Annual Meeting Overall Evaluation

Results Exported on November 06, 2018

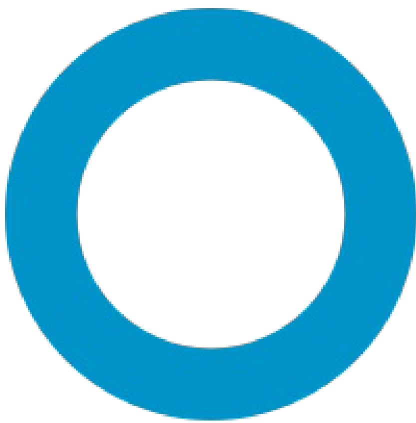
EVENT SURVEY

EVENT SRS 53rd Annual Meeting & Course

EVENT DATE October 10, 2018

Report Summary

Identified Attendees	Survey Responses	Completed Surveys
84	188	19



100.00%
Response Rate

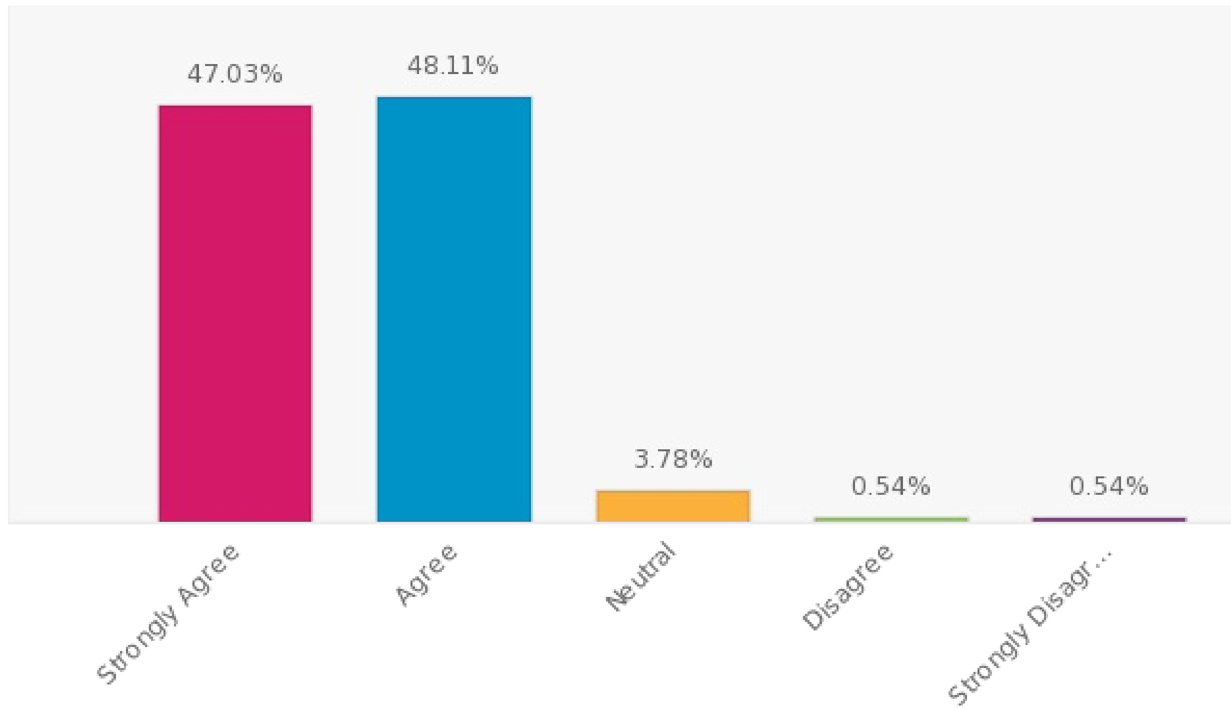
188 of 84 identified attendees responded to the survey

10.11%
Completion Rate

19 of 188 respondents completed the survey

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

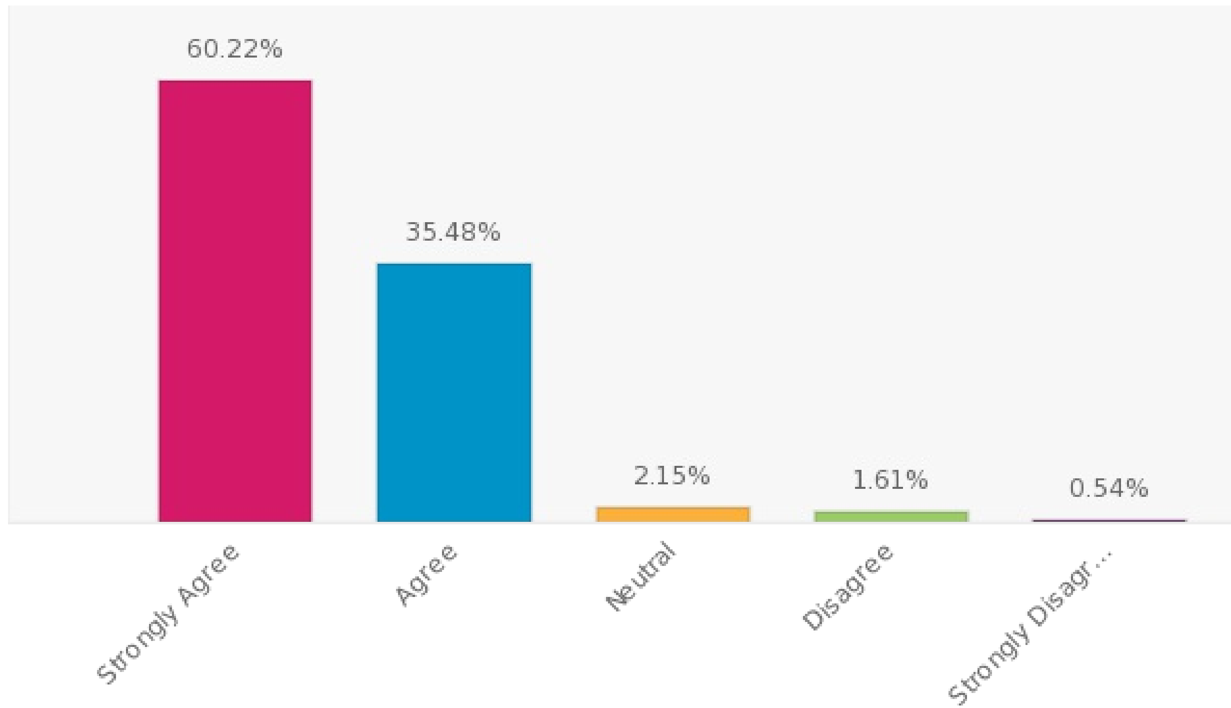
Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	87	47.03%
Agree	89	48.11%
Neutral	7	3.78%
Disagree	1	0.54%
Strongly Disagree	1	0.54%
Total	**185**	**100.00%**

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

Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	112	60.22%
Agree	66	35.48%
Neutral	4	2.15%
Disagree	3	1.61%
Strongly Disagree	1	0.54%
Total	**186**	**100.00%**

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

Email	Responses
Anonymous	We need sponsor for any conference
Anonymous	No I did not detect commercial bias
Anonymous	N/A
Anonymous	Na
Anonymous	No bias
Anonymous	No i believe
Anonymous	There are No commercial adverticement and No commercial suggestion by speaker
Anonymous	No discussion mentioned the role of company in the treatment or out com
Anonymous	Was free
Anonymous	There were a big advertisement at the main entrance and slides at every sesion
Anonymous	Most of the scientific papers did not include implants in there talk
Anonymous	N/A
Anonymous	--
Anonymous	absolutely free
Anonymous	See disclosures
Anonymous	na
Anonymous	Speakers were allowed to freely comment on the good and bad points of products that they were associated with.
Anonymous	N/A
Anonymous	No bias

Anonymous	NON APPLICABLE
Anonymous	no

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

Email	Responses
Anonymous	I will look afterwards myself better
Anonymous	Consider the sagittal balance and PI in AIS patients who are failing bracing. Feel confident counseling AIS postop patients that the coronal balance will continue to improve up to 2 years postop
Anonymous	Alignment is of critical importance.
Anonymous	Treatment of complex cases- spondy, large curves, EOS
Anonymous	Self well being
Anonymous	Continue to strive for excellence
Anonymous	Probe X-rays to determine levels of fusion
Anonymous	Still evaluating logical role for tethering
Anonymous	Na
Anonymous	As a private owned out patient physical therapy practice, we are not directly connected to a single hospital/university. SRS has become a critical resource in achieving and sustaining a high level of evidence based scoliosis dialogue with each other and patients/families.
Anonymous	Some techniques to treat EOS
Anonymous	Absolutely
Anonymous	Tether, evaluate proximal thoracic, meditate
Anonymous	None at this time
Anonymous	More tethering
Anonymous	Use of Vancomycin Anterior Surgery indications
Anonymous	Pre op expectations

Anonymous	Will look into derivations bracing.
Anonymous	Better surgical indications
Anonymous	Be more thoughtful of indications risks risks and benefits
Anonymous	none
Anonymous	I will likely start using a tethering device for proximal junctional kyphosis prevention. I will also continue to explore ways to decrease complications of deformity surgery
Anonymous	useful info on periop pain mgmt.
Anonymous	Refresment abou scoli surgery
Anonymous	I Will try to follow as much as possible according to what I got during the meeting
Anonymous	Changes to anaesthaesia and surgical techniques Research Mindfulness
Anonymous	I will explain more in details to the family about out come and complication
Anonymous	None
Anonymous	Cont to fight the issue of Sagittarius balance
Anonymous	Will look into creating a dedicated Spine Team, a PSF care plan for AIS patients , pre-emptive analgesia for PSF for AIS
Anonymous	some
Anonymous	Being more mindful Learned/honed techniques for VCR
Anonymous	Smith Humeral head classification more use of GAP More practice of tethering Building a constant spine deformities team More time for myself and my family
Anonymous	I will continue using traction, completing a better preop protocol and improving the preop pain

	medication
Anonymous	Accepte that complication occurs in the best of handsa
Anonymous	Reinforces my thoughts on tethers and magec rods
Anonymous	Imaging hands in EOS
Anonymous	Selection of fusion levels in lumbar spine will be altered
Anonymous	Learn and understand Roussouly classification Consider MAGEC rods instead of halo gravity traction
Anonymous	I will foster a feeling of peace and tranquility
Anonymous	new surgical techniques
Anonymous	The meeting reaffirmed my practice style
Anonymous	Be more diligent w bracing
Anonymous	Protocols and more clinical sessions to work with my collegues
Anonymous	Casting and bracing Lower implant density for AIS Pelvic fixation not in every NM scoliosis Pay more attention to physician health Half day course on value
Anonymous	More cuz on bracing and PROM's
Anonymous	Better advising and better Division making
Anonymous	Consider change of arm / hand position for Spine films to assess growth potential
Anonymous	no more surgica tretment in patients with adult scoliosis and older than 65 y.o.
Anonymous	I learned some tips for tr ati g adult deformity
Anonymous	Use hand/elbow estimates for skeletal maturity. Implement brace use contract
Anonymous	Better selection in fusión levels

Anonymous	Change my work life balance
Anonymous	Verify other methods of evaluating age of maturation in ias patients
Anonymous	Use of newer skeletal aging system. Use of Vancomycin powder. Work on life/work balance.
Anonymous	relation pelvis spine in adult scoliosis
Anonymous	ADS
Anonymous	mild
Anonymous	Change discussion on long term results of spinal fusion
Anonymous	Will evaluate the saggital alignment in my operative planning
Anonymous	Increased use of MIS exposures, awareness of risk factors for PJK
Anonymous	no changes at this point
Anonymous	Patient selection for spinal tethers
Anonymous	AIS evaluation madurity
Anonymous	no changes
Anonymous	More informed of current treatment options
Anonymous	Improved lumbopelvic alignment
Anonymous	More objective clinical results.
Anonymous	As an in-training attendee, I learned a tremendous amount of evidence-based contemporary trends in practice, and I will keep these in consideration to compare to what I am learning. I hope to take the best of both into practice in the future.
Anonymous	more thoughts about balance and team building more effort to standardize/improve bracing
Anonymous	largely re-inforcement of current practice standards

Anonymous	dosing for tranxemic acid
Anonymous	Honestly, not much based on this year. A little more likely to go learn to tether, but not much more likely.
Anonymous	Time management Coronal and Sagittal balance
Anonymous	Algorithm for management of degenerative scoliosis.
Anonymous	I will work on a better work/life balance I will incorporate checklists into my practice
Anonymous	I will be able to counsel my adult deformity patient better in planning for ASD surgery
Anonymous	Premedicate for pain prior to surgery
Anonymous	Continue to be cognizant of global spinal balance and of perioperative issues
Anonymous	I won't put magnetic rods
Anonymous	Considering implementation of evaluating growth based on the humeral head physis.
Anonymous	Remove MAGEC rods after lengthening
Anonymous	More focus on the type of curve I am dealing with
Anonymous	strive to preserve sagittal balance
Anonymous	MAGEC rod removal and definitive fusion using shoulders for skeletal maturity decreasing radiation exposure
Anonymous	nothing just more info
Anonymous	Surgical treatment for ankylosing spondylitis patients
Anonymous	Will try to live a balanced life, focus on well being.
Anonymous	It will help me answer queries more thoroughly and teach more effectively.
Anonymous	Working on developing better teams within the

	hospital
Anonymous	consider proximal humerus for assessing skeletal maturity, adopt new strategies for handling clinical workloads, consider use of magnetic growing rods
Anonymous	retired surgeon
Anonymous	Review digital alignment in braced patients; use the proximal humerus maturity scale
Anonymous	Understanding better the complications of the new non fusion systems for scoliosis.
Anonymous	Better evaluation of deformity
Anonymous	Keep the saggital balance during bracing.
Anonymous	New idea
Anonymous	Most of my changes will be in the area of neuromuscular deformity management.
Anonymous	No changes,the congres was a confirmation of my existing practice
Anonymous	adult deformity topics were helpful
Anonymous	Helpful info for neuromuscular patients receiving Spinraza.

Q. Which patients will be affected?

Email	Responses
Anonymous	All
Anonymous	AIS - braced and surgical
Anonymous	Perhaps my younger patients with isthmus spondylisthesis
Anonymous	The complex patient population I see with the above mentioned conditions
Anonymous	All
Anonymous	Ais
Anonymous	Na
Anonymous	AIS, early onset, neuromuscular, and adults
Anonymous	Pediatric patients
Anonymous	Pediatric
Anonymous	All/ paediatric
Anonymous	JIS&AIS
Anonymous	Adult deformity
Anonymous	AIS and neuromuscular scoliosis
Anonymous	That should have read “derotational” bracing - for my AIS patients who meet need-for-brace criteria.
Anonymous	Surgical
Anonymous	Patience with scoliosis
Anonymous	surgical
Anonymous	My deformity pts
Anonymous	Yes definitely
Anonymous	All (adult and padded)
Anonymous	Neuromuscular

Anonymous	None
Anonymous	Degen
Anonymous	Pediatric population
Anonymous	.
Anonymous	Kyphoscoliotic patients
Anonymous	Most of my patients paediatric and adults
Anonymous	Paediatrics
Anonymous	Adults
Anonymous	EOS
Anonymous	All spine deformity
Anonymous	Deformity patients
Anonymous	Adolescent
Anonymous	Paediatric
Anonymous	All
Anonymous	all
Anonymous	Deformity patients
Anonymous	All
Anonymous	Patients with AIS
Anonymous	All pts with spinal deformities
Anonymous	All of them
Anonymous	Mainly pediatrics
Anonymous	AIS
Anonymous	patients with adult scoliosis older than 65 y.o.
Anonymous	Adult deg cases
Anonymous	All pediatric scoliosis patients
Anonymous	Neuromuscular

Anonymous	All
Anonymous	Most nothing
Anonymous	Pediatric spine deformity
Anonymous	Degenerative scoliosis patients
Anonymous	ADS
Anonymous	pediatric
Anonymous	Preop and post op spinal fusion pts
Anonymous	AIS patients
Anonymous	All deformity and MIS degen cases
Anonymous	young AIS patients
Anonymous	Pediatric
Anonymous	adolescents
Anonymous	paediatric scoliosis
Anonymous	All patients
Anonymous	Adult spinal deformity
Anonymous	All
Anonymous	N/A for now.
Anonymous	Certainly my patients with adult spinal deformities
Anonymous	scoli bracing
Anonymous	adolescents and young adults
Anonymous	AIS
Anonymous	AIS
Anonymous	Adult & NM
Anonymous	Degenerative scoliosis
Anonymous	Both adult and pediatric patients
Anonymous	ASD

Anonymous	Surgical
Anonymous	Mostly my deformity patients
Anonymous	EOS
Anonymous	All patients with scoliosis
Anonymous	Pediatric
Anonymous	Adults
Anonymous	adult scoli
Anonymous	all scoli patients
Anonymous	none and all
Anonymous	Ankylosing spondylitis patients
Anonymous	As a volunteer nurse educator, it's those that I come in contact with in the setting I am working in.
Anonymous	All
Anonymous	pediatric population
Anonymous	see above
Anonymous	Ais non ops
Anonymous	Children with spine deformity
Anonymous	Adult deformities
Anonymous	Childreb with early onset scoliisis
Anonymous	Scoliosis patients
Anonymous	Neuromuscular
Anonymous	s.a.
Anonymous	adult deformity
Anonymous	Pediatric spine deformity patients.

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

Email	Responses
Anonymous	Conveniencing other
Anonymous	Justifying additional XR imaging to check sagittal balance in AIS
Anonymous	Nothing
Anonymous	Social issues such as payers and institutional barriers
Anonymous	None
Anonymous	Na
Anonymous	Time identifying and summarizing key “take home” concepts
Anonymous	Some implants are not available in my country, Brasil
Anonymous	Nothing
Anonymous	My personal weakness, lack of support from institution
Anonymous	Awaiting validation
Anonymous	FDA
Anonymous	Prior practices die hard
Anonymous	Availability of knowledgeable orthotists where I practice.
Anonymous	Time, memory
Anonymous	Not enough research on conservative
Anonymous	NA
Anonymous	cost
Anonymous	Mantain attending the meeting

Anonymous	Institutional inertia
Anonymous	The set up
Anonymous	Nothing
Anonymous	No content that presented new techniques/approaches that are not already utilized or are viable to practice.
Anonymous	Nothing
Anonymous	Upper management , team member willingness to change practices
Anonymous	too many opinions on the same subject which is very good for the research aspect of any problem but too early to implement in clinical practice
Anonymous	May be difficulties to train the surrounding
Anonymous	Do not know
Anonymous	I work in government hospital The limitations of implant
Anonymous	Nil
Anonymous	Learning curve
Anonymous	Nothing
Anonymous	Nothing
Anonymous	nothing
Anonymous	Resources
Anonymous	Insurance restraints
Anonymous	Much of meeting is dedicated to patients that don’t comprise a lot of my practice
Anonymous	Capital investment in new expensive innovation such as robotics and eos
Anonymous	Time and assistance
Anonymous	--

Anonymous	Teaching Xray techs
Anonymous	nothing
Anonymous	Lack of equipments and some OR facilities
Anonymous	None
Anonymous	Not having enough time to think
Anonymous	Nothing
Anonymous	Nothing
Anonymous	nothing
Anonymous	Nothing
Anonymous	Nothing
Anonymous	To do too many rx
Anonymous	NA
Anonymous	Insurance denials
Anonymous	Nothing
Anonymous	Nothing
Anonymous	Resources and available procedure-specific surgeons. We do not do a high volume of adult deformity.
Anonymous	I am performing less complex spinal deformity cases at this stage in my practice
Anonymous	administrative pressure to see more patients lack of resources
Anonymous	no real barriers identified
Anonymous	FDA limitations for growth modulation
Anonymous	Senior partner acceptance of VBT.
Anonymous	Nothing I suppose
Anonymous	Time available to initiate changes
Anonymous	Cost cutting measures by the health authorities

Anonymous	Nothing
Anonymous	Nothing
Anonymous	Collaboration of all spine team members.
Anonymous	SOME TECHNICAL PROBLEMS.
Anonymous	nothing
Anonymous	Nothing
Anonymous	need some more input
Anonymous	none
Anonymous	Not applicable
Anonymous	Language barrier, setting or design of trip to visit the underserved areas may affect the outcome.
Anonymous	Technology based ideas were very limited to large institutions.
Anonymous	volume of spine practice
Anonymous	Maybe the high cost of the new systems for early onset scoliosis.
Anonymous	Nothing
Anonymous	High cost of the new growing systems.
Anonymous	Clinical practice
Anonymous	Nothing, really
Anonymous	s.a.
Anonymous	nothing

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

Email	Responses
Anonymous	Self improvement
Anonymous	case studies
Anonymous	Interactive lectures and panels
Anonymous	Visual, written, video
Anonymous	Interaction with members creates new discussions
Anonymous	Prefer current style - scientific papers and relevant discussion
Anonymous	Na
Anonymous	Written
Anonymous	On line video demonstration of techniques
Anonymous	Half day courses
Anonymous	Hard to say
Anonymous	Instructional course lectures and discussion
Anonymous	Auditory
Anonymous	Mixed
Anonymous	Multiple types, but visual is best
Anonymous	Reading evidence based literature
Anonymous	I would like there to be half of the number of slide presentations. There’s never enough time for discussion and comments. The speakers always seem to rush through their slides. The speakers should be allowed a maximum number of slides. It was amazing to watch a gentleman give a talk on time management but yet he talks so fast and had way too many slides. It seemed like such a contradiction

Anonymous	eposters
Anonymous	Podium discussion
Anonymous	Current
Anonymous	The first session about physicians and what is important
Anonymous	Abstract sessions
Anonymous	Symposiums followed by case presentations meeting ran on time transportation
Anonymous	reading
Anonymous	Interactive
Anonymous	Lecture
Anonymous	Case based discussions
Anonymous	Half day sessions
Anonymous	I can’t say
Anonymous	Small group
Anonymous	Instructional course
Anonymous	Halfbay course and discuss of scientific sessions
Anonymous	Hands on
Anonymous	ineraction sessions
Anonymous	Techniques
Anonymous	Interactive
Anonymous	Interactive
Anonymous	Symposiums
Anonymous	Presentation
Anonymous	Courses and exchange of colleague's experiences
Anonymous	Written abstracts and QA at the end of the paper group.

Anonymous	cad lab
Anonymous	Case discussions and instructional course lectures
Anonymous	Course with lectures and case discussion
Anonymous	One on one discussion
Anonymous	Meetings in smala groups
Anonymous	Case based learning
Anonymous	Expert simposium
Anonymous	Scientific papers
Anonymous	discussion
Anonymous	Individual discussion with colleagues and regular scientific sessions
Anonymous	Hands-on
Anonymous	Presentations
Anonymous	instructional course lectures
Anonymous	Hands on
Anonymous	Abstract book
Anonymous	Lectures
Anonymous	Podium presentations and discussions
Anonymous	Case based interactive
Anonymous	Webinar
Anonymous	Interactive discussion with pointed, short/focused lecture-style talks intermixed
Anonymous	Symposiums
Anonymous	digital presentations to follow along with
Anonymous	combination didactic and case presentation. Also scientific data reporting in the form of research abstracts
Anonymous	case based discussions

Anonymous	On my own.
Anonymous	Case presentation & discussion
Anonymous	Evidence based data, surgical techniques
Anonymous	Lecture format On-line tests
Anonymous	Lectures with adequate question time.
Anonymous	Technical examples/demos
Anonymous	Symposia
Anonymous	Cadaver lab and clinical case discussion
Anonymous	Independent reading and viewing examples with other members
Anonymous	CONFERENCES WITH EXPERTS
Anonymous	case presentations
Anonymous	Current lecture structure is great
Anonymous	small groups
Anonymous	Case presentation and half- day course program
Anonymous	Debate And review sessions
Anonymous	Lecture
Anonymous	Case learning
Anonymous	webinars and technique videos
Anonymous	interactive program
Anonymous	Case studies
Anonymous	Workshops, training on cadaver.
Anonymous	All are beneficial to me
Anonymous	Workshops, trainung on cadavers.
Anonymous	Case discussion
Anonymous	Sessions focused on specific populations or specific

	issues, with papers and discussion.
Anonymous	OR
Anonymous	lecture topics from experts are better than research presentations although there is need for both
Anonymous	Case discussions.

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

Email	Responses
Anonymous	Organize
Anonymous	Love the large screen with video of presenter along side slides. Appreciated fresh fruit for snacks
Anonymous	The interactions were good. The wellness section was well done
Anonymous	The city, networking, content were all excellent
Anonymous	Meeting with colleagues
Anonymous	Na
Anonymous	Venue, location directions and organization, presenters scope of topics,
Anonymous	Organization
Anonymous	Speakers on time
Anonymous	Cases discussions Half day course
Anonymous	Was inspired
Anonymous	Excellent organisation and pace of meeting
Anonymous	Half day course
Anonymous	Internet and phone charge
Anonymous	Great facility
Anonymous	Met good people here
Anonymous	high scientific level
Anonymous	The venue.
Anonymous	good topics, well presented
Anonymous	During lenke presentatin with munish or harry presentataion or peter
Anonymous	The organization and sticking to time and the high

	quality of scientific papers
Anonymous	Lunch symposium
Anonymous	Presentation breadth and almost always concurrent adult and pediatric topics
Anonymous	.
Anonymous	Half-day courses Colleague discussion and case review
Anonymous	Great program Pre-meeting course Making the half-day courses all included in the registration fees so one can decide at anytime which one to join.
Anonymous	Organization was perfect
Anonymous	All the scientific papers were well presented and updated
Anonymous	Nil
Anonymous	Time respect by the speakers
Anonymous	Good program Great lecture room
Anonymous	Content Premeeting course content
Anonymous	Great discussions
Anonymous	There was not too much “look at the amazing things I can do”
Anonymous	communicate with the members
Anonymous	Questions, discussions, good papers, leadership discussions
Anonymous	Question and answer sections
Anonymous	Great discussions
Anonymous	Program well balanced, av excellent, coffee service superb
Anonymous	Good coordination. Nice venue.
Anonymous	exchange between the colleagues

Anonymous	I really liked the later start time. Also liked some time after sessions but. Before social stuff
Anonymous	case base mix
Anonymous	Case discussions, paper presentations and hlf day courses
Anonymous	Staying on time. Good moderator discussions Case presentations encouraged
Anonymous	Half Day courses, podium presentation abstacts
Anonymous	Nice room, and good sound and visual
Anonymous	None
Anonymous	Liked the 9:00 am start for the meeting sessions. And noon business meeting. This would be a good strategy for all future SRS meetings. Because evenings involve other meetings with industry and academic partners, a later morning start is much more civilized. We already spend enough of our lives getting up at 5:30 am or earlier.
Anonymous	Early onset escoliosis simposium
Anonymous	Lunch member business mtg great idea
Anonymous	Moderators kept time well. I was happy to see the session on work life balance
Anonymous	Talks and cooperative discussion
Anonymous	good location. Well planned meeting.
Anonymous	timing
Anonymous	lectures
Anonymous	Sessions we on time and for the most part extremely well done
Anonymous	Moderators did an excellent job of moving meeting along
Anonymous	Lectures

Anonymous	The half-day courses were incredible! As were the discussions after podium presentations.
Anonymous	The presentations were on time
Anonymous	good presentations
Anonymous	enjoyed the presentation format - big screen with video capture presenter - and discussion after
Anonymous	case based discussions
Anonymous	Dr Sanders talk on growth was incredible
Anonymous	Pre course meeting superb
Anonymous	Scientific debates
Anonymous	Excellent format, the pre-course was very informative
Anonymous	Session on pediatric deformity as well as on complications
Anonymous	Question/comments discussions Guest lectures Steel presentation Best paper
Anonymous	The pre-meeting was great
Anonymous	Questions from the audience
Anonymous	-Timeliness for all presenters -Relevant topics for spine deformity
Anonymous	VERY INTERESTING MEETINGS
Anonymous	Lectures were great
Anonymous	some of the lectures
Anonymous	podium presentation
Anonymous	Dr Gupta’s session be moderated with the international staff was amazing
Anonymous	The meeting went smoothly with great articles.. the bus transportation went well. One meeting(Lyon), there was a bus pass given in the packet. That worked well. We bought a city pass which was

	economical and convenient.
Anonymous	Small clusters of papers with panel discussion between.
Anonymous	half day course
Anonymous	During the pre-meeting there was some interessing workshops on new techniques such VBT, APIFIX.
Anonymous	All are beneficial to me
Anonymous	Interesting workshops during the pre meeting.
Anonymous	Program arrangement
Anonymous	Most papers were well done. I thought the discussion was managed well.
Anonymous	Everything
Anonymous	stayed on time. Good lecturers
Anonymous	Very well organized.

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

Email	Responses
Anonymous	Not well
Anonymous	More coffee!
Anonymous	The venue has poor bathroom space. I was often on long lines
Anonymous	More interactive sessions with novel technology
Anonymous	Na
Anonymous	Scoliosis specific exercise,
Anonymous	The room of Some lectures were not well dimensioned
Anonymous	Transportation to city center. Regular running courtesy bus shuttles
Anonymous	Maybe more scenarios for Interaction between attendees and faculties
Anonymous	Speakers to fast - to much info for limited time No break at half day course.
Anonymous	None
Anonymous	More podium presentations
Anonymous	Better local transportation!
Anonymous	No suggestions
Anonymous	Too many presentations. Not enough time for discussion. There seems to be a barrier between the audience and the podium presenters. It appears psychological but it's not conducive towards having very candid and open discussion. Everyone seems like they're rushing through and drinking from a fire hose. I also do not think that the Scoliosis Research Society (SRS) is making an emphasis on how we can help influence and

	change the systematic problems in our profession. There was a tremendous emphasis on trying to teach surgeons how to cope with the evolving demands of our profession. Why are primary care doctors being burned out as well? It seems that there are structural and system wide changes that are ruining our profession. When Dr. Albert said that we just need to hire more PAs and nurse practitioners I think that's the wrong approach and it devalues our profession. When is the Scoliosis Research Society (SRS) to step up and advocate for real change in electronica medical record deployment and user interface.
Anonymous	improve the app.... cant see agenda and abstracts simultaneously... have to "open a new link" to see any abstract.... the abstracts should be included in the app
Anonymous	Ihope next meeting is back to basic as meeting in the past like in istanbul or other
Anonymous	Hand on workshop
Anonymous	The venue. Also, was invited to a focus group and either the date/time/location was wrong.
Anonymous	Transportation to and from conf Ctr could be improved. Food marginal at all conf Ctr events except member breakfast
Anonymous	none
Anonymous	I thought global value/safety session was too compressed - not a clear focus
Anonymous	Excellent meeting
Anonymous	few colleagues are presenting the same topics for many years. Include more young faces as faculty. Include more procedural skills.
Anonymous	Probably less number If abstracts, more time for exposure and discussion. Better selection. Brunch

	was very dissapointed. la
Anonymous	The out come of scoliosis and pts satisfactions
Anonymous	Small group
Anonymous	Travel between hotels and venue
Anonymous	It was thorough
Anonymous	VCR techniques
Anonymous	T.b , congenital anamolies
Anonymous	More discussion on spondylolithesis
Anonymous	Refreshments were VERY limited. Transportation to and from the meeting was not easy. Venues were beautiful. I actually prefer an auditorium with tables for taking notes. The main auditorium did not have this.
Anonymous	Some referent talked extremely fast and pushed their presentation slides so fast that I couldn't follow the presentation
Anonymous	Cost / HRQOLY for various treatment strategies for NM, AIS, EOS....
Anonymous	the future in robotic medicine
Anonymous	Food could definitly be better Longer cofee brakes
Anonymous	More space for sitting down with a computer
Anonymous	None
Anonymous	"Revenge of the C Student": how to negotiate with administrators in large integrated health systems.
Anonymous	More non fusion surgical approaches discussion
Anonymous	Make all member business mtgs at least lunch Also find free time during mtg for collegial discussion Too many symposiums and expert panels
Anonymous	The topics are good. I would also be interested to see how surgeons are treating symptomatic

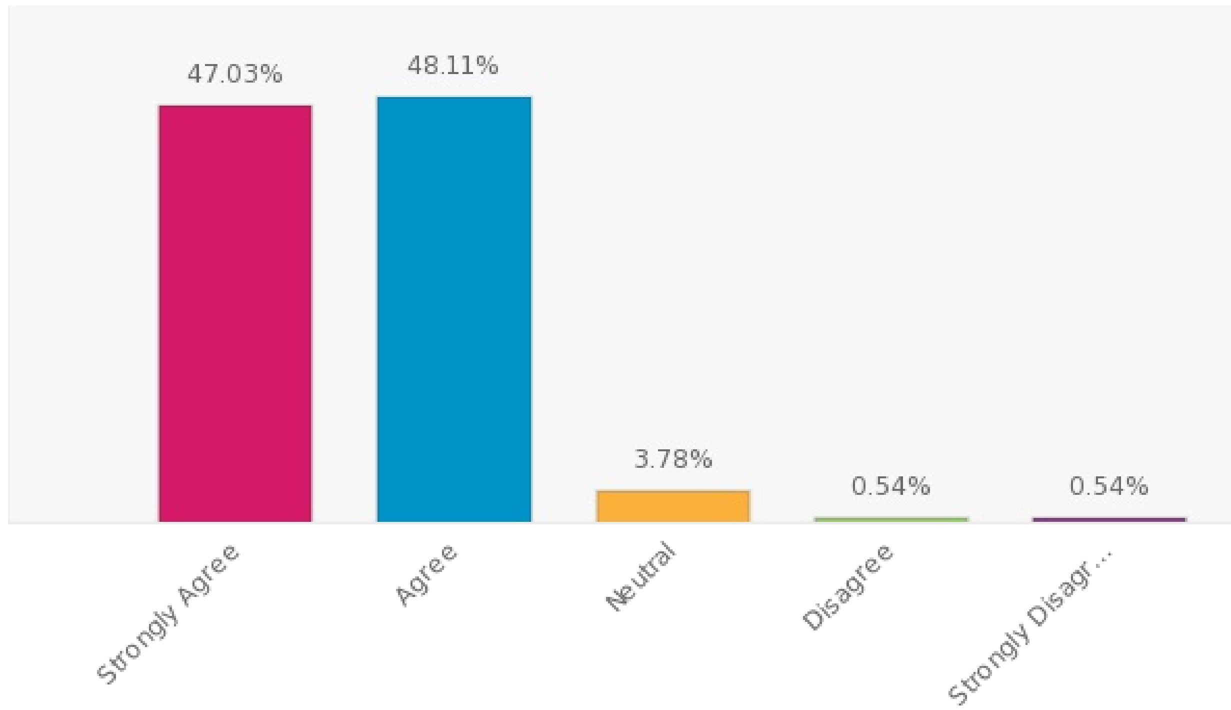
	lumbosacral transition vertebras
Anonymous	Online availability ala VuMedi
Anonymous	tumors
Anonymous	change speakers to include broad representation
Anonymous	More discussions on the indications and complications of adult scoliosis treatment. Seems like we are doing too much extensive surgery and having increasing complications and poor outcomes.
Anonymous	Case based interactives should be better cases, vetted more in advance
Anonymous	Location not great
Anonymous	Nothing I can think of.
Anonymous	The food at the welcome reception and the box lunches was horrendous.
Anonymous	better app--abstracts not on app meant lugging around book better transportation-shuttle bus, bus tickets better/healthier food/snacks
Anonymous	continue to accept papers from a wide source of practioners interested in converting growing constructs to definitive fusion - technique, expectations, results, indications
Anonymous	more early onset scoliosis
Anonymous	Would love more papers that are clinically significant and not just statistically significant - particularly for AIS. I don't care if trapezius is a few mm higher on one side.
Anonymous	Bigger venue, Food quality.
Anonymous	I would like to focus a little more on cervical deformity and complications
Anonymous	Food at the opening night and farewell dinner were subpar Lunches were poor Symposium on current

	state of the art in treatment of scoliosis & kyphosis
Anonymous	I liked the time for start of day
Anonymous	I don't like double sessions, I'm interested in both ped and adult deformity
Anonymous	-Post-operative concerns for spine surgery patients -More research surrounding the spine surgery patient besides the surgical procedure
Anonymous	TOO SMALL ROOMS FOR LUNCH MEETING. IT WAS NOT POSSIBLE TO ATTEND SOME OF THE CONFERENCES.
Anonymous	I would schedule adult scoli topics at the same time as pediatric, so if you are a pediatric provider you do not need to go to all the adult lectures.
Anonymous	small groups
Anonymous	none
Anonymous	Better access to e-posters and venue proximity to city center or provided transportation
Anonymous	More on spondylolisthes , it is more common than adult deformity.
Anonymous	It would be great to have an allied health breakout session/tract.
Anonymous	More focus on how to use lower technology institutional resources to accomplish similar results for surgeries and outcome.
Anonymous	More coffee, all day long
Anonymous	I would like more workshops.
Anonymous	I've always enjoyed the presentations
Anonymous	Workshops on the new non fusion systems.
Anonymous	Brace-treatment for AIS
Anonymous	Anything related to natural history, or to treatment

	outcomes.
Anonymous	spinal deformity?
Anonymous	Pre-meeting course was not helpful and wrong people giving talks. Fitness after forty should not be taught by a surgeon
Anonymous	Some of the breakout session rooms were not large enough to accommodate the audience.

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

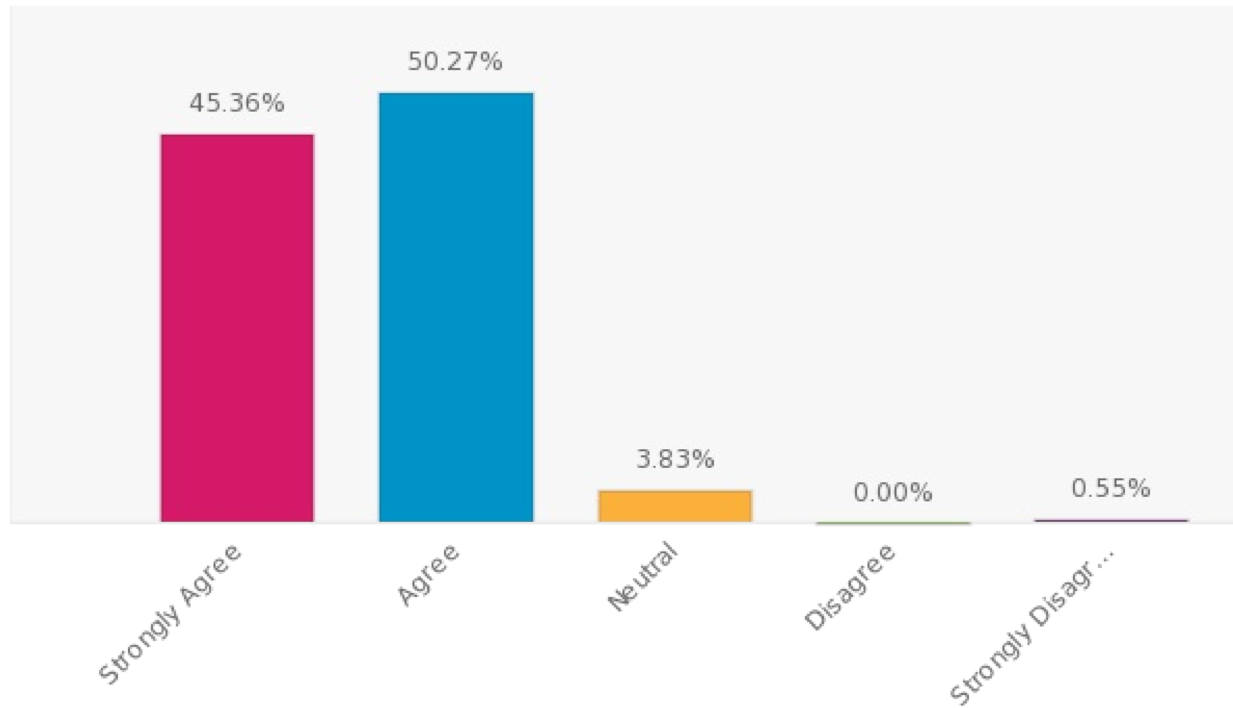
Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	87	47.03%
Agree	89	48.11%
Neutral	7	3.78%
Disagree	1	0.54%
Strongly Disagree	1	0.54%
Total	**185**	**100.00%**

Q. This meeting strengthened patient care and procedural skills.

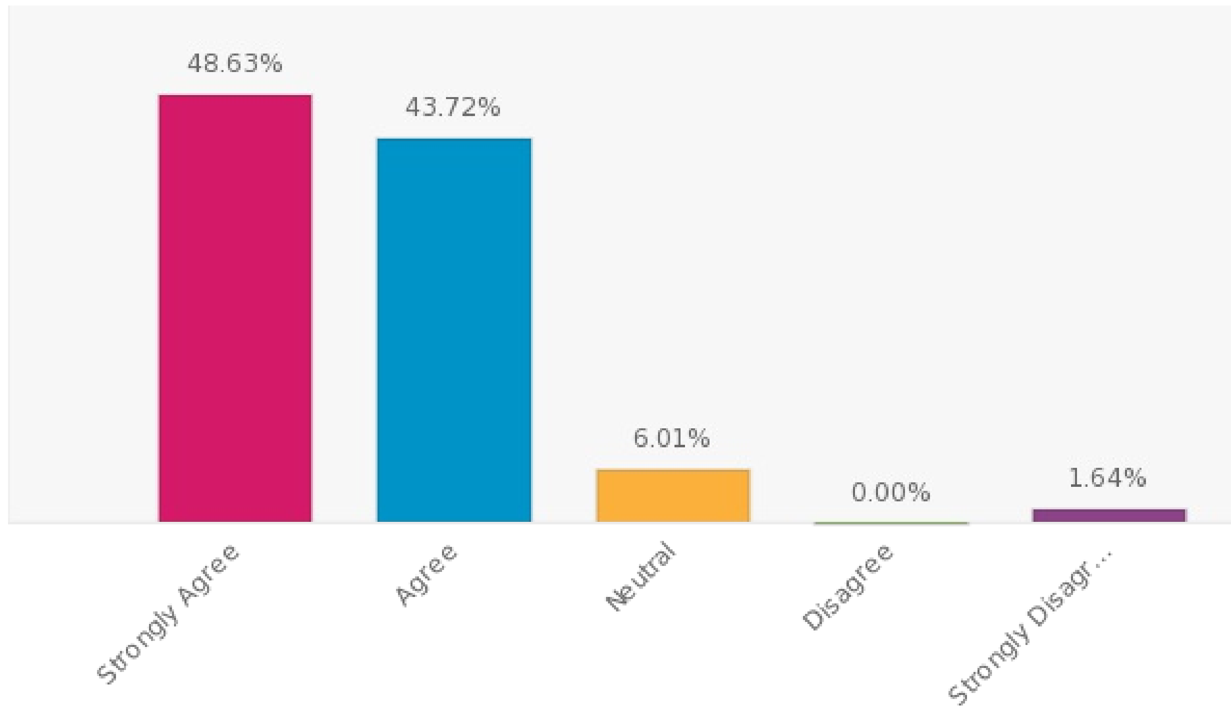
Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	83	45.36%
Agree	92	50.27%
Neutral	7	3.83%
Disagree	0	0.00%
Strongly Disagree	1	0.55%
Total	**183**	**100.00%**

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

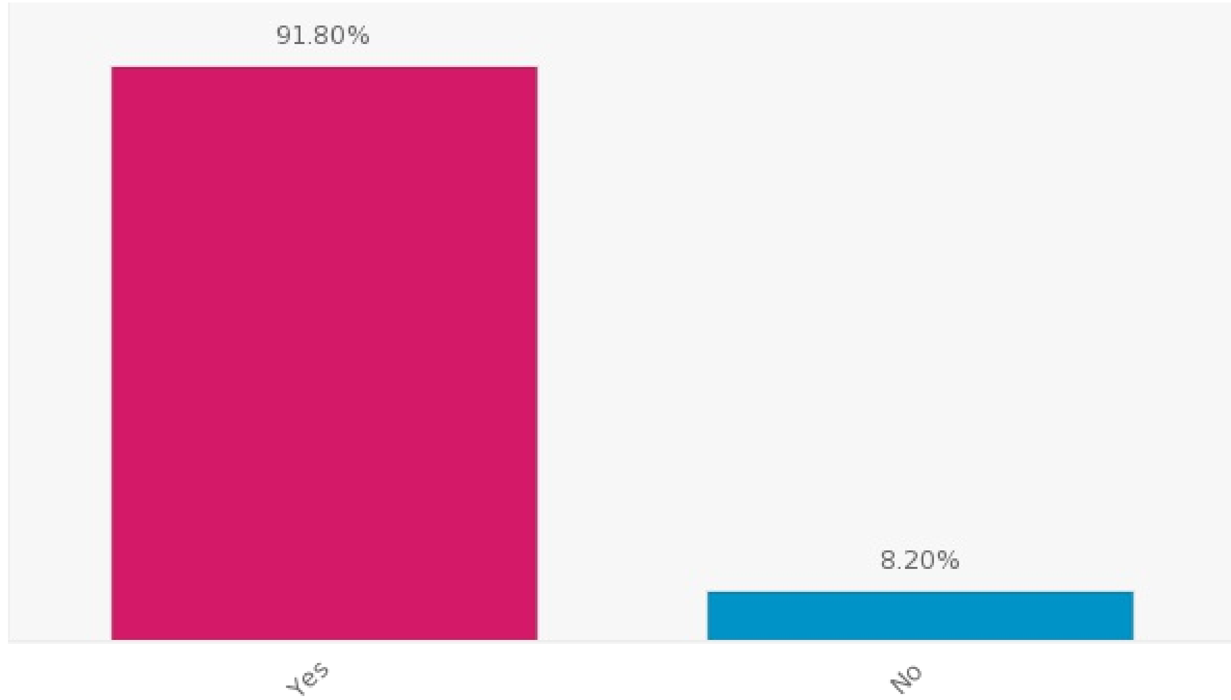
Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	89	48.63%
Agree	80	43.72%
Neutral	11	6.01%
Disagree	0	0.00%
Strongly Disagree	3	1.64%
Total	**183**	**100.00%**

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

Top Response Options



Answer Options	Responses	Percentage
Yes	168	91.80%
No	15	8.20%
Total	**183**	**100.00%**

Q. What was your favorite session?

Email	Responses
Anonymous	Facing complications
Anonymous	Current trends in bracing for AIS
Anonymous	Wellness section on physician burnout
Anonymous	Dealing with complications
Anonymous	Premeeting course
Anonymous	AIS
Anonymous	Adult deformity
Anonymous	Pediatric and adult spinal deformity
Anonymous	Lunch symposium on patient expectations and pain management
Anonymous	EOS
Anonymous	one day course
Anonymous	Half day course pediatric scoliosis
Anonymous	Pediatrics
Anonymous	Hard to say
Anonymous	Thursday afternoon
Anonymous	Severe deformity inpediatrics half day course
Anonymous	AIS of course
Anonymous	Hibbs papers
Anonymous	Pre course
Anonymous	Any session where the speaker did not talk too fast and had an appropriate relatively small number of slides. It’s quite obvious when someone has utilized a talk from some other presentation or just has way too many slides and does not consider the audiences need for time and discussion

Anonymous	One day course
Anonymous	adult spine deformity
Anonymous	Achieving excellence in the management of severe pediatric spinal deformity
Anonymous	Ais
Anonymous	Pre meeting course, half day courses
Anonymous	First day Award papers
Anonymous	Adult Spinal Deformities Safety and Complications
Anonymous	Steele presentation
Anonymous	adult defermity
Anonymous	physician burnout
Anonymous	HIbbs
Anonymous	Pre-meeting course on physician well-being
Anonymous	Half-day course: achieving excellence in the management of severe paediatric spinal deformity
Anonymous	Half day paediatrics
Anonymous	Physician course
Anonymous	Instructional courses
Anonymous	Hibbs clinical
Anonymous	Etiology
Anonymous	Hibbs award nominees
Anonymous	Half day course
Anonymous	Neuromuscular scoliosis
Anonymous	PJK
Anonymous	Basic science and complications sessions
Anonymous	all

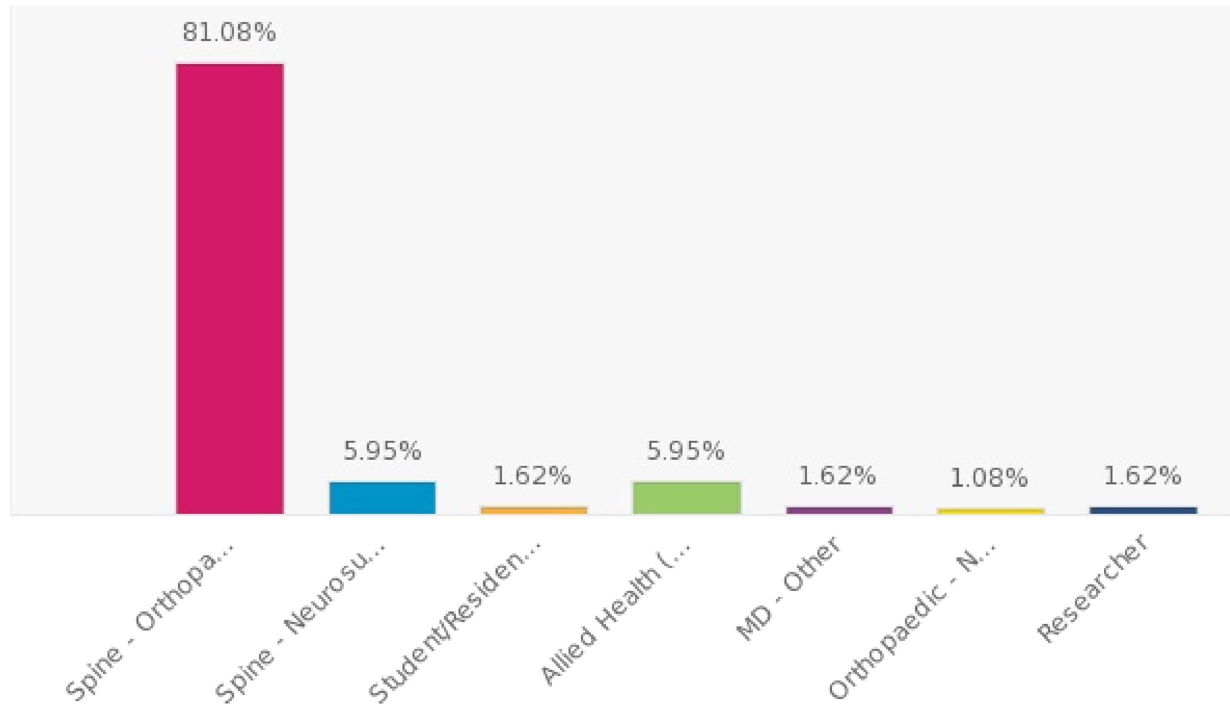
Anonymous	Complex deformities
Anonymous	MIS AIS discussions and Ponte talks
Anonymous	Hibbs award abstracts
Anonymous	Adult deformity and premeeting course
Anonymous	Hibbs awards
Anonymous	Hibbs papers Pre-meeting course
Anonymous	Pediatric spine deformity
Anonymous	Adult deformity
Anonymous	AIS
Anonymous	Early onset scoliosis
Anonymous	Adult deformity
Anonymous	Early onset scoliosis Complications
Anonymous	Neuromuscular deformities
Anonymous	Burnout
Anonymous	Hibbs
Anonymous	Award paper session
Anonymous	Neuro muscular Lunch symposium
Anonymous	eos
Anonymous	Early onset scoliosis session
Anonymous	Scientific presentations
Anonymous	PJK
Anonymous	Bracing
Anonymous	EOS
Anonymous	peds deformity
Anonymous	Complex Adult Deformity and Complications
Anonymous	Adult deformity
Anonymous	Adult deformity

Anonymous	Half Day Course in International Spine Care Practices & In the context of Limited Resources
Anonymous	The adult deformity section
Anonymous	pre course
Anonymous	adult and peds deformity instructional sessions on complex deformity
Anonymous	The complex pediatric spinal deformity course
Anonymous	hibbs meeting
Anonymous	Dr Sanders, growth talk
Anonymous	Pre-course
Anonymous	osteotomy types
Anonymous	Management of Severe Scoliosis
Anonymous	Complications
Anonymous	PJK Complications
Anonymous	the pre-meeting
Anonymous	Pediatric deformity and adult session 7
Anonymous	Pre course
Anonymous	Complex spine patients; Cerebral Palsy
Anonymous	HALF DAY COURSE ON ADULT DEFORMITY
Anonymous	podium session
Anonymous	Dr Munish Gupta’s session on osteotomies.
Anonymous	Physician burnout was my favorite. I felt it was thorough and well done.
Anonymous	Team approaches to institutional issues.
Anonymous	half day course
Anonymous	all
Anonymous	Growing spine session

Anonymous	Pediatric defirmity
Anonymous	I did not have a specific one
Anonymous	Pre-day cause
Anonymous	The neuromuscular sections
Anonymous	no favorite
Anonymous	Friday lectures on adult deformity

Q. What is your specialty?

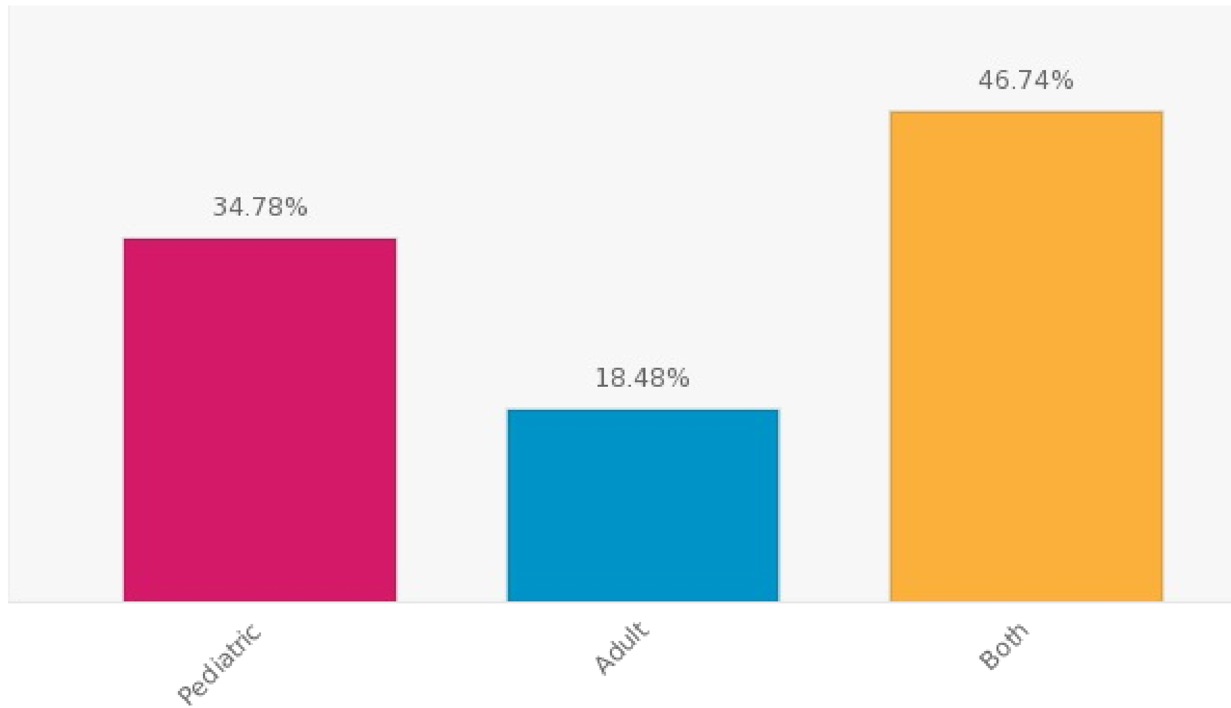
Top Response Options



Answer Options	Responses	Percentage
Spine - Orthopaedic	150	81.08%
Spine - Neurosurgical	11	5.95%
Student/Resident/Fellow	3	1.62%
Allied Health (RN, NP, PA, PT, etc)	11	5.95%
MD - Other	3	1.62%
Orthopaedic - Non-Spine	2	1.08%
Researcher	3	1.62%
Other	2	1.08%
Total	**185**	**100.00%**

Q. What types of patients do you treat?

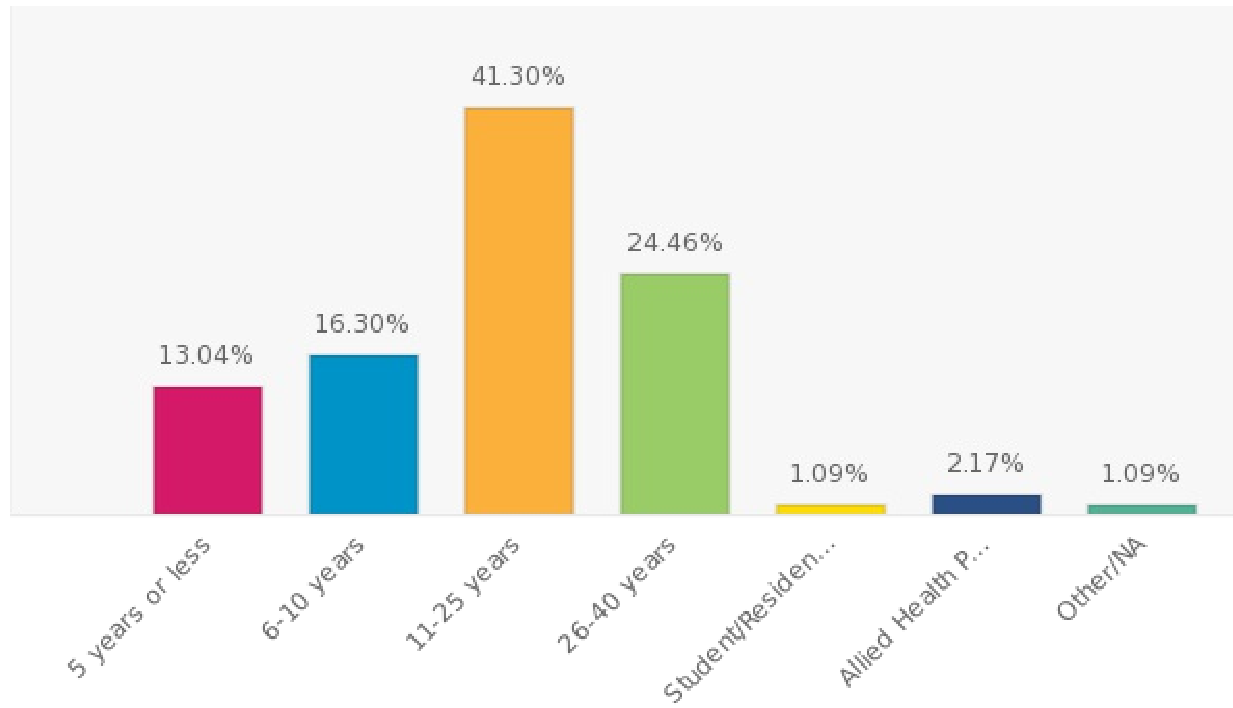
Top Response Options



Answer Options	Responses	Percentage
Pediatric	64	34.78%
Adult	34	18.48%
Both	86	46.74%
Total	**184**	**100.00%**

Q. How long have you been in practice?

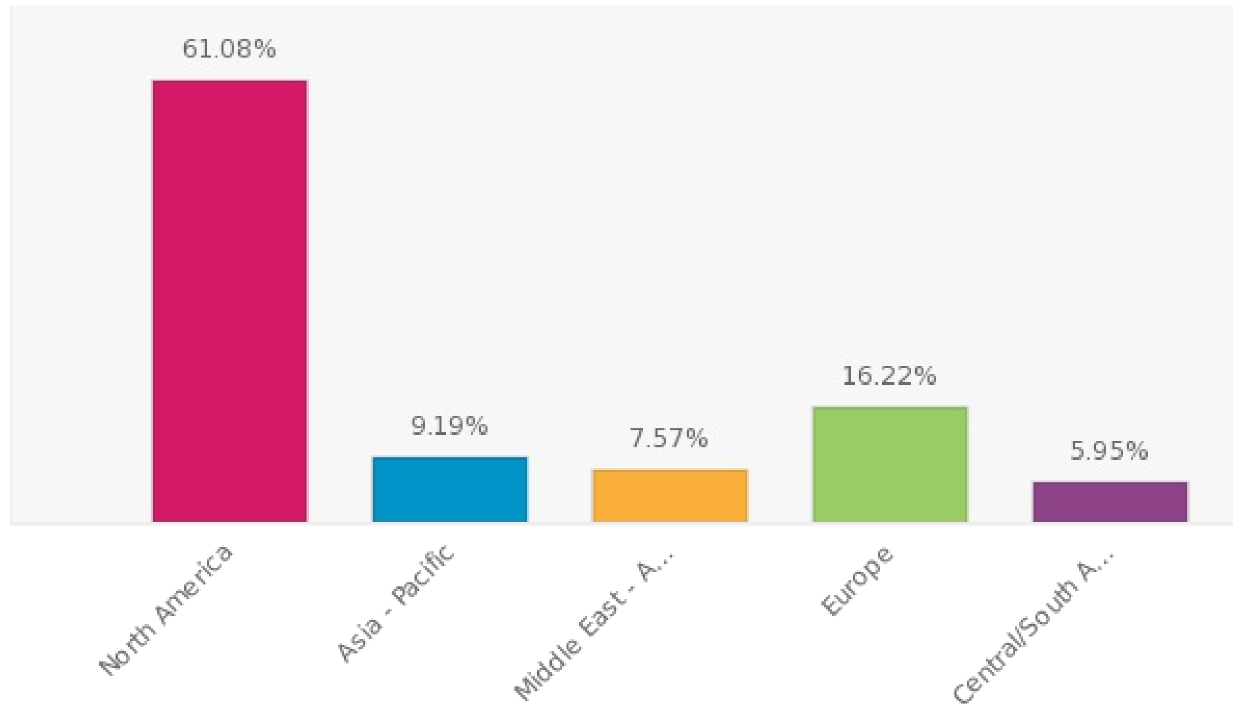
Top Response Options



Answer Options	Responses	Percentage
5 years or less	24	13.04%
6-10 years	30	16.30%
11-25 years	76	41.30%
26-40 years	45	24.46%
Over 40 years	1	0.54%
Student/Resident/Fellow	2	1.09%
Allied Health Professional	4	2.17%
Other/NA	2	1.09%
Total	**184**	**100.00%**

Q. What region do you live in?

Top Response Options



Answer Options	Responses	Percentage
North America	113	61.08%
Asia - Pacific	17	9.19%
Middle East - Africa	14	7.57%
Europe	30	16.22%
Central/South America	11	5.95%
Total	**185**	**100.00%**