



Self-Study Module: "Upper Extremity Contracture in Stroke Patients"

To obtain CME for this activity complete this evaluation and return to the CME Coordinator, Medical Staff office by faxing (220) 564-4012.

Objectives: <small>For activity objectives, check CME activity flyer.</small>	Objectives were met for this activity, and this activity has enhanced my overall knowledge or abilities. <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
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Please check all that apply.

Activity changed my	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Competency	<input type="checkbox"/> Performance
Activity will improve my	<input type="checkbox"/> Patient Outcomes	<input type="checkbox"/> Communication Skills	
Activity enhances my	<input type="checkbox"/> Practice-based systems	<input type="checkbox"/> System-based practices	

Activity was FREE from commercial bias or influence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activity was evidence-based	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you plan to make changes to your practice because of attending this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
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Post Test: You must complete the posttest to be awarded CME credit.	
Passing score will be 2 out of 3 answers correct or receive a score of 66% or greater. Your test score and feedback will be emailed to you upon receipt of your evaluation.	
1. Before considering surgery, non-operative management such as bracing, PT, OT, and botox may be good options for patients. <input type="checkbox"/> True <input type="checkbox"/> False	
2. The typical position of a limb after a stroke involves shoulder abduction and internal rotation, elbow flexion, forearm pronation, wrist flexion, and a thumb in palm deformity. <input type="checkbox"/> True <input type="checkbox"/> False	
3. Patients are not typically considered a good candidate for contracture release until 1 year after a stroke. <input type="checkbox"/> True <input type="checkbox"/> False	

Comments:	Topic or Conference Suggestion(s):
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Attestation:

By signing this form, I attest that I have completed the participant requirements for this CME activity. Any patient/case information will be kept confidential.

Name: _____ Date: _____

Physician Non-Physician: _____

I would like a certificate for my completion of this activity.