AAPM&R 2009 Study Guide and Self Assessment Examination for Practitioners (SAE-P)

REHABILITATION OF STROKE AND NEURODEGENERATIVE DISORDERS
Program Evaluation

CME Credit will not be processed without the completion of the relevant program evaluation(s)

1) Has your ability to identify, treat and manage a stroke in the acute care setting improved as a result of participating in this learning activity? (please circle) Yes  No

2) Please rate your knowledge level in regards to diagnosis and management of common medical complications of stroke patients in rehab as a result of participating in this learning activity:
   (please circle) Increased  Slightly increased  Did not enhance current knowledge level

3) As a result of reviewing current poststroke treatment methods explained through clinical presentations and recovery patterns within this study guide, do you plan to implement a change within your practice? (please circle) Yes  No
   If you indicated “yes,” please explain: ____________________________

4) Did your participation in this learning activity develop or increase your awareness of methods used to facilitate community integration after stroke? (please circle) Yes  No

5) As a result of reviewing the Focused Review article: “Rehabilitation Interventions in Parkinson’s Disease,” will you develop or modify a current practice technique within your practice as it relates to the treatment of Parkinson’s disease? (please circle) Yes  No
   If you indicated yes, please explain: ____________________________

6) Overall, was the material fair, objective, and unbiased toward any product or program? (please circle) Yes  No

7) Overall, the content was: (circle one) Too Basic  Just Right  Too Advanced

8) I plan to implement a change to my practice as a result of this material:
   (circle one)  Strongly Disagree  Disagree  Agree  Strongly Agree
   If you circled “Agree” or “Strongly Agree,” please explain: ____________________________

9) Please share any general comments, recommendations, or an elaboration of any item on this form: ____________________________

**Evaluation data collected from this form will be processed confidentially.**