

# NEUROMODULATION AND VERTEBRAL AUGMENTATION

COMPREHENSIVE REVIEW AND CADAVER WORKSHOP Designated for 15.5 AMA PRA Category 1 Credits<sup>TM</sup>

# JULY 12-13, 2019 | HILTON MEMPHIS

# **REVIEW COURSE VENUE**

HILTON MEMPHIS 939 Ridge Lake Blvd, Memphis, TN 38120 Phone: 901-684-6664

# CADAVER WORKSHOP VENUE MEDICAL EDUCATION & RESEARCH INSTITUTE

44 Sth Cleveland, Memphis, TN 38104 901-722-8001 | 800-360-6374 http://www.meri.org

> SPECIALS • Special room rates through June 26, 2019

# THIS COURSE IS OPEN TO PHYSICIANS ONLY

American Society of Interventional Pain Physicians THE VOICE OF INTERVENTIONAL PAIN MANAGEMENT



# **YOU'RE INVITED**

On behalf of the Board of the American Society of Interventional Pain Physicians (ASIPP®), it is our privilege and pleasure to invite you to attend this Neuromodulation and Vertebral Augmentation Comprehensive Review and Cadaver Workshop. The half day didactic course is July 12 at the Hilton Memphis and the 1.5 day Cadaver Workshop is July 12-13 at the Medical Research Institute. This course meets the needs of interventionalists.

# EDUCATIONAL OBJECTIVES/TARGET AUDIENCE

This comprehensive review course and cadaver workshop for Neuromodulation and Vertebral Augmentation is targeted to interventional pain physicians seeking CME credit hours and an introduction or review of proven interventional techniques, as well as skills improvement.

# EDUCATIONAL OBJECTIVES

- Provide high-quality, competent, safe, accessible, and cost-efficient services to your patients
- Improve existing skills and/or develop new skills in the delivery of
   Neuromodulation and Vertebral Augmentation
- Incorporate interventional techniques in treating your patients so that patients have better outcomes and reduced side effects

# AMERICANS WITH DISABILITIES ACT AND SPECIAL SERVICES

Organizers fully comply with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. If any participant in this educational activity is in need of accommodations, please contact the organizers at (270) 554-9412 at least 10 days prior to the conference.

# ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The Institute for Medical Studies and the American Society of Interventional Pain Physicians (ASIPP\*). The Institute for Medical Studies is accredited by the ACCME to provide continuing medical education for physicians.

# **CATEGORY I CREDIT**

The Institute for Medical Studies designates the Neuromodulation and Vertebral Augmentationive activity for a maximum of 15.5 AMA PRA Category 1 Credits<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ASIPP<sup>®</sup> is now an ABA Registered CME Provider.

DUPLICATION OR DISTRIBUTION OF MATERIALS OR RECORDING OF LECTURES WITHOUT EXPRESS WRITTEN PERMISSION FROM ASIPP® IS PROHIBITED. THERE IS NO COMMERCIAL SUPPORT FOR THIS COURSE.

# COURSE DIRECTORS



Laxmaiah Manchikanti, MD Chairman of the Board and Chief Executive Officer, ASIPP\*



Sudhir A. Diwan, MD



Harold Cordner, MD PResident-Elect, ASIPP

# INVITED FACULTY

Harold Cordner, MD Sebastian, FL

Joseph Cabaret, MD Camarillo, CA

Jay Grider, DO Lexington, KY

Richard Vallejo, MD, PhD Bloomington, IL



# ACCOMMODATIONS HILTON MEMPHIS

939 Ridge Lake Boulevard, Memphis, Tennessee, 38120, USA TEL: +1-901-684-6664 | FAX: +1-901-762-7496



Relax and rejuvenate in a modern guest room at the Hilton Memphis hotel in Memphis, Tennessee. Keep up with a fitness routine in our Watch an on-demand movie and your choice of premium channels on a flat-screen LCD HDTV. Utilize the large work desk to catch up on tasks, and keep in touch with family or business with WiFi access. In order to ensure you receive the ASIPP room block rate of \$139 per night make sure you're on ASIPP registration page or let the hotel know you're with the ASIPP Meeting. The room block deadline is June 26, 2019.

# FRIDAY, JULY 12, 2019

# **REVIEW COURSE FOR NEUROMODULATION AND VERTEBRAL AUGMENTATION**

6:30 am– 7:30 am	REGISTRATION AND BREAKFAST
7:30 am – 11:00 am	Session Chair – Jay Grider, DO
7:30 am – 7:40 am	Introduction to Session – Introduction to Course Jay Grider, DO
7:40 am – 8:35 am	Spinal Cord Stimulation: Patient Selection, Trial, Implantation, and Complications – <b>Arthur Watanabe, MD</b>
8:35 am – 9:15 am	Intrathecal Infusion Systems: Patient Selectin, Trial, Implantation, and Complications – <b>Jay Grider, DO</b>
9:15 am – 9:30 am	BREAK
9:30 am – 10:30 am	Vertebral and Sacral Augmentation: Patient Selection, Trial, Implantation, and Complications – <b>Arthur Watanabe, MD</b>
10:30 am – 11:00 am	Managing Complications of Implants Jay Grider, DO
11:00 am – 12:00 pm	LUNCH

# CADAVER WORKSHOP FOR NEUROMODULATION AND VERTEBRAL AUGMENTATION

12:15 pm	Buses Leave for MERI
12:45 pm – 1:45 pm	Introduction Lecture
2:00 pm – 5:00 pm	HANDS-ON CADAVER WORKSHOP
- 4 -	Buses Depart MERI for Hotel

# **SATURDAY,** JULY 13, 2019

# CADAVER WORKSHOP FOR NEUROMODULATION AND VERTEBRAL AUGMENTATION

7:00 am – Buses	Depart Hotel to MERI
7:30 am – 7:45 am	Registration and Breakfast
7:45 am – 8:45 am	Introduction and Discussion
8:45 am – 12:00 pm	HANDS-ON CADAVER WORKSHOP
12pm – 1:00 pm	Lunch
1:00 pm – 5:00pm	HANDS-ON CADAVER WORKSHOP

5:15pm Buses Depart to Hotel

# LAB ROTATIONS NEUROMODULATION AND VERTEBRAL AUGMENTATION

- 1. SCS: Thoracic lead placement
- 2. SCS: Cervical lead placement through lumbar and thoracic entry
- 3. Permanent and IPG lead implantation
- 4. Wireless stimulation trial and permanent implant
- 5. Implant of intrathecal infusion system
- 6. Implant of intrathecal infusion system
- 7. Thoracic vertebral augmentation
- 8. Sacroplasty: Augmentation technique
- 9. Lumbar vertebral augmentation
- 10. Free form

# REGISTRATION

# REGISTRANT INFORMATION

IMPORTANT. Please answer all the questions:

MEDICAL DEGREE:						
0	MD	0	DO	0	PhD	
0	List o	othe	er:			

# PRIMARY SPECIALTY CERTIFICATION:

 Anesthesiology Physiatry O Neurosurgery

Q Other

# PAIN MEDICINE SUBSPECIALTY CERTIFICATION:

O American Board of Anesthesiology O American Board of Interventional Pain Physicians O Fellow of Interventional Pain Practice O American Board of Pain Medicine O Competency in Regenerative Medicine O Competency in Interventional Pain Management O Other: FELLOWSHIP TRAINING

- O Pain Medicine
- Spine Surgery 0 0
- Sports Medicine
- O Other:

# SPECIALTY DESIGNATION:

O 09 - Interventional Pain Management O 72 - Pain Management O Other:

WHAT IS YOUR PRACTICE LOCATION: Q ASC Q HOPD Q Office-setting

#### PERCENTAGE OF INTERVENTIONAL PAIN MANAGEMENT PRACTICE: % O 1-25% O 26-50% O 51-75% O >

YEARS IN INTERVENTIONAL PAIN MANAGEMENT PRACTICE: Q 1-5 Q 6-10 00 Q > 10

NUMBER OF YEARS EXPERIENCE IN REGENERATIVE MEDICINE: 00 Q 1-5 Q 6-10 Q > 10

#### TOTAL INDICATE THE NUMBER OF PROCEDURES PERFORMED DURING PAST YEAR:

Caudal Epidural Injections \*

Lumbar Epidural Injections (All types) \*

Lumbar/Sacral Facet Joint Nerve Interventions \*

Percutaneous Adhesiolysis \*

Lumbar Discography \*

Percutaneous Lumbar Discectomy \*

Cervical Epidural Injections (All types) \*

Cervical Facet Joint Interventions \*

Trigeminal Nerve Blocks \*

Vertebral Augmentation or Sacroplasty \*

Spinal Cord Stimulation \*

Peripheral Nerve Stimulation \*

ADVANCED LEVEL COURSE:

INTERMEDIATE Q 1 Q 2 Q 3

ADVANCED Q1 Q2 Q3

RASIC

PLEASE PRINT EXACTLY AS YOU WISH YOUR NAME TO APPEAR:

NAME (FIRST)		(MIDDLE INITIAL)	(LAST)
ORGANIZATION			
ADDRESS			
CITY	STATE	ZIP	
PHONE	FAX	CELL	

E-MAII

TOTAL PERFORMED

# **NEUROMODULATION AND** VERTEBRAL AUGMENTATION

### **REVIEW COURSE AND CADAVER WORKSHOP**

O \$3,500 Member ○ \$3,800 Non-Member Q \$1 900 Fellow/Resident \*

SECURITY CODE (Back of Card) EXP.DATE

\* If registering as a Resident or Fellow, please list below the name of fellowship program, university or hospital and fax or e-mail a letter from the program director verifying your status. Your application for registration cannot be processed and you will not necevive the discount until ASIPP receives this letter. Fax the letter to 270-554-5394 or e-mail to crogers@asipp.org

NAME OF FELLOWSHIP PROGRAM

# PAYMENT METHOD (Please check one): O MASTERCARD O VISA O AMERICAN EXPRESS O DISCOVER

CREDIT CARD NUMBER

NAME ON CARD

AUTHORIZED SIGNATURE (required on all credit card orders)

(Your application will not be processed if payment does not accompany registration form)

# **RETURN COMPLETED FORM TO:**

ASIPP®, 81 Lakeview Drive, Paducah, KY 42001 or

Fax to 270-554-5394

# CANCELLATION POLICY:

ASIPP reserves the right to cancel this course upon reasonable notice and will assume no financial obligation to registrants for cancellation for reasons beyond its control. Registration fees will be refunded, however, costs incurred by the registrants, such as airline or hotel fees or penalties, are the responsibility of the registrants. ASIPP requires a 30-day notice of cancellation. Cancellations must be submitted in writing by June 12, 2019. Cancellations after June 12, 2019 but prior to June 26, 2019 will forfeit 50% of their registration fee. No refunds can be made after June 26, 2019.

REGISTER ONLINE AT

http://www.asipp.org/ASIPP-National-Meetings.html

PLEASE INDICATE HOW MANY INTERVENTIONAL TECHNIQUES

Q1 Q2 Q3

COURSES YOU HAVE PREVIOUSLY TAKEN WITH ASIPP AND AT WHICH LEVEL, AT LEAST TWO COURSES ARE REQUIRED TO TAKE THIS

O Other \_\_\_\_

O Other\_

O Other



Interventional Pain Physicians 81 Lakeview Drive, Paducah, KY 42001 American Society of

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