

# 2018 Specialty Day Evaluation

Please submit the evaluation form either within the mobile app or complete the paper version and return to Registration.

## Early Bird Symposium – Healthcare in New Era

Please indicate your degree of satisfaction with the session.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
<b>Presentation Content</b>					
<b>Topic</b>					
<b>Faculty/Moderator (s)</b>					

4. Please list one change you will make in your practice as a result of this presentation.

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5. Did you perceive commercialism in any presentation or by faculty during this session?

- No  Yes (Please explain below)

6. Did you perceive bias in any presentation or by faculty during this session?

- No  Yes (Please explain below)

<b>Additional Comments:</b>
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## Symposium 1: Controversy in Sport OCD-Instability

Please indicate your degree of satisfaction with the session.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
<b>Presentation Content</b>					
<b>Topic</b>					
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- No  Yes (Please explain below)

<b>Additional Comments:</b>
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## Paper Session 1

Please indicate your degree of satisfaction with the session.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
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<b>Topic</b>					
<b>Faculty/Moderator (s)</b>					

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**Additional Comments:**

## Symposium II: Forefoot: Hallux Rigidus - Help with Surgical Decision Making

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<b>Presentation Content</b>					
<b>Topic</b>					
<b>Faculty/Moderator (s)</b>					

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**Additional Comments:**

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### Paper Session 2

Please indicate your degree of satisfaction with the session.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
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<b>Topic</b>					
<b>Faculty/Moderator (s)</b>					

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<b>Additional Comments:</b>
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### Symposium III: Procedures You Started With...

Please indicate your degree of satisfaction with the session.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
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### Symposium IV: Release the Hounds: "Magic" and Arthrodesis

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<b>Topic</b>					
<b>Faculty/Moderator (s)</b>					

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- No  Yes (Please explain below)

**Additional Comments:**

### Paper Session 3

Please indicate your degree of satisfaction with the session.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
<b>Presentation Content</b>					
<b>Topic</b>					
<b>Faculty/Moderator (s)</b>					

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**Additional Comments:**

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### AOFAS/LLRS Combined Specialty Day Meeting

Please indicate your degree of satisfaction with the session.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
<b>Presentation Content</b>					
<b>Topic</b>					
<b>Faculty/Moderator (s)</b>					

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<b>Additional Comments:</b>
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### OVERALL MEETING COMMENTS:

Please indicate your degree of satisfaction with the program in meeting its stated learning objectives:.	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very Dissatisfied
<b>Evaluate current data reflecting clinical trends, emerging surgical techniques, pre- and post-operative procedures, and technological innovations in orthopaedic foot and ankle patient care.</b>					
<b>Compare and contrast operative and non-surgical treatment strategies for foot and ankle injuries and disorders.</b>					
<b>Identify ways to analyze, manage and avoid complications of foot and ankle problems.</b>					
<b>Describe and apply strategies to improve patient outcomes.</b>					

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	<b>Great extent –</b> almost full application to relevant practice activities	<b>Moderate Extent -</b> approximately 50% application to relevant practice activities	<b>Some Extent -</b> minimal application to relevant practice activities	<b>Not at all</b>
To what extent will you implement knowledge gained through this meeting into your daily practice?				

3. Please list any additional changes you will make in your practice as a result of attending this meeting.

4. Please provide comments on the overall meeting content and format.

5. Mobile App: Did you access meeting / program information and material through the Mobile App?

No  Yes

6. Future educational programming requests to help you in your practice:

7. What percentage of your practice is foot and ankle surgery? (check one)

- <10%
- 10-25%
- 26-50%
- 51-75%
- 75-100%

AOFAS appreciates your feedback on this meeting, as well as on the overall AOFAS continuing education program. Suggestions or comments regarding this or future meetings and how AOFAS can meet your continuing education needs are encouraged.

To claim CME, complete the CME Verification Form either in the mobile app or via paper version available at Registration.