



## Belief Scale – Post-Training

0: I do not agree

1: I slightly agree

2: I am neutral or not sure

3: I agree

4: I wholeheartedly believe

- \_\_\_\_\_ 1. Laser therapy is an effective treatment option for patients with good outcomes
- \_\_\_\_\_ 2. The science behind laser therapy is solid and evidence based
- \_\_\_\_\_ 3. I am comfortable referring my patients to OrthoLazer Center because I believe it is in their best interest
- \_\_\_\_\_ 4. I am confident speaking with my patients about the benefits of laser treatment
- \_\_\_\_\_ 5. My clinical practice has the right mix of patients allowing me to refer at least 9 patients a week for laser treatment
- \_\_\_\_\_ 6. I am comfortable sharing Laser therapy as an effective resource for patients within my Extended Referral Network