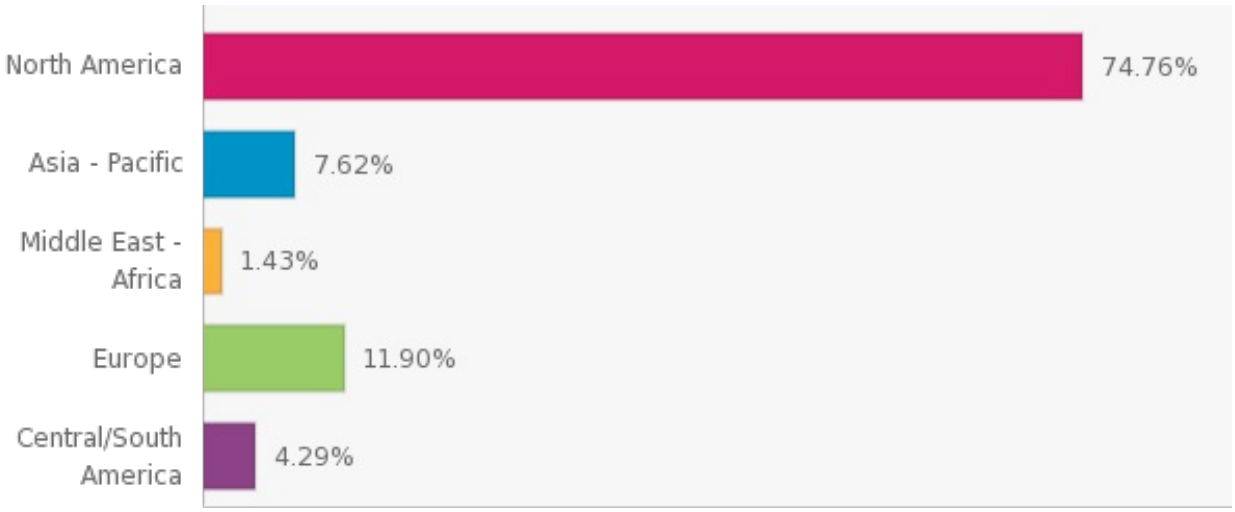
Top Response Options



Answer Options	Responses	Percentage
5 years or less	39	18.75%
6-10 years	30	14.42%
11-25 years	75	36.06%
26-40 years	46	22.12%
Over 40 years	3	1.44%
Student/Resident/Fellow	7	3.37%
Allied Health Professional	5	2.40%
Other/NA	3	1.44%
Total	**208**	**100.00%**

Q. What region do you live in?

Top Response Options



Answer Options	Responses	Percentage
North America	157	74.76%
Asia - Pacific	16	7.62%
Middle East - Africa	3	1.43%
Europe	25	11.90%
Central/South America	9	4.29%
Total	**210**	**100.00%**