Pre Survey

Which of the followin	g best describes the sett	ing in which you practice	Neurology (choose me	ost prominent):	
☐ Outpatient/Private Practice		□ Oth	☐ Other:		
□Hospital					
On average, do you se	ee more than 5 patients	with MS per week?			
☐ Yes		□ No			
In your current praction	ce, approximately what	percentage of patients w	ith MS do you refer to	physical therapy?	
0-10%	11-25%	26-50%	51-75%	76%-100%	
For what reasons do y	ou refer patients for ph	ysical therapy (check all t	hat apply):		
☐ Fall Risk (balance deficits)			☐ Management of Heat Sensitivity		
☐ Patient report o	of falls	□ F	☐ Fitting for Assistive Device		
☐ Fatigue Manag	ement		\square Development of Wellness Program		
☐ Spasticity Mana	agement	□s	☐Strength training		
☐ Gait or Mobility	y Training				
•	• •	al therapy, what are the rerapist that has knowledge			
\Box I do not thi	nk physical therapy is rel	evant to patient needs			
\Box The patient	t is newly diagnosed and	is not in need of physical	therapy at that point.		
\Box I do not thi	nk physical therapy will a	assist patient given MS dia	gnosis		
☐ I think phar	rmacological managemer	nt will alleviate any advers	se symptoms		
\Box Patient will	have difficulty with fatig	gue given physical demand	ds of physical therapy in	nterventions.	
	rned that the patient ma ransportation for frequen	y not have accessibility to nt PT visits	financial resources to	cover PT or they	
\Box The patient		ources for exercise and sho	ould save physical ther	apy visits in case	

Please return this form to UNC Physical Therapy table near registration.

Post Survey

referred to physical therapy (please circle one):	will consider increasing the number of MS patients		
☐ Yes	□ No		
The handout influenced my perception, knowle in reducing falls risk in people with MS (please of	edge and/or awareness of the role of physical therapy check one):		
☐ Yes	□ No		
The handout influenced my perception, knowle in managing symptoms in MS (please check one	edge and/or awareness of the role of physical therapy		
☐ Yes	□ No		
After reading these evidence-based handouts, or physical therapy, including all new reasons:	check ALL reasons you might consider referring to		
☐ Fall Risk (balance deficits)	☐ Fitting for Assisting Daviss		
☐ Patient report of falls	 ☐ Fitting for Assistive Device ☐ Development of Wellness Program ☐ Strength Training ☐ None: the handout did not influence my 		
☐ Fatigue Management			
☐ Spasticity Management			
\square Gait or Mobility Training	opinion at this point		
☐ Management of Heat Sensitivity			
Would you be interested in more information o your area?	on physical therapy or listings of physical therapists in		
☐ Yes	\square No		
Comments:			
OPTIO	DNAL		
Name: Email address:			

Please return this form to UNC Physical Therapy table near registration.

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