



# POLIO AUSTRALIA INCORPORATED

Representing polio survivors throughout Australia

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## THANK YOU FOR TAKING THE TIME TO COMPLETE THIS EVALUATION FORM

### Understanding the Late Effects of Polio Workshop 20<sup>th</sup> February 2014

What type of profession or discipline best describes you?

- |   |  |
|---|--|
| <input type="checkbox"/> Community health worker  | <input type="checkbox"/> Orthotist             |
| <input type="checkbox"/> Dietitian / Nutritionist | <input type="checkbox"/> Physiotherapist       |
| <input type="checkbox"/> Exercise physiologist    | <input type="checkbox"/> Respiratory therapist |
| <input type="checkbox"/> Massage therapist        | <input type="checkbox"/> Social worker         |
| <input type="checkbox"/> Nurse                    | <input type="checkbox"/> Speech pathologist    |
| <input type="checkbox"/> Occupational therapist   | <input type="checkbox"/> Other: .....          |

How did you find out about the *Understanding the Late Effects of Polio Workshop*?

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> MS Australia Email Promotion | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Polio Australia Publication  | Other: .....                     |
| <input type="checkbox"/> Colleague                    |                                  |

Has this *Understanding the Late Effects of Polio Workshop* assisted you to:

- |  |   |
|--|---|
| • better understand the symptoms associated with the Late Effects of Polio (LEoP) and/or Post-Polio Syndrome (PPS)?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat<br><input type="checkbox"/> No |
| • be more confident in your ability to recognise the symptoms of the LEOp and/or PPS, or people who may be at risk of developing symptoms in future? | <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat<br><input type="checkbox"/> No |
| • be more aware of how exercise programs for people with the LEOp and/or PPS differ from other neurological conditions and/or general ageing?        | <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat<br><input type="checkbox"/> No |
| • be more aware of other clinical management options/interventions for people with the LEOp and/or PPS?  | <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat<br><input type="checkbox"/> No |
| • understand how Polio Australia supports polio survivors and health professionals?  | <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat<br><input type="checkbox"/> No |

What aspect/s of the Workshop did you find the most useful? .....

What other information would you like to have been presented with? .....

Do you think you will take further follow-up action after hearing today's information?

Yes  No

If 'Yes', what? .....

.....

Do you believe there is a need for additional education for health practitioners on the LEOp and/or PPS?

Yes  Somewhat  
 No

Would you recommend Polio Australia's *Understanding the Late Effects of Polio Workshop* to other health practitioners?

Yes  Maybe  
 No

Are you interested in becoming recognised as an informed/experienced LEOp and/or PPS practitioner?

Yes  Maybe  
 No

If you ticked 'Yes' or 'Maybe', please make sure you fill out your contact details below.

Please rate the relevance **to you** of information provided by the Presenters:  
(1 = *Not at all* to 5 = *Completely*)

- Dr Stephen de Graaff  1  2  3  4  5
- Louise Thomas, PT  1  2  3  4  5
- Natasha Layton, OT  1  2  3  4  5
- Mary-ann Liethof, Polio Australia  1  2  3  4  5

Additional Comments

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**If you would like to receive Polio Australia's free publications and information regarding Polio Australia's activities by email, please print your contact details below:**

Full Name: .....

Position/Title: .....

Organisation: .....

Suburb/Town: .....

Email Address: .....